

## COMMUNITY HELP, INC. MINOR REPAIR & PAINT PROGRAM APPLICATION

Please complete and mail this application to the **Community Help, Inc., P. O. Box 863, Savannah, GA 31404.**

Your Name \_\_\_\_\_

House Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of years at Address above \_\_\_\_\_

Repairs Desired: [ ]Roof [ ]Exterior Paint [ ]Other \_\_\_\_\_

Do you have a mortgage on home? [ ]Yes [ ]No Mortgage Company \_\_\_\_\_

Is Your House [ ]One-Story [ ]Two-Story Do you have a Metal Roof [ ]Yes [ ]No

Marital Status [ ]Married [ ]Separated [ ]Unmarried including widowed and divorced

List all persons, beginning with yourself, who live in your house; their age; their relationship to you; for persons 18 years old or older, their gross annual employment/benefit income; their source(s) of income (i.e. employment, SS, SSI, pension; etc.); and social security number. Household Size \_\_\_\_\_

Applicant	Age	SELF	\$	Income	Source Income	Social Security #
_____	_____	_____	\$	_____	_____	_____
Name	Age	Relationship	\$	Income	Source Income	Social Security #
_____	_____	_____	\$	_____	_____	_____
Name	Age	Relationship	\$	Income	Source Income	Social Security #
_____	_____	_____	\$	_____	_____	_____
Name	Age	Relationship	\$	Income	Source Income	Social Security #
_____	_____	_____	\$	_____	_____	_____
Name	Age	Relationship	\$	Income	Source Income	Social Security #

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I the undersigned applicant(s) certify that all information reported in and submitted with this Application is true and correct. The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application.

I the undersigned applicant(s) authorize Community Help, Inc. to verify this information by any and all means; and authorize Community Help, Inc. to obtain and review my/our credit report(s) while reviewing this application.

I the undersigned applicant(s) have read and understood the general information about the program that is on the reverse side or page two of this Application.

I hereby certifies that I am: (YOU MUST INITIAL ONE OF THE FOLLOWING)

\_\_\_\_\_ a US Citizen or \_\_\_\_\_ a legal alien                      \_\_\_\_\_ a US Citizen or \_\_\_\_\_ a legal alien

Applicants Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Demographic Information Optional (Circle appropriate choices)

<u>Applicant</u>	<u>Co-Applicant</u>
Race: Black/White/Hispanic/Asian/Other	Black/White/Hispanic/Asian/Other
Sex: Male/Female	Male/Female

### DON'T FORGET TO . . .

- § **Attach a copy of your deed showing that you own or are purchasing the house.**
- § **Attach a copy of current income: (2) recent paycheck stubs, SSI and/or SSA income verification letter, pension checks, etc. showing income for all household members.**
- § **Attach a copy of Paid 2010 City & County Taxes Receipts.**
- § **Attach a copy of Picture Identification of applicant &/or co-applicant.**

**Failure to provide this information can result in application processing delays and/or application denial.**

## General Information

1. Homeowner household income must be at or below limits shown in table below. Household refers to the number of persons living in the house.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$33,050	\$37,800	\$42,500	\$47,200	\$51,000	\$54,800	\$58,550	\$62,350

As of June 26, 2010

2. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
3. Not all of the improvements desired by the homeowner may be able to be accomplished.
4. Priority will also be given to the elderly, disabled and first time participants.
5. Homeowners must provide a written narrative detailing their current financial and living conditions.
6. Priority will be given to exterior improvements although some interior improvements may be possible.
7. Making application does not guarantee that an application will be approved and a house selected. Applications will be reviewed on a first-submitted first-reviewed basis. Applicants will be required to submit proof of household income, proof of ownership, and evidence that City and County taxes have been paid.
8. Homeowners will be notified by Community Help, Inc. whether or not their house has been selected for improvements. Community Help Inc. role is to provide the funds necessary to help pay for improvements to your home. Community Help will also review cost proposals and inspect the work prior to payment to satisfy itself that the improvements have been done in accordance with the proposal. Community Help Inc., is not the contractor and will not do the work, we only provide the funds for the work to be done! We cannot and will not guarantee the work performed on your home.
9. The Homeowner shall indemnify, defend and hold harmless Community Help Inc., its officers, directors, representatives, successors, assigns or agents from and against any and all claims, damages, injuries, costs, penalties, actions, suits and liabilities of any kind, including but not limited to attorneys' fees, for claims arising out of or resulting from the project or its activities.

Thank you for showing interest in the

### MINOR HOME REPAIR & PAINTING PROGRAM

Community Help Inc.  
P. O. Box 863  
Savannah, Georgia  
912-228-3539  
[www.communityhelpinc.org](http://www.communityhelpinc.org)