Communities Unlimited Healthy Homes Program has grant funds available to address healthy and safety hazards for owner-occupied homes.

You may qualify for a Healthy Homes grant if you:

* Own your home
* Live in Desha or Jefferson Counties in Arkansas or Coahoma or Humphreys Counties in Mississippi
* Have a total household income below 80% of the Area Median Income
* Are not in active foreclosure or unconfirmed bankruptcy
* Are current on mortgage & property taxes
* Do not have municipal, state, or federal liens

Homeowners who meet these requirements may be eligible for a grant up to $10,000 to help pay for repairs. All eligible applicants must allow Communities Unlimited to complete a Healthy Homes assessment to identify and prioritize home hazards to be repaired by grant funds.

To apply for a Healthy Homes grant, complete all pages of the attached application and submit all required documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Homeowner | Date of Birth: | | Social Security Number: |
| Race: Choose all that apply  American Indian or Alaskan Native Asian Black or African American  Native Hawaiian or other Pacific Islander White | | | Ethnicity:  Hispanic or Latino  Non- Hispanic or Latino |
| Sex: Male Female Other Choose not to respond | | Do you live in a mobile/manufactured home?  Yes No  *Mobile/Manufactured Homes are not eligible for the Healthy Homes Grant.* | |
| Are you or someone in your household a veteran? Yes No | |
| Are you or someone in your household disabled? Yes  No | |

|  |  |
| --- | --- |
| Phone | Email |
| Mailing Address | Preferred Method of Contact  Phone Email Mail |
| Physical Address  *Please attach proof of ownership or permanent occupancy* | Is this your primary place of residence?  Yes No  Do you own another home or real estate?  Yes No  Do you have a mortgage on your home?  Yes No  Are you current on mortgage payments?  Yes No  Are you in active foreclosure or have a government lien?  Yes No  Are you current on property taxes?  Yes No  Do you have a land purchase agreement?  Yes No |
| Year Built: |
| Please describe eligible home repairs:  *If you have received quotes or estimates for the repairs described, please attach* |  |

**Additional Household Members**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Members | | | | | | | | |
| # | Name | Relationship to Homeowner | Date of Birth | Gender | Race | Disabled (Y/N) | Veteran  (Y/N) | FT Student (Y/N) |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| *Add additional page if needed* | | | | | | | | |

**Household Income**

*The information below will be used to determine individual gross annual income and is required to receive grant funding. Proof or income is required for all members of the household 18 years and older. Household members 18 years and older who are unemployed, not receiving other sources of income, and are not a full-time student must submit a zero-income form.*

|  |  |  |
| --- | --- | --- |
| Gross Monthly Income: Include Gross Monthly Income for all members of the household | | |
| Household Member Name | Gross Monthly Income | Income Source |
| Homeowner |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Income Source: | $ |  |

I, the undersigned homeowner, hereby certify that all information provided in this application for assistance through the HUD Healthy Homes Production Grant Program is true, accurate, and complete to the best of my knowledge and belief.

I understand that providing false, misleading, or incomplete information may result in the denial of assistance, repayment of funds received, or other penalties as allowed by law. I agree to comply with all requirements of the Healthy Homes Program and to cooperate fully with any inspections, verifications, or follow-up activities necessary to determine eligibility and carry out home hazard remediation work.

Signature of Homeowner: Date:

**Acknowledgement of Healthy Homes Assessment**

I, , the owner of the property located at understand that a Healthy Homes Assessment is required to qualify for a Healthy Homes Grant. If you are approved for a Healthy Homes Grant, Communities Unlimited will address the highest rated hazards first.

Signature of Homeowner: Date:

**Acknowledgement of Responsibility of Homeowner**

All work will be specified through a Scope of Work provided to the selected contractor and must be authorized by Communities Unlimited and approved by the homeowner and contractor prior to the start of work. Any work that is completed at the request of the homeowner that is not authorized by Communities Unlimited will be the responsibility of the homeowner and will not be included in the grant.

I understand that I will be responsible for the cost of any work that I requestto be completed by the contractor that is not authorized by Communities Unlimited prior to the start of work.

Signature of Homeowner: Date:

**Application Check List**

1. Proof of Identification includes at least one of the following for all member of the household 18 years and older:

Driver’s license or state issued ID

Passport

Military ID

Identification card issued by a federal, state, or local agency

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

Employed (All members of the household who are 18 years and older)

* 1. Check stubs for the last 30 days with a minimum of two consecutive check stubs
     1. If you are paid weekly, we will need 4 check stubs
     2. If you are paid biweekly or bimonthly we will need at least 2 check stubs
     3. If you are paid monthly, provide 2 check stubs
  2. Statement from your employer that includes
     1. Rate of Pay
     2. Length of employment
     3. Gross Pay (before taxes) for the last 30 days
     4. Name, point of contact, address, and phone number for employer

Self Employed (All members of the household who are 18 years and older)

* 1. Most recent 2 years of federal income tax return, or
  2. Profit/loss statement, or
  3. Your books with income for work completed for the last 30 days
  4. If you are unable to provide one of the above, please contact Communities Unlimited for assistance

Benefit/Award letter (All members of the household receiving benefits)

* 1. Most current award letter for benefits such as Social Security, SSI, Veterans Benefits, Unemployment, etc.
  2. Include award letters for children under 18 for these programs

Proof of any other income such as child support (if receiving) or alimony

Proof of Private Pension: letter or statement from the Pension Plan confirming the current gross monthly pension amount

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)

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

Deed or Title

Title to physical structure (home) and current Land Lease/ Land Purchase Contract

Local property tax statement showing applicant or household member as owner of the property in question

Mortgage Documents

4. Quotes or Estimates: Not required but may be used in identifying acceptable repair requests and expediting work for approved applicants.

*If you are unable to provide one of the above, please contact Communities Unlimited for assistance*