



**City employee/department requesting that you complete this form:
 Rena Smith-Branch, Housing and Neighborhood Development**

In applying to the Housing & Neighborhood Development Department (HND), I/WE completed a Low Income Homeowner Assistance Program application containing various information on the purpose of tax assistance as a result of Guilford County's property revaluation. I/WE certify that all of the information is true and complete. I/WE made no misrepresentation in the application or other documents nor did I/WE omit any pertinent information. In order to comply with the Low Income Homeowner Assistance Program, you must furnish your social security number and address. If you fail to furnish the correct numbers, or if you falsify any pertinent information, you may be subject to revocation of your application for assistance. Please complete all sections below and return submit this form in the application portal for processing. Failure to complete this document can delay the review process.

Applicant (s) and Mailing Address:

Applicant: _____
 Co-Applicant: _____
 Address: _____
 Phone Number: _____
 Email Address: _____

Identifying Number for the IRS:

Applicant Social Security # _____
 Co-Applicant Social Security# _____

I certify that the information provided above is true, correct, and complete:

Signature: _____ Date: _____
 Printed name of signature: _____
 Signature: _____ Date: _____
 Printed name of signature: _____

(Completed by the City of Greensboro)

Vendor Names: _____
 Processing Date: _____
 Proceeds: \$ _____

For Internal Use Only: