HO-3

HOME PROGRAM
HOMEOWNER REHABILITATION APPLICATION

Date: _____

Name of Interviewer: _____

Please submit the following with this application:

1. Proof of ownership in the form of a warranty deed or 99-year leasehold
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

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? _____

_____

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

If YES, what is the relationship? _____

_____

B. SUMMARY OF HOUSEHOLD

1. Size of household: _____
2. Number of Elderly Household Members: _____
3. Number of Handicapped or Disabled: _____
4. Female Headed Household: _____
5. Number of Persons 18 years old or younger: _____

C. DWELLING STRUCTURE

1. ☐ Single Family ☐ Duplex ☐ Triplex
2. Number of Bedrooms _____
3. Approximate year built _____
4. Date first moved in unit _____
5. Amount of the mortgage on the unit $_____

D. INCOME LEVEL

☐ Above 80% of area median ☐ 60% to 80% of area median

☐ 50% to 60% of area median ☐ 30% to 50% of area median

☐ Below 30% of area median

E. INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name_____**Age** _____**Sex** _____

Last 4 digits Social Security #_____ **Do you receive Food Stamps? Yes**___ **No**___

1. **DO YOU WORK? LIST ALL EMPLOYERS AND WAGES. Attach 60 days most recent pay stubs**:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. **DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, AFDC, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or copies of 2 recent checks & check stubs.**

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. **ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach of TN Child Support Enforcement System printout, bank statements.**

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. **DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE) Attach IRS 1099 forms, bank statements, deeds.**

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. **IF YOU RECEIVE NO INCOME, FILL IN THE BOX BELOW:**

NAME	ARE YOU A MINOR?	IF OVER 18, HOW LONG UNEMPLOYED?

I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HOME rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: _____ **Date:** _____

F. FAMILY INCOME CALCULATION

All information should come from Individual Income Calculation Sheets

1. Number in Household _____

   Number with Income _____

   Number without Income _____

2. Income Limits for _____ County. Dated_____
   Show totals from Individual Income Calculations pages and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than $5,000, multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income):	Totals from Individual Income Calculation sheets
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

3. Calculate Total Household Gross Annual Income:

G. CERTIFICATION

To the best of my knowledge, I certifiy that the information in this application for federal assistance through the HOME program is true and correct. I further certify that the address listed is my principal residence. I will comply with the HOME 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

HOME Program
Eligibility Release Form

Organization requesting release of information
(Name, Address, Telephone and Date)

Purpose: Your signature on this HOME 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:

HOME Homeownership Program
HOME Rental Rehabilitation Program
HOME Homeowner Rehabilitation Program
HOME Rental New Construction Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME 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. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME 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.

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

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

	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 HOME Grantee and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME 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.

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

(Name of HOME Participating Jurisdiction) _____	Checking Account #	Average Monthly Balance for Last 6 Months	Current Interest Rate	
AUTHORIZATION: Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the HOME 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	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
	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
	Money Market Funds	Amount (Average 6 month Balance)	Interest Rate	
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

(Name of HOME Participating Jurisdiction)

_____

AUTHORIZATION: Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the HOME 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.

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 _____

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:_____

Does employee have access to a retirement account? Yes_____ No _____

If Yes, what amount can they get access to $_____

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.