# EMERGENCY REPAIR PROGRAM

**HOMEOWNER APPLICATION**

Date:

Name of Interviewer:

## PERSONAL INFORMATION

Head of Household: Social Security Number: Address:

Age:

Phone:

City:

State:

Zip:

Race of Head of Household:

White Black/African American Asian Other Multi Racial Hispanic: Yes No

Marital Status: Single Married Divorced Widow/Widower

Name of Spouse: Social Security Number:

Age:

All persons living with you Relationship Age Sex Social Security #

Are either you or your spouse handicapped or disabled? YES NO

If YES, what is the nature of the condition?

Are either you or your spouse related to any individual who is employed by the agency administering this grant? YES NO

If YES, what is the relationship?

Has a home or hazard insurance claim been filed for your property in the last 12 months, for the repairs for which you are seeking ERP assistance?  YES  NO

If YES, please explain: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you owned and occupied your property for at least the last 12 months?  YES  NO

## FAMILY INCOME CALCULATION

* 1. Number in Household
  2. Income Limits for

County dated

60% Maximum

50% Maximum

* 1. Payment Frequency

Hourly (hourly rate x number of hours per week)

Weekly(weekly salary x 52 weeks per year)

Bi-monthly (24 times per year)

Every two weeks (26 times per year)

Monthly

* 1. Show income calculation to convert to annual gross income.

Example: Mr. Jones is paid $5.00/hour and works 32 hours/week

$5.00 x 32 = $160 x 52 weeks = $8,320 annual income

* 1. ASSETS (other than your home, household items and automobile)

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY MEMBER | ASSET DESCRIPTION | CURRENT MARKET VALUE | INCOME FROM ASSETS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Net Family Assets | | a. |  |
| Total Actual Asset Income | | | b. |
| If line (a) is greater than $5,000, multiply (a) by (passbook rate) and enter result here; otherwise, leave blank | | | c. |

* 1. SUMMARY OF INCOME DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FAMILY MEMBER | WAGES SALARIES | BENEFITS PENSIONS | PUBLIC ASSISTANCE | OTHER INCOME | TOTALS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |

Asset Income - Enter greater of lines 5(b) or 5 (c) above $

Total Anticipated Income $

**ANNUAL INCOME** - Anticipate Income plus Asset Income $

## INCOME LEVEL

Above 60% of area median 60% of area median

50% of area median 30% of area median

Below 30% of area median

## VERIFICATION

Income verified by using:

Check stub Employer Verification

Benefit Verification Copy of Benefit Check

## CERTIFICATION

To the best of my knowledge, I certify that the information in this application for state assistance through the THDA Emergency Repair Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the THDA EMERGENCY REPAIR PROGRAM program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Applicant Date

Applicant Date

**Please submit the following with this application:**

1. Proof of ownership in the form of a warranty deed , a 99-year leasehold, or a life estate
2. Copy of paycheck stub, benefit verification or benefit check or employer verification documenting current income.
3. Copy of property tax receipts.

## THDA Emergency Repair Program

## Eligibility Release Form

Development District Address:

**Information Covered:** Inquiries may be made about items initiated by applicant.

Telephone: Date:

**Purpose:** Your signature on this THDA Emergency Repair Program Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

THDA Emergency Repair

**Privacy Act Notice Statement**: Tennessee Housing Development Agency (THDA) is requiring the collection of the information derived from this form to determine an applicant’s eligibility for the Emergency Repair Program and the amount of assistance necessary using THDA funds. This information will be used to establish level of benefit on the THDA Emergency Repair Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Instructions**: Each adult member of the household must sign a THDA Emergency Repair Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

**Authorization:** I authorize the above-named Tennessee Development District to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Emergency Repair Program.

|  |  |  |
| --- | --- | --- |
|  | Verification Required | Initials |
| Income (all sources) |  |  |
| Assets (all sources) |  |  |
| Child Care Expense |  |  |
| Handicap Assistance Expense (if applicable) |  |  |
| Medical Expense (if applicable) |  |  |
| Federal Preferences |  |  |
| Other Preferences |  |  |
| Other (list) |  |  |
| Dependent Deduction  Full-Time Student  Handicap/Disabled Family Member  Minor Children |  |  |

I acknowledge that:

1. A photocopy of this form is as valid as the original
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

|  |
| --- |
| Head of Household – Signature, Printed Name and Date Family Member HEAD |
| X |
| Other Adult Member of the Household – Signature, Printed Name and Date Family Member #3 |
| X |

|  |
| --- |
| Other Adult Member of Household – Signature, Printed Name and Date Family Member #2 |
| X |
| Other Adult Member of the Household – Signature, Printed Name and Date Family Member #4 |
| X |

## VERIFICATION OF ASSETS ON DEPOSIT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Development District) | Checking Account # | Average Monthly Balance for Last 6 Months | Current Interest Rate  0% |  |
| **AUTHORIZATION:** Tennessee Housing Development Agency Policies for the Emergency Repair Program require us to verify income from Assets of all members of the household applying for participation in the THDA Emergency Repair Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. | Savings Accounts # | Current Balance | Current Interest Rate  0% |  |
| Certificate of Deposit Account  # | Amount | Withdrawal Penalty | Current Interest Rate  0% |
|  | IRA, Keogh, Retirement Accounts | | | |
| Your prompt return of the requested information will be appreciated. A self- addressed return envelope is enclosed | Account # | Amount | Withdrawal Penalty | Current Interest Rate  0% |
| Money Market Funds | Amount (Average 6 month Balance) | Interest Rate  0% |  |
| **Release:** I hereby authorize the release of the requested information  (Signature of Applicant | Signature of or  Authorized Representative . Title:  Date:  Telephone | | | |
| **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. | | | | |

## VERIFICATION OF EMPLOYMENT

s\_\_\_\_\_

\_\_\_\_\_

|  |  |
| --- | --- |
| (Development District) | Employed since: Occupation: Salary: Effective date of last increase:\_ Base pay rate:  $ /hour or $ /week or $  /month  Average hours/week at base pay rate: Hours No. Weeks or No. Weeks worked per year Overtime pay rate: $ /hour  Expected average number of hours overtime worked per week during next 12 months:  Any other compensation not included above (specify for commissions, bonuses, tips, etc.): |
|  |
| For: $ per  **AUTHORIZATION:** Tennessee Housing Is pay received for vacation? No. of days/year\_ Development Agency Policies for the Emergency  Repair Program require us to Total base pay earnings for past 12 mos. $  verify income from Assets of all members of the Total overtime earnings for past 12 mos. $ household applying for participation in the  Emergency Repair Program which we operate Probability and expected date of any pay increase:  and to re-examine this income periodically. We Does employee have access  ask your cooperation in supplying this to a retirement account? Ye No information. This information will be used only  to determine the eligibility status and level of If Yes, what amount can they get access to $  benefit of the household. | |
| **Release:** I hereby authorize the release of the requested information  (Signature of Applicant | Signature of or  Authorized  Representative . Title:  Date:  Telephone |
| **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. | |

DATE:

Dear (Applicant)

We regret to inform you that your application for emergency repair assistance has been turned down for the reasons checked below:

\_ \_ Over Income Limits

\_\_\_\_\_\_

\_ \_ Property ownership not properly recorded

\_\_\_\_\_\_

\_ \_ Other:

\_\_\_\_\_\_

Explanation:

If you have any questions on this matter, please contact our office at . Sincerely,

Program Administrator

DATE:

KNOW ALL MEN BY THESE PRESENT:

WHEREAS,

has applied to Development

District for financial assistance in the amount of $ emergency repairs on the following described real estate:

to make certain eligible

Property Address

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS, that the

Development District hereby agrees to provide assistance to in the amount of $ in order to perform eligible emergency repair activities described in previously submitted and approved application documents according to the provisions of Tennessee Housing Development Agency’s Emergency Repair program.

DATED this day of , 20\_ .

Program Administrator