

**MOBILE HOME REPLACEMENT PROGRAM
HOMEOWNER EDUCATION PLAN**

APPLICANT:

First Name MI Last Name

Mailing Address

City State Zip

PROPERTY:

Property Street

Property City Property State Property Zip

CO-APPLICANT:

First Name MI Last Name

Mailing Address

City State Zip

COMMUNITY ACTION AGENCY (CAA):

CAA Name

The following training was provided to the Applicant (Homeowner):

Education	Date	Method
Responsibilities as a homeowner, including property taxes and homeowners insurance	_____	_____
Maintaining and repairing a home, including seasonal upkeep, energy conservation, and monitoring health and safety measures (smoke and carbon dioxide detectors, fire extinguishers).	_____	_____
Improving budgeting skills, maintaining good credit, building a savings plan, being prepared for unforeseen events, stopping unwanted solicitations, and keeping good records.	_____	_____
What to do if they find themselves in financial trouble.	_____	_____
Other:	_____	_____

Signature of CAA Representative

Date

CAA Representative Name

CAA Representative Telephone

CAA Representative Email