

# THDA REBUILD AND RECOVER DISASTER PROGRAM HOMEOWNER APPLICATION

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

**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.

**A. PERSONAL INFORMATION**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widow/Widower

Name of Spouse: \_\_\_\_\_ Age: \_\_\_\_\_

All persons living with you	Relationship	Age	Sex

Is anyone in your household handicapped or disabled?  YES  NO  
If YES, WHO and what is the nature of the condition?

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Is anyone over 18 a full time student?  YES  NO  
If YES, identify persons and provide proof of full time enrollment: \_\_\_\_\_

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Are either you or your spouse or anyone in your household related to any individual who is employed by the local government or, if applicable, the contracted organization administering this grant?  
 YES  NO

If YES, what is the relationship? \_\_\_\_\_

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**B. DWELLING STRUCTURE**

- 1.  Single Family  Duplex  Triplex
- 2. Number of bedrooms: \_\_\_\_\_
- 3. Approximate year built: \_\_\_\_\_
- 4. Date moved in unit: \_\_\_\_\_

**C. FAMILY INCOME CALCULATION**

- 1. Number in Household: \_\_\_\_\_
- 2. Income Limits for \_\_\_\_\_ County dated \_\_\_\_\_  
80% County Maximum Income for Household Size: \_\_\_\_\_

3. 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

4. Show income calculation to convert to annual gross income.

Example: Mr. Jones is paid \$5.00/hour and works 32 hours/week  
 $\$5.00 \times 32 = \$160 \times 52 \text{ weeks} = \$8,320 \text{ annual income}$

5. 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 Income from Assets			b.
If line (a) is greater than \$5,000, multiply (a) by _____ (passbook rate) and enter result here; otherwise, leave blank			c.



**F. CERTIFICATION**

To the best of my knowledge, I certify that the information in this application for state assistance through the **THDA Rebuild and Recover Disaster Program** is true and correct. I further certify that the address listed was my principal residence on the date of the disaster. I will comply with the **THDA Rebuild and Recover Disaster 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

**THDA Rebuild and Recover Disaster Program Eligibility Release Form**

\_\_\_\_\_ (Administering Agency)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Purpose:** Your signature on this THDA Rebuild and Recover Disaster 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 Rebuild and Recover Disaster Program**.

**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 in a Rebuild and Recover Disaster Program and the amount of assistance necessary using THDA funds. This information will be used to establish level of benefit from the THDA Rebuild and Recover Disaster 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 Rebuild and Recover Disaster Program Eligibility Release Form prior to the receipt of benefit and if appropriate annually 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.

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

	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		

**Authorization:** I authorize the above-named Administering Agency to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Rebuild and Recover Disaster Program.

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**

<p>(Administering Agency)</p> <p>_____</p>	<p>Checking Account #</p>	<p>Average Monthly Balance for Last 6 Months</p>	<p>Current Interest Rate</p>	
<p><b>AUTHORIZATION:</b> Tennessee Housing Development Agency Policies for the Rebuild and Recover Disaster Program require the Administering Agency to verify income from Assets of all members of the household applying for participation in the THDA Rebuild and Recover Disaster Program 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.</p>	<p>Savings Accounts #</p>	<p>Current Balance</p>	<p>Current Interest Rate</p>	
	<p>Certificate of Deposit Account #</p>	<p>Amount</p>	<p>Withdrawal Penalty</p>	<p>Current Interest Rate</p>
<p>IRA, Keogh, Retirement Accounts</p>				
<p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Account #</p>	<p>Amount</p>	<p>Withdrawal Penalty</p>	<p>Current Interest Rate</p>
	<p>Money Market Funds</p>	<p>Amount (Average 6 month Balance)</p>	<p>Interest Rate</p>	
<p><b>Release:</b> I hereby authorize the release of the requested information</p> <p>_____</p> <p>(Signature of Applicant)</p>	<p>Signature of _____ or</p> <p>Authorized Representative _____.</p> <p>Title:</p> <p>Date:</p> <p>Telephone</p>			
<p><b>WARNING:</b> To the best of my knowledge, I certify that the information in this application is true and correct. I will comply with the 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.</p>				

**VERIFICATION OF EMPLOYMENT**

<p>(Administering Agency)</p> <p>_____</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____ Effective date of last increase: _____</p> <p>Base pay rate:</p> <p>\$ _____/hour or \$ _____/week or \$ _____/month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____ or No. Weeks _____ worked per year</p> <p>Overtime pay rate: \$ _____/hour</p> <p>Expected average number of hours overtime worked per week during next 12 months: _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p>
<p><b>AUTHORIZATION:</b> Tennessee Housing Development Agency Policies for the Rebuild and Recover Disaster Program require the Administering Agency to verify income from Assets of all members of the household applying for participation in the Rebuild and Recover Disaster Program 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.</p>	<p>For: _____ \$ _____ per _____</p> <p>Is pay received for vacation? ____ No. of days/year _____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does employee have access to a retirement account? Yes ____ No ____</p> <p>If Yes, what amount can they get access to \$ _____</p>
<p><b>Release:</b> I hereby authorize the release of the requested information</p> <p>_____</p> <p>(Signature of Applicant)</p>	<p>Signature of _____ or</p> <p>Authorized Representative _____.</p> <p>Title:</p> <p>Date:</p> <p>Telephone</p>
<p><b>WARNING:</b> To the best of my knowledge, I certify that the information in this application is true and correct. I will comply with the 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.</p>	



# REBUILD AND RECOVER DISASTER PROGRAM

<b>INELIGIBLE FOR ASSISTANCE</b>
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DATE: \_\_\_\_\_

Dear \_\_\_\_\_  
(Applicant)

We regret to inform you that your application for Rebuild and Recover Disaster Program assistance has been declined 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

# REBUILD AND RECOVER DISASTER PROGRAM

## APPROVAL FOR REHABILITATION ASSISTANCE

DATE: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT:

WHEREAS, \_\_\_\_\_ has applied to \_\_\_\_\_ (Administering Agency) for financial assistance in the amount of \$ \_\_\_\_\_ to make certain eligible repairs on the following described real estate:

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

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS, that the \_\_\_\_\_ (Administering Agency) hereby agrees to provide assistance to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in order to perform eligible rehabilitation activities described in previously submitted and approved application documents according to the provisions of Tennessee Housing Development Agency's Rebuild and Recover Disaster Program.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Program Administrator