

HOME REPAIR APPLICATION

An Application for Assistance From



The Emporia Redevelopment and Housing Authority

This is an application for assistance for homes within the City of Emporia. This application is not to be used in conjunction with any application for the Lowground Road area. Improvements on this application cannot exceed \$500. It holds no obligations. All information will be verified prior to an applicant being placed on our waiting list for consideration. All applicants must meet established selection criteria.

A. Personal Information

Applicant: _____ Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Marital Status: Single Married Divorced Widow/Widower

Head of Household YES NO Age: _____ Gender: _____ Race: _____

Name of Spouse: _____ Age: _____ Gender: _____

Social Security Number: _____ - _____ - _____

Are either you or your spouse handicapped or disabled? YES NO

If YES, what is the nature of the condition? _____

Whom should we contact in an emergency?

Name: _____ Phone: _____

Relationship: _____

B. Employment and Income Information

Employer: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Gross Pay: \$ _____ Per: _____ Hours Per Week: _____ Length Of Employment: _____

Spouse's Employer: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Gross Pay: \$ _____ Per: _____ Hours per week: _____ Length of Employment: _____

C. Present Housing Information

How long have you lived at your present address? _____

Year home was built? _____ Square footage? _____ Number of stories? _____

Do you have a mortgage on your home? YES NO

Mortgage Company: _____

In which council district and neighborhood is your home located? _____

Verification of Ownership of Property

Property in the name of: _____

Tax receipt number: _____ For the year of: _____

OR

Deed (Recorded in the Greenville County Clerk's Office)

Book# _____ Page # _____

Please attach a copy of the verification of ownership (deed or tax receipt)

Are you current on all taxes, fees, and bills owed to City? YES NO

Do you intend to sell your property within the next three years? YES NO

Are you willing to make a down-payment toward this improvement? YES NO

If yes, what percentage? _____

D. Other Assistance

Have you submitted an application or sought assistance from any other home repairs assistance program this year? YES NO

If yes, name organization? _____

Is there a pending application? YES NO

Have you had repairs made to your property in the last five (5) years by any organization?
 YES NO

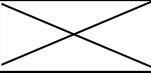
If yes, name organization: _____

E. Repairs/Improvements Desired

Please list the repairs and/or improvements desired. List work desired in order of priority need. Be sure to include both interior and exterior work. Priority given to improvements addressing health and safety needs.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

List all person(s), 18 years of age or older, beginning with yourself, who live in your house, and their age, sex, relationship to you; their gross annual employment/benefit income; their source(s) of income(i.e. employment, SS, SSI, pension, etc); and social security number. **Please remember to attach copies of check stubs for the past two months or eligibility letters from Social Security or the Department of Human Services or other verification of income for each person listed including yourself.**

	Name	Relationship	Age	Gender M or F	Income	Source of Income	Social Security No.
Applicant							

Number in Household: _____ Annual Household Income: \$ _____

F. Certification and Agreement

I certify that all information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive home repairs. Further, I give permission to the ERHA to check any and all information and/or reference contained herein, including but not limited to employers; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

_____ Date
Applicant

_____ Date
Co-Applicant

Office Use Only

NRC: _____ Date: _____

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:

Brian S. Thrower, Executive Director
 Emporia Redevelopment and Housing Authority
 Post Office Box 302
 Emporia, Virginia 23847
 (434)634-3332

APPLICATIONS MUST BE RECEIVED WITH PROPER DOCUMENTATION.