

EMERGENCY REHAB APPLICATION GENERAL INFORMATION

1 The City of Huntington Community Development Block Grant (CDBG) will make available no interest loans that you will have to repay monthly for minor home repair for single family, owner occupied housing. YOU MUST LIVE IN THE STRUCTURE 5 YEARS AFTER COMPLETION OF WORK.

2 The house can be located anywhere in the City of Huntington.

3 All applicants must be below 80% of median income, as indicated below.

4 At time of application to the City of Huntington CDBG Program, you must furnish the most recent, three consecutive pay stubs as income verification for everyone in the household. You must also furnish a signed copy of your most recent Federal income tax statement. You must also sign an employment certification form. This form will be mailed to your employer for income verification.

Please telephone 696-4435 to receive an application by mail or come to:

HUNTINGTON CITY HALL
800 FIFTH AVENUE
ROOM L7
HUNTINGTON, WV 25701

5 Verify that your income is below the amount indicated at the bottom of this page.

6 Complete ALL sections of the in-take form

7 Return completed application to City Hall, Rehab Program, Room L7, PO Box 1659, Huntington, WV 25717

You must include with this form:

8a Income verification for any household member who receives any yearly income. This includes, but is not limited to: pay roll, SSI, Social Security, any and all Retirement Pensions, Workers Compensation Benefits, Interest on Savings, Rent from property owned, etc.

8b A signed copy of your most recent Federal Income Tax return for any member of the household who must file.

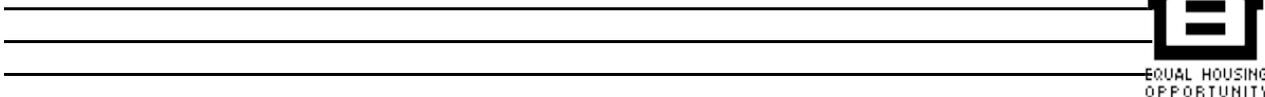
8c Current Income Verification means you must provide copies of the last three (3) consecutive pay check stubs for each household member who is working or receives any income such as pay roll, SSI, Social Security, any and all Retirement Pensions, Workers Compensation Benefits, Interest on Savings, Rent from property owned, etc.

8d Provide a copy of your Deed

8e Copy of your Certificate of Insurance

9 All Municipal Fees and Refuse Fees must be current and/or satisfied

10 What kind of Rehab do you need?



OWNER OCCUPIED REHABILITATION PROGRAM
IN-TAKE INSTRUCTIONS

Name, Social Security Number, Date of Birth:

Insert full name, social security, date of birth and day time telephone number.

Address:

Current address and mailing address

Dependents:

List all persons that reside in the home.

Employment:

Current employer of each person who resides in the home. If less than one (1) year, list previous employer (Head of household and spouse)

Monthly Income:

Totals must include all income from **any** resident of the household. Income includes salaries, hourly income, SSI, Social Security benefits, VA benefits, Department of Human Services payments, other public assistance payments, rents, interest, etc.

Assets:

Average of Checking Account Balance and Savings Account Balance
Real Estate investments
Stocks, bonds
Estimate of household furnishings
Automobile, campers, boats, etc.

Total household income must fall ON OR BELOW the range listed below

Rates for 2014		
Income	1 Person	\$28,600.00
Income	2 Persons	\$32,650.00
Income	3 Persons	\$36,750.00
Income	4 Persons	\$40,800.00
Income	5 Persons	\$44,100.00
Income	6 Persons	\$47,350.00
Income	7 Persons	\$50,600.00
Income	8 Persons	\$53,900.00



SECTION A (Applicant & Co-Applicant)

DATE: _____ # of persons who live in the home _____

APPLICANT

CO-APPLICANT

Name: _____
Soc. Security #: _____
Date of Birth: _____
Address: _____

Phone #: _____
Cell #: _____

Name: _____
Soc. Security #: _____
Date of Birth: _____
Address: _____

Phone #: _____
Cell #: _____

INCOME INFORMATION

Current Employer: _____
Address: _____

Phone #: _____

Current Employer: _____
Address: _____

Phone #: _____

Net Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____

Inc. Veri.: _____	Tax Forms: _____	Inc. Summary: _____
Pay Stubs: _____	Signed Forms: _____	Credit Report: _____



IN TAKE FORM
SECTION A (Dependent's)

DATE: _____ # of persons who live in the home _____

DEPENDENT

DEPENDENT

Name: _____

Name: _____

Soc. Security #: _____

Soc. Security #: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

INCOME INFORMATION

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____

IN TAKE FORM
SECTION A

DATE: _____

of persons who live in the home _____

DEPENDENT

DEPENDENT

Name: _____

Name: _____

Soc. Security #: _____

Soc. Security #: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

INCOME INFORMATION

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



LIST OF CURRENT DEBTS ON PROPERTY

SECTION B

NAME: _____

ADDRESS: _____

ORIGINAL MORTGAGE AMOUNT: _____

CURRENT BALANCE: \$ _____

MONTHLY PAYMENT: \$ _____

DEED RECORD DATE: _____

RENTS: _____

FIRE INSURANCE: Insurance Company: _____

AGE OF HOME: _____

INTEREST: _____

OTHER MONTHLY INCOME: \$ _____



ASSETS

SECTION C

Checking Account Amount: Amount: \$ _____

Account Number: _____

Bank: _____

Savings Account Amount: Amount: \$ _____

Account Number: _____

Bank: _____

Stocks: \$ _____

Real Estate: Market Value: \$ _____

Loan Balance: \$ _____

AUTO:

Year: _____ Make: _____ Value: \$ _____

Year: _____ Make: _____ Value: \$ _____



Equal Opportunity Report Form

SECTION D

The following information is being requested to satisfy equal opportunity in housing requirements

Please mark any categories that describe you.

Race

- Black/African American
- White
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial
- Asian/Pacific Islander
- Hispanic

Elderly Status (62 and over)

- Yes
- No

Handicapped or disabled

- Yes
- No

Single Head of Household

- Male
- Female

Children

- Yes
- No

Have you or has anyone who living in the home ever been convicted of a Felony?

Yes _____ No _____

If yes, please specify date and offense:



BORROWER'S CERTIFICATION

SECTION E

The Borrower certifies that all information in this in take form, and all information furnished in support of this in take form is given for the purpose of obtaining this service under the Emergency Rehab Program, and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein:

Signature

Signature

Date

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SEC. 1001 PROVIDES:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, mor makes or uses any false writings or document, kn owing the same to contain any false, fictitious for fraudulent statement or entry shall be fined mot more than \$10,000.00 or imprisoned not more than five (5) years, or both.



SECTION F

AUTHORIZATION TO RELEASE INFORMATION

To Whom it may Concern:

- 1 I/We have applied for an Owner Occupied Emergency Rehab Program from the City of Huntington. As part of the intake process, the City of Huntington may verify information contained in my/our intake form and in other documents required in connection with the intake form.
- 2 I/We authorize you to provide to the City of Huntington any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns. The City of Huntington may address this authorization to any party named in the intake form.
- 3 A copy of this authorization may be accepted as an original.

SIGNATURE

SOCIAL SECURITY NUMBER

SIGNATURE

SOCIAL SECURITY NUMBER



VERIFICATION OF EMPLOYMENT

(Name of Rehab Participating Jurisdiction)

Employed Since: _____

Emergency Rehab CDBG Program
PO Box 1659
Huntington, WV 25717
ATTN: HESSIE CRISLIP
Phone: (304) 696-4435

Occupation: _____

Effective date of last increase: _____

Base Pay Rate:

\$ _____ or \$ _____ Week; or \$ _____ mo.

AUTHORIZATION: Federal Regulations require us to verify employment income of all members of the household applying for participation in the Rehab 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 to the household

Average hrs/week at base pay rate: _____ hrs.

Weeks worked each year _____ **OR**

of hours worked each year _____

Overtime pay rate: \$ _____ / hour

Expected average number of hours overtime worked per week during the next 12 months.

Insert Employers Address:

Any other compensation not included above (specify for commissions, bonuses, tips, etc.)

For: _____ \$ _____ Per _____

Is pay received for Vacation? _____

IF yes, # of days per year: _____

RELEASE: I hereby authorize the release of the requested information

Base pay earnings for past 12 months: \$ _____

Overtime earnings for past 12 months: \$ _____

Print Name

Possibility and expected date of any pay increase: _____

Signature of Applicant

Does the employee have access to a retirement account? _____

Date

If yes, what amount can they gain access to? \$ _____

Or a copy of the executed "Rehab Program Eligibility Release" form, which authorizes the release of the information requested, is attached.

Signature of Authorized Representative

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.

_____ Date

Telephone

_____ Title



VERIFICATION OF EMPLOYMENT

(Name of Rehab Participating Jurisdiction)

Emergency Rehab CDBG Program
PO Box 1659
Huntington, WV 25717
ATTN: HESSIE CRISLIP
Phone: (304) 696-4435

Employed Since: _____

Occupation: _____

Effective date of last increase: _____

Base Pay Rate:

\$ _____ or \$ _____ Week; or \$ _____ mo.

Average hrs/week at base pay rate: _____ hrs.

Weeks worked each year _____ **OR**

of hours worked each year _____

Overtime pay rate: \$ _____ / hour

Expected average number of hours overtime worked per week during the next 12 months.

Any other compensation not included above (specify for commissions, bonuses, tips, etc.)

For: _____ \$ _____ Per _____

Is pay received for Vacation? _____

IF yes, # of days per year: _____

Base pay earnings for past 12 months: \$ _____

Overtime earnings for past 12 months: \$ _____

Possibility and expected date of any pay increase: _____

Does the employee have access to a retirement account? _____

If yes, what amount can they gain access to? \$ _____

Signature of Authorized Representative



AUTHORIZATION: Federal Regulations require us to verify employment income of all members of the household applying for participation in the Rehab 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.

Insert Employers Address:

RELEASE: I hereby authorize the release of the requested information

Print Name

Signature of Applicant

Date

Or a copy of the executed "Rehab Program Eligibility Release" form, which authorizes the release of the information requested, is attached.

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.

CHECK SHEET

Have I:

- Enclosed three (3) of my most recent pay stubs? _____
- Enclosed a COPY of my most recent signed Federal Income Tax _____
- Signed all pages _____
- Enclosed copies of my spouse's most recent pay stubs? _____
- Complete Section D - Voluntary questionnaire? _____
- Signed Verification of Employment forms? _____

NOTE: If you have filed your Federal Income Tax return, we need that copy. If you **have not** filed the most recent Federal Income Tax Return, provide us a copy of last year's return. You will then need to furnish us your most recent return as soon as you have filed.

THIS IN TAKE FORM TO PARTICIPATE IN THE CITY OF HUNTINGTON (CDBG) EMERGENCY REHAB PROGRAM **WILL NOT** BE PROCESSED WITHOUT ALL OF THE ABOVE MENTIONED CHECK OFF ITEMS BEING INCLUDED WITH YOUR RETURNED IN TAKE FORM.

