

Phone	Email
Mailing Address	Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Physical Address	Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own another home or real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a mortgage on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you current on mortgage payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a land purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach proof of ownership or permanent occupancy

Received By: _____

Home Rehabilitation and Repair Grant Application Instructions

Household Members (Including Applicant)								
#	Name	DOB	Age 62 or over (Y/N)	Gender	Race	Disabled (Y/N)	Veteran (Y/N)	FT Student (Y/N)
1.	(Applicant)							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
<i>Add additional page if needed</i>								

Household Members (Including Applicant)					
Household Member #	Employment Wages	Social Security/ Pension	Income from Assets	Payment in Lieu	Alimony/ Child Support
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					
				Total Income	

<i>For Internal Use Only</i>
<input type="checkbox"/> Fortified Roof <input type="checkbox"/> SNAP <input type="checkbox"/> HAVEN <input type="checkbox"/> Healthy Homes

Home Rehabilitation and Repair Grant Application Instructions

1. Proof of Identification includes at least one of the following:

- A. Driver's license or state issued ID
- B. Passport
- C. Military ID
- D. Employment or School ID with photo
- E. If you are unable to provide one of the above, please contact Communities Unlimited for assistance

2. Proof of Special Needs Household includes at least one of the following:

- A. Federal or state issued identification confirming age;
- B. Social Security Benefits Statements confirming disability benefits;
- C. Medical reports or referral letter or document from a medical professional confirming a qualified special needs
- D. disability;
- E. Referral letter/form/certificate that evidences treatment or participation in a program that provides services and/or treatment for a defined special need;
- F. Verification of Special Needs form (Contact Communities Unlimited for this form)

3. Proof of Income includes at least one of the following:

- A. Employed (All members of the household who are 18 years and older)
 - a. Check stubs for the last 30 days with a minimum of two consecutive check stubs
 - i. If you are paid weekly, we will need 4 check stubs
 - ii. If you are paid biweekly or bimonthly we will need at least 2 check stubs
 - iii. If you are paid monthly, provide 2 check stubs
 - b. Statement from your employer that includes
 - i. Rate of Pay
 - ii. Length of employment
 - iii. Gross Pay (before taxes) for the last 30 days
 - iv. Name, point of contact, address, and phone number for employer
- B. Self Employed (All members of the household who are 18 years and older)
 - a. Most recent 2 years of federal income tax return, or
 - b. Profit/loss statement, or
 - c. Your books with income for work completed for the last 30 days
 - d. If you are unable to provide one of the above, please contact Communities Unlimited for assistance
- C. Benefit/Award letter (All members of the household receiving benefits)
 - a. Most current award letter for benefits such as Social Security, SSI, Veterans Benefits, Unemployment, etc.
 - b. Include award letters for children under 18 for these programs
- D. Proof of any other income such as child support (if receiving) or alimony
- E. Proof of Private Pension: letter or statement from the Pension Plan confirming the current gross monthly pension amount
- F. Certification of Zero Income form for any household member (who is not a full-time student) is 18 years of age or older and has no income (Contact Communities Unlimited for this form)

4. Proof of ownership or permanent occupancy includes at least one of the following:

- A. Deed or Title (even if it has not been recorded)

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- B. Title to physical structure (home or mobile home) and current Land Lease
 - C. Title to physical structure (home or mobile home) and current Land Purchase Contract
 - D. Local property tax statement showing applicant or household member as owner of the property in question
 - E. Written statement by others in the community stating that the applicant has occupied the property as the apparent owner for a period of at least 5 years, and is generally believed to be the owner
 - F. If you are unable to provide one of the above, please contact Communities Unlimited for assistance
4. Quotes or Estimates: Not required but may be used in identifying acceptable repair requests and expediting work for approved applicants.