

East Spencer Home Rehabilitation Application

HOMEOWNER INFORMATION

The applicant must own and occupy the home in need of repairs.

NAME _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number(s) _____

Email Address _____

HOUSEHOLD MEMBERS

Please provide information for everyone who lives in this home, including the homeowner.
Attach a separate page if more space is needed for additional household members.

Full Name	Date of Birth	Relationship to Homeowner	Monthly Income
TOTAL:			

Please provide copy of driver's license or photo id for everyone over 18 years of age, and documentation for all sources of income for all members of household. Monthly income before taxes includes wages or business income, retirement/pension, social security, supplemental security income, public assistance, child support, etc. **Incomplete applications will not be processed. You will be notified via email that your application is incomplete.**

OVER PLEASE ->

FOR OFFICE USE ONLY

AM %

Date Received

Date Processed



Notes:

REPAIRS NEEDS

Have you received repairs/home maintenance assistance from other organizations?

If yes, please explain.

Briefly list the most important repair{s} or modification{s} needed on your home.

- 1.
- 2.
- 3.
- 4.
- 5.

HOMEOWNER AGREEMENT

I _____ hereby certify/understand that:

- 1) I own and occupy the home referenced as my primary residence;
- 2) The information provided here is complete and true to the best of my knowledge;
- 3) This application is to qualify me for the Home Repairs Program, which is intended to assist low-income homeowners in correcting substandard housing conditions which pose an imminent threat to life, safety, or accessibility;
- 4) The Town has permission to access my information to verify the contents of this application and facilitate the repair of my home;
- 5) This program may not rectify all deficiencies in my home nor make the home conform to local, state, or federal housing standards;
- 6) If the Town requires any payments or community service from me, those requirements will be explained in writing to be signed by me if agree;
- 7) I am only eligible for assistance once a year through the Town Home Repairs Program;
- 8) If at any time false or misleading information is discovered, I may be rejected.

Signature of homeowner{s)

Date

If you are not the homeowner, but are assisting the homeowner in completing this form, please provide your name, relationship to the homeowner, and phone number. _____