

# Lake County Consortium HOME Program

## Demographic Form – Rehabilitation Loans

Project Sponsor: \_\_\_\_\_

Property Address: \_\_\_\_\_

Head of Household: \_\_\_\_\_

**Type of Ownership:**

- 1 = Individual  
2 = Partnership  
3 = Corporation  
4 = Not-for-Profit  
5 = Publicly Owned  
6 = Other

**Type of Property:**

- 1 = 1-4 Single Family  
2 = Condominium  
3 = Cooperative  
4 = Manufactured Home

**Total Units Prior to Assistance:**

**Total Units Upon Completion:**

**Meeting Energy Star Standards?:**  Yes  No

**Section 504 Accessible?:**  Yes  No

**Number of Bedrooms:**

**Value after Rehab (Required to fund activity):** \$

**Gross Monthly Income:** \$

**Housing to Income Ratio:** \$

**% of Area Median Income**

- 0 to 30%     30+ to 50%     50+ to 60%     60+ to 80%

**Ethnicity of Head of Household:**

Hispanic/Latino  Yes  No

**Race of Head of Household:**

<i>White</i>	<i>American Indian/Alaskan Native &amp; White</i>
<i>Black/African American</i>	<i>Asian &amp; White</i>
<i>Asian</i>	<i>Black/African American &amp; White</i>
<i>American Indian/Alaskan Native</i>	<i>Amer. Indian/Alaskan Native &amp; Black/African Amer.</i>
<i>Native Hawaiian/Other Pacific Islander</i>	<i>Other multi-racial</i>

**Size of Household:**

**Number of Adults:**

**Number of Children:**

**Head of Household:**  Single, Non-Elderly     Elderly     Single Parent     Two Parents     Other