

EMERGENCY HOME REPAIR PROGRAM APPLICATION

NAME:		AGE:	D.L./I.D.#
ADDRESS:			
DATE:	Home Phone:	Cell Phone:	
<p>1. DO YOU OWN YOUR HOME: YES _____ NO _____</p> <p>If you answered <u>YES</u>, please provide <u>ONE</u> of the following for verification:</p> <ul style="list-style-type: none"> ▪ CURRENT COPY OF HOMEOWNER'S INSURANCE POLICY ▪ COPY OF YOUR DEED ▪ COPY OF YOUR HOME MORTGAGE 			
<p>2. WHAT IS YOUR RACE? (You may check more than one space)</p> <ul style="list-style-type: none"> <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: _____ 			
<p>3. FEMALE HEAD OF HOUSEHOLD (No adult male present over age 18):</p> <p>YES _____ NO _____</p>		<p>4. TOTAL NUMBER OF PEOPLE IN THE HOME:</p>	
<p>5. AGES OF EACH PERSON:</p>			
<p>6. TOTAL AMOUNT OF MONTHLY HOUSEHOLD INCOME (Include all income for anyone 18 years of age or older living in the house): _____</p> <p style="text-align: center;"><u>Please provide the following types of income verification:</u></p> <ul style="list-style-type: none"> ▪ PAY STUB ▪ SSI STUB ▪ AUTOMATIC DEPOSIT BANK STATEMENT <u>ECT</u> 			

Please check exterior items that need to be corrected on your house:

- | | |
|--|---|
| <input type="checkbox"/> Roof/Shingles | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Siding/Vinyl | <input type="checkbox"/> Porch/Railing |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Handicapped Ramp |
| <input type="checkbox"/> Doors | Other: _____ |

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)

Mailing Address
City of Huntsville
Department of Community
Development
P.O. Box 308
Huntsville, AL 35804

**The complete packet should
include:**

- ✓ APPLICATION
- ✓ INCOME VERIFICATION
- ✓ HOMEOWNER
VERIFICATION

**IF YOU HAVE ANY QUESTIONS CONTACT Ms. Rosie Wade at the
DEPARTMENT OF COMMUNITY DEVELOPMENT AT (256) 427-5430**

