



WORKING TOGETHER



CITY OF HUNTINGTON CDBG AND WORLD CHANGERS REHAB PROGRAM

REQUEST FOR HOUSING REPAIRS

- 1 Enclosed is an in-take form for housing repairs through the City of Huntington Community Development Block Grant (CDBG) and World Changers Rehab Program that you requested. This program offers repairs to low to moderate income homeowners at no charge to the owner. Home must be owner occupied and **owner occupied for 5 years after work is completed.** The World Changers is a volunteer group affiliated with the Southern Baptist Organization. This letter and completed in-take form is not a guarantee that any work will be performed on your home. The Construction Coordinator will visit each home to determine the repairs that are needed, and if it will be a feasible project. The Construction Coordinator has the authority to refuse any work on any property.
- 2 Please complete the enclosed in-take form, and provide the information requested. This information should be completed and returned to me no later than the end of **March of the current year.** If it is not received at that time, I will go to the next person on the list. This information is needed immediately. Work can only be performed on 20 – 25 houses, and it is to your advantage to return your in-take form as soon as possible - first come - first serve basis. The in-take form will not be processed if all the information is not received. World Changers will be in town in June or July. **If you have any questions contact HESSIE CRISLIP (304) 696-4486, EXT 2040.**
- 3 Please verify that your income is on or below the amount indicated on the next page.
- 4 Complete ALL sections of the in-take form.
- 5 Return completed in-take form to City Hall, CDBG and World Changers Rehab Program Room L-7 or to PO Box 1659, Huntington, WV 25717

You must include with this form:

- 6a Income verification for any household member who receives any yearly income. This includes, but is not limited to: payroll, SSI, Social Security, any and all Retirement Pensions, Workers Compensation Benefits, Interest on Savings, Rental Property owned, etc.
- 6b A signed copy of your most recent Federal Income Tax return for any member of the household who must file.
- 6c 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 payroll, SSI, Social Security, any and all Retirement Pensions, Workers Compensation Benefits, Interest on Savings, Rent from property owned, etc.
- 6d Provide a copy of your Deed
- 6e Copy of your Certificate of Insurance
- 7 All Municipal Fees and Refuse Fees must be current and/or a payment plan set up for at least 3 consecutive months and/or satisfied.

CITY OF HUNTINGTON CDBG AND WORLD CHANGERS REHAB 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.

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

NEW INCOME LEVELS ARRIVE FROM HUD SOMETIME BETWEEN DECEMBER - MARCH EVERY YEAR

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 |



IN TAKE FORM
SECTION A (Applicant & Co-Applicant)

DATE: _____

No. of persons who live in the home: _____

APPLICANT

CO-APPLICANT

Name: _____

Name: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Soc. Security #: _____

Soc. Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

INCOME INFORMATION

APPLICANT

CO-APPLICANT

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Phone #: _____

Phone #: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income:

Other Income
List: _____

Other Income
List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



IN TAKE FORM
SECTION A (Dependent's)

DATE: _____

DEPENDENT #1

DEPENDENT #2

Name: _____

Name: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Soc. Security #: _____

Soc. Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

INCOME INFORMATION

DEPENDENT #1

DEPENDENT #2

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Phone #: _____

Phone #: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income:

Other Income
List: _____

Other Income
List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



IN TAKE FORM
SECTION A (Dependent's)

DATE: _____

DEPENDENT #3

DEPENDENT #4

Name: _____

Name: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Soc. Security #: _____

Soc. Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Cell #: _____

Cell #: _____

INCOME INFORMATION

DEPENDENT #3

DEPENDENT #4

Current Employer: _____

Current Employer: _____

Address: _____

Address: _____

City/St./Zip _____

City/St./Zip _____

Phone #: _____

Phone #: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

Other Income: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income:

Other Income
List: _____

Other Income
List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



MORTGAGE AND INSURANCE INFORMATION

SECTION B

NAME: _____

ADDRESS: _____

CITY/ST.ZIP: _____

MORTGAGE COMPANY: _____

MORTGAGE COMPANY ADDRESS: _____

MORTGAGE COMPANY CITY/ST./ZIP: _____

MORTGAGE COMPANY PHONE NO.: _____

ORIGINAL MORTGAGE AMOUNT: \$ _____

CURRENT BALANCE: \$ _____

MONTHLY PAYMENT: \$ _____

DEED RECORD DATE: _____

HOME OWNERS INSURANCE CO.: _____

HOME OWNERS INSURANCE CO. Address: _____

HOME OWNERS INSURANCE CO. City/St./Zip: _____

HOME OWNERS INSURANCE CO. Phone No.: _____

AGE OF HOME: _____



Equal Opportunity Report Form

SECTION C

The following information is being requested to satisfy equal opportunity in housing requirements of The U.S. Department of Housing and Urban Development.

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 is living in the home ever been convicted of a Felony?

Yes _____ No _____

If yes, please specify date and offense:



APPLICANT'S and CO-APPLICANT'S CERTIFICATION
SECTION D

The Applicant and Co-Applicant 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 work through the City of Huntington and World Changers 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:

APPLICANT

CO-APPLICANT

PRINT NAME (Applicant)

PRINT NAME (Co-Applicant)

Applicant's Signature

Co-Applicant's 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.



AUTHORIZATION TO RELEASE INFORMATION
SECTION E

To Whom it may Concern:

- 1 I/We have applied for the Owner Occupied Rehabilitation Program from the CDBG and World Changers Rehab Program thru the City of Huntington . As part of the in-take form process, the City of Huntington CDBG and World Changers Rehab Program may verify information contained in my/our in-take form and in other documents required in connection with the in-take form, either before or after the Rehab work is done.

- 2 I/We authorize you to provide to the City of Huntington CDBG and World Changers Rehab Program 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 CDBG and World Changers Rehab Program may address this authorization to any party named in the loan in-take form.

- 3 A copy of this authorization may be accepted as an original.

APPLICANT

CO-APPLICANT

PRINT NAME (Applicant)

PRINT NAME (Co-Applicant)

Applicant's Signature

Co-Applicant's Signature

Date

Date



VERIFICATION OF EMPLOYMENT

(Name of City of Huntington's Participating Jurisdiction)

City of Huntington
CDBG and World Changers Rehab Program
PO Box 1659
Huntington, WV 25717
ATTN: HESSIE CRISLIP
Phone: (304) 696-4435

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

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

Telephone _____ Date _____

Title _____ 

Employer's Name

Employer's Address City State Zip

Employer's Phone No.

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 INCLUDED THE FOLLOWING:

- Enclosed three (3) of my most recent pay stubs _____
- Enclosed three (3) of pay stubs from spouse and dependents _____
- Enclosed a COPY of my most recent signed Federal Income Tax _____
- Signed Applicants Certification Form (PAGE 8 SECTION D) _____
- Signed Authorization to Release Information (PAGE 9 SECTION E) _____
- Completed the Equal Opportunity Report Form (PAGE 7 SECTION C) _____
- Signed Verification of Employment Form (PAGE 10) _____

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 years 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 AND WORLD CHANGERS REHAB PROGRAM WILL NOT BE PROCESSED WITHOUT ALL OF THE ABOVE MENTIONED CHECK OFF ITEMS BEING INCLUDED WITH YOU RETURNED IN-TAKE FORM



LIST OF REPAIRS

Please list in order any and all repairs you need on your home. The World Changers may be able to do some but not all of them. The order you write down will be the order we determine if work can be done.

The Construction Coordinator will visit each home to determine the repairs that are needed, and if it will be a feasible project. The Construction Coordinator has the authority to refuse any work on any property.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

