



EMERGENCY REPAIR PROGRAM HOMEOWNER APPLICATION

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Social Security Number: _____

Address: _____ 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: _____ Age: _____

Social Security Number: _____

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 3 years? ☐ YES ☐ NO

Have you ever had a THDA mortgage loan? ☐ YES ☐ NO

If yes, when was the THDA mortgage loan made? _____

Have you ever had a foreclosure on a THDA mortgage loan? ☐ YES ☐ NO

Do you currently have a mortgage on your home? ☐ YES ☐ NO

Is your mortgage account current? ☐ YES ☐ NO ☐ N/A

Are you current or in a payment plan that is in good standing with the Tax Assessor's Office for the payment of local property taxes on the property? ☐ YES ☐ NO

Do you own another property? ☐ YES ☐ NO

If yes, what is the address? _____

Do you have a working smoke detector in your home that is less than 10 years old? ☐ YES ☐ NO

B. FAMILY INCOME CALCULATION

1. Number in Household _____
2. Income Limits for _____ County dated _____

60% Maximum _____ 50% Maximum _____

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

6. 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 \$ _____

C. INCOME LEVEL

☐ Above 60% of area median

☐ 60% of area median

☐ 50% of area median

☐ 30% of area median

☐ Below 30% of area median

D. VERIFICATION

Income verified by _____ using:

☐ Check stub

☐ Employer Verification

☐ Benefit Verification

☐ Copy of Benefit Check

E. 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: _____

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.

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 Tennessee Development District to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Emergency Repair 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

SAMPLE

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

(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.): _____
<p>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 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.</p>	For: _____ \$ _____ per _____ Is pay received for vacation? _____ No. of days/year _____ Total base pay earnings for past 12 mos. \$ _____ Total overtime earnings for past 12 mos. \$ _____ Probability and expected date of any pay increase: \$ <input type="text"/> <input type="text"/> Does employee have access to a retirement account? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what amount can they get access to \$ _____
<p>Release: I hereby authorize the release of the requested information</p> _____ (Signature of Applicant)	Signature of _____ or _____ Authorized Representative _____ Title: _____ Date: _____ Telephone: _____
<p>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.</p>	

EMERGENCY REPAIR PROGRAM

INELIGIBLE FOR ASSISTANCE

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

EMERGENCY REPAIR PROGRAM

APPROVAL FOR REHABILITATION ASSISTANCE

DATE: _____

KNOW ALL MEN BY THESE PRESENT:

WHEREAS, _____ has applied to _____ Development

District for financial assistance in the amount of \$ _____ to make certain eligible emergency repairs on the following described real estate:

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