



HOME REPAIR PROGRAM APPLICATION

CONTACT INFORMATION

Applicant Name _____ Age _____ SSN _____

Co-Applicant Name _____ Age _____ SSN _____

Address _____

Directions/Description _____

Phone Home _____

Applicant: Work _____ Cell _____

Co-Applicant: Work _____ Cell _____

HOME REPAIR NEEDS

Please describe the work that needs done to your home:

In what year, approximately, was your home built? _____

What is the approximate square footage of your home? _____

Has code enforcement cited your property? _____

If yes, please describe the circumstances including the date of citation: _____

Have you ever received weatherization assistance? _____

Please check if your home has:

___ Living room ___ Kitchen ___ Bathroom(s) How many? _____

___ Dining room ___ Laundry Room ___ Bedroom(s) How many? _____

___ Den/Study ___ Garage ___ Central Heating & Air

Please describe any work done to your home in the past and indicate dates:

Are you interested in: ___ Loans ___ Volunteer Work Groups

___ Grant Assistance

EMPLOYMENT & INCOME

Applicant Place of Employment _____

Title _____ Rate of Pay _____ Length _____

Please indicate any additional or supplemental household income that you receive:

___ SSI, \$ _____ per _____ ___ Disability, \$ _____ per _____
___ Pension, \$ _____ per _____ ___ Annuity, \$ _____ per _____
___ Alimony, \$ _____ per _____ ___ Child Support, \$ _____ per _____
___ Other, \$ _____ per _____

Co-Applicant Place of Employment _____

Title _____ Rate of Pay _____ Length _____

Please indicate any additional or supplemental household income that you receive:

___ SSI, \$ _____ per _____ ___ Disability, \$ _____ per _____
___ Pension, \$ _____ per _____ ___ Annuity, \$ _____ per _____
___ Alimony, \$ _____ per _____ ___ Child Support, \$ _____ per _____
___ Other, \$ _____ per _____

Please provide information for any additional members of your household:

Name **Relationship** **DOB** **Monthly Income & Source**

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Monthly Income & Source</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Monthly Household Income = \$ _____

HOUSEHOLD EXPENSES

Please list your estimated monthly household expenses:

Electric _____	Hobbies _____	Alimony _____
Gas _____	Clothing _____	Child Support _____
Water/Sewer _____	Transportation _____	Med. Ins. _____
Coal _____	Maintenance _____	Life Ins. _____
Wood _____	Internet _____	Auto Ins. _____
Oil _____	Cable _____	Home Ins. _____
Food _____	Telephone _____	Other _____

Please list your monthly fixed expenses:

Mortgage _____	Credit Card(s) _____
Auto Loan(s) _____	Stud. Loan(s) _____
Cons. Loan(s) _____	Other _____

Total Monthly Household Expenses = \$ _____

Income After Expenses = \$ _____

As a condition of receiving grant assistance through the Home Repair Program, the Randolph County Housing Authority will take a lien against your home in the amount of the grant. The lien will be filed with the County Clerk's office, and stays in effect for 5 years from the time of filing. During that time, you are not obligated to repay the grant *unless* you lease, sell, or cease to occupy the property for a period of 60 days. If you chose to lease, sell, or cease occupying your property, the original amount of the grant will be immediately due and payable. If, after 5 years, you have not sold, leased, or ceased to occupy the property, the lien expires and shall not be of any force or effect.

Included in the grant agreement that is filed with the County Clerk's office is a reasonable set of property covenants. These covenants place the following conditions on your property:

- The interior and exterior of the home be maintained
- All landscaping be maintained
- Trash is promptly disposed of and properly contained

Incomplete applications will not be processed. It is important that all items requested be submitted with your application. Please see "Required Paperwork."

This application will stay on file until eligibility is determined but no longer than 6 months.

The Home Repair Program is not an entitlement program and is subject to availability of funds. Guidelines and eligibility requirements are subject to change at any time.

I declare under penalty of perjury that the statements contained in this application are true and correct, and I have read and understand the requirements for receiving grant assistance. I accept these requirements and voluntarily apply to this program.

Applicant

Date

Co-Applicant

Date

Office Use Only: Total % AMI = _____ Class _____ Refer _____

Loan \$ _____

Grant \$ _____

Volunteer \$ _____

Approved _____

Inspected _____

Recorded _____

TOTAL = \$ _____

REQUIRED PAPERWORK

Participation in the Home Repair Program requires proof that you meet eligibility guidelines. Please submit the following documents with your application:

- Proof of Income
 - Employment Income – copies of the last pay check stub(s) for all employed household members showing year-to-date income totals
 - Social Security Income – copies of award letters and/or copies of the Social Security income checks for each household member receiving benefits
 - Pension or Annuity Income – copies of award letters and/or copies of retirement income checks for each household member receiving benefits
 - Alimony or Child Support Income – copies of divorce decree and evidence that payments are received regularly as verified by cancelled checks or bank statements
 - Rental Income – copies of rental agreements and schedules identifying rental income
 - Self-Employment Income – copies of most recent year-to-date profit and loss statement and a balance sheet prepared and signed by an independent financial professional

- Proof of Ownership
 - Copy of the deed to your property
 - Copy of the registration of title for your mobile home

- Homeowner's Insurance

- Property Tax Receipt

- Bank Statement(s)