



DEFERRED MAINTENANCE HOME REPAIR PROGRAM APPLICATION

NAME:		AGE:	I.D.#
ADDRESS:			
DATE:	Home Phone:	Cell Phone:	
1. DO YOU OWN YOUR HOME: YES _____ NO _____ 2. ARE YOU CURRENTLY OCCUPYING YOUR HOME? YES _____ NO _____ 3. ARE YOU DISABLED? YES _____ NO _____ (PROOF OF DISABILITY REQUIRED)			
4. WHAT IS YOUR RACE? (You may check more than one space) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other: _____			
5. FEMALE HEAD OF HOUSEHOLD (No adult male present over age 18): YES _____ NO _____		6. TOTAL NUMBER OF PEOPLE IN THE HOME: _____	
7. AGES OF EACH PERSON: _____			
8. TOTAL AMOUNT OF MONTHLY HOUSEHOLD INCOME (Include all income for anyone 18 years of age or older living in the house): _____ <u>Please provide the following types of income verification:</u> <ul style="list-style-type: none"> ▪ PAY STUB ▪ SSI STUB ▪ AUTOMATIC DEPOSIT BANK STATEMENT <u>ETC.</u> 			

I hereby certify that the facts set forth on this form are true and complete to the best of my knowledge. I understand that providing false information to obtain federal assistance is a federal offense, which may result in criminal and or civil penalties.

SIGNATURE OF HOMEOWNER(S)

<p style="text-align: center;"><u>Mailing Address</u> City of Huntsville Department of Community Development P.O. Box 308 Huntsville, AL 35804</p>	<p style="text-align: center;"><u>The complete packet should include:</u></p> <ul style="list-style-type: none"> ✓ APPLICATION ✓ INCOME VERIFICATION ✓ HOMEOWNER VERIFICATION ✓ DISABILITY VERIFICATION 	<p>IF YOU HAVE ANY QUESTIONS CONTACT Ms. Rosie Wade THE DEPARTMENT OF COMMUNITY DEVELOPMENT @ (256) 427-5430</p>
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