

Chattanooga Area Regional Council of Governments
Southeast Tennessee Development District



Dear Homeowner,

I've enclosed an application for the Emergency Repair Program for those age 60 and over and those receiving Social Security Disability benefits. Please complete this application and mail it back to us in the stamped and addressed envelope we have provided. **Remember to send copies of the following:**

1. Proof of home ownership in the form of a warranty deed, 99 year lease, or life estate.
2. Paycheck stub (covering a six-week period), benefit verification/check (Social Security benefit letter from 2018), or employer verification documenting current income. This is needed on anyone in the household with any form of income.
3. Property tax receipt.
4. Last two most recent statements for any checking or savings account(s) that are in your name. Please include all pages and do not mark out any information.
5. A list of repairs needed.

Please provide this information as soon as possible in the envelope provided. Thank you for your cooperation. Please let us know if you have any questions or concerns.

Jill Hale
Housing Program Coordinator
Southeast Tennessee Development District
P.O. Box 4757
Chattanooga, TN 37405
(423) 424-4260
jhale@sedev.org



**EMERGENCY REPAIR PROGRAM
FOR THE ELDERLY
HOMEOWNER APPLICATION**

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Social Security Number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Race of Head of Household:

White Black/African American Asian Other Multi Racial

Hispanic: Yes No

Marital Status: Single Married Divorced Widow/Widower

Name of Spouse: _____ Age: _____

Social Security Number: _____

All persons living with you	Relationship	Age	Sex	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

Are either you or your spouse related to any individual who is employed by the agency administering this grant? YES NO

If YES, what is the relationship? _____

B. FAMILY INCOME CALCULATION

1. Number in Household _____

2. Income Limits for _____ County dated _____

60% Maximum _____ 50% Maximum _____

3. Payment Frequency

Hourly (hourly rate x number of hours per week)

Weekly (weekly salary x 52 weeks per year)

Bi-monthly (24 times per year)

Every two weeks (26 times per year)

Monthly

*** DO NOT COMPLETE**

4. Show income calculation to convert to annual gross income.

Example: Mr. Jones is paid \$5.00/hour and works 32 hours/week
 $\$5.00 \times 32 = \$160 \times 52 \text{ weeks} = \$8,320 \text{ annual income}$

5. ASSETS (other than your home, household items and automobile)

FAMILY MEMBER	ASSET DESCRIPTION	CURRENT MARKET VALUE	INCOME FROM ASSETS
Total Net Family Assets		a.	
Total Actual Asset Income			b.
If line (a) is greater than \$5,000, multiply (a) by _____ (passbook rate) and enter result here; otherwise, leave blank			c.

6. SUMMARY OF INCOME DATA

FAMILY MEMBER	WAGES SALARIES	BENEFITS PENSIONS	PUBLIC ASSISTANCE	OTHER INCOME	TOTALS
TOTALS					

Asset Income - Enter greater of lines 5(b) or 5 (c) above \$ _____

Total Anticipated Income \$ _____

ANNUAL INCOME - Anticipate Income plus Asset Income \$ _____

*** DO NOT COMPLETE ***

C. INCOME LEVEL

- | | |
|---|---|
| <input type="checkbox"/> Above 60% of area median | <input type="checkbox"/> 60% of area median |
| <input type="checkbox"/> 50% of area median | <input type="checkbox"/> 30% of area median |
| <input type="checkbox"/> Below 30% of area median | |

D. VERIFICATION

Income verified by _____ using:

- | | |
|---|--|
| <input type="checkbox"/> Check stub | <input type="checkbox"/> Employer Verification |
| <input type="checkbox"/> Benefit Verification | <input type="checkbox"/> Copy of Benefit Check |

E. CERTIFICATION

To the best of my knowledge, I certify that the information in this application for state assistance through the THDA Emergency Repair Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the THDA EMERGENCY REPAIR PROGRAM program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.



Applicant

Date

Applicant

Date

Please submit the following with this application:

1. Proof of ownership in the form of a warranty deed , a 99-year leasehold, or a life estate
2. Copy of paycheck stub, benefit verification or benefit check or employer verification documenting current income.
3. Copy of property tax receipts.

**THDA Emergency Repair Program for the Elderly
Eligibility Release Form**

SouthEast TN Development District

Address: _____

Telephone: 423-424-4260

Date: _____

Purpose: Your signature on this THDA Emergency Repair Program for the Elderly Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

THDA Emergency Repair

Privacy Act Notice Statement: Tennessee Housing Development Agency (THDA) is requiring the collection of the information derived from this form to determine an applicant's eligibility in an Emergency Repair Program for the Elderly and the amount of assistance necessary using THDA funds. This information will be used to establish level of benefit on the THDA Emergency Repair Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Instructions: Each adult member of the household must sign a THDA Emergency Repair Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initiated by applicant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Federal Preferences		
Other Preferences		
Other (list)		
Dependent Deduction <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children		

Authorization: I authorize the above-named Tennessee Development District to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Emergency Repair Program for the Elderly.

I acknowledge that:


- (1) A photocopy of this form is as valid as the original
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.



Head of Household – Signature, Printed Name and Date Family Member HEAD
X
Other Adult Member of the Household – Signature, Printed Name and Date Family Member #3
X

Other Adult Member of Household -- Signature, Printed Name and Date Family Member #2
X
Other Adult Member of the Household – Signature, Printed Name and Date Family Member #4
X

VERIFICATION OF ASSETS ON DEPOSIT

(Development District) <u> Southeast TN </u>	Checking Account #	Average Monthly Balance for Last 6 Months	Current Interest Rate 0%	
AUTHORIZATION: Tennessee Housing Development Agency Policies for the Emergency Repair Program for the Elderly require us to verify income from Assets of all members of the household applying for participation in the THDA Emergency Repair Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.	Savings Accounts #	Current Balance	Current Interest Rate 0%	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate 0%
IRA, Keogh, Retirement Accounts				
Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed	Account #	Amount	Withdrawal Penalty	Current Interest Rate 0%
	Money Market Funds	Amount (Average 6 month Balance)	Interest Rate 0%	
Release: I hereby authorize the release of the requested information  _____ (Signature of Applicant)	Signature of _____ or Authorized Representative _____ Title: Date: Telephone			
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.				

