

**COMMUNITY HELP
MINOR REPAIR & PAINT PROGRAM APPLICATION**

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

Applicant _____ Co-Applicant _____

House Address _____ ZIP _____ Neighborhood _____

Telephone # _____ (Cell #) _____ Number of years at Address above _____

How did you hear about this program? _____

Is there a child 6 years of age or younger residing at this residence, OR that spends 10 hours or more per week at this residence? _____ YES _____ NO Ages of Child (ren) _____

Housing Problems Needing Correction:	Priority
[] Roof- <i>please describe damage</i> _____	1 2 3 4 5
[] Exterior Paint- <i>please describe damage</i> _____	1 2 3 4 5
[] Electrical- <i>please describe damage</i> _____	1 2 3 4 5
[] Plumbing - <i>please describe damage</i> _____	1 2 3 4 5
[] Other - <i>please describe damage</i> _____	1 2 3 4 5

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 [] Widowed [] Divorced Birthdate: _____

Have you executed a power of attorney for someone to act on your behalf? [] NO [] Yes
If yes, please provide submit a copy with your completed application.

Are you Active Military, Veteran or Spouse of Deceased Veteran [] Yes [] No

Are you blind or visually impaired? [] Yes [] No

List all persons, beginning with yourself, who live in your house; their age; their relationship to you; their gross annual income (employment or benefit income); the income source (i.e. employment, SS, SSI, pension; etc.); and their social security number. Use an additional sheet of paper if necessary. **Total Household Size** _____

_____	_____	<u>SELF</u>	\$ _____	_____	_____
Applicant Name	Age		Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #

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.***
- 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.
- Have read and understood the general information about the program that is listed on the reverse side or page two of this application.

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I hereby certify that I am: **(YOU MUST INITIAL ONE)**
_____ US Citizen /or/ _____ legal alien

Applicants Signature _____

Date _____

Demographic Information Optional
(Circle appropriate choices on each line)
Race: Black/White/American Indian/Asian/Other
Sex: Male/Female
Hispanic /non-Hispanic

Education (Circle appropriate choices)
Some High School High School Graduate(GED)
Some College Bachelor Degree
Master's Degree Advanced Degree
Prefer Not To Say Don't Know

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Demographic Information Optional
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Race: Black/White/American Indian/Asian/Other
Sex: Male/Female
Hispanic /non-Hispanic

Education (Circle appropriate choices)
Some High School High School Graduate(GED)
Some College Bachelor Degree
Master's Degree Advanced Degree
Prefer Not To Say Don't Know

Failure to provide required information can result in application processing delay and/or denial!!!

MINOR HOME REPAIR & PAINT PROGRAM

General Information

1. Homeowner household income must be at or below limits shown in following table. 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
\$36,350	\$41,550	\$46,750	\$51,900	\$56,100	\$60,250	\$64,400	\$68,550

As of April 1, 2017

2. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
3. Homeowners must provide a written narrative detailing their current financial and living conditions.
4. Not all of the improvements desired by the homeowner may be accomplishable.
5. Priority will be given to the elderly, disabled, first time participants.
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.
8. Applications will be reviewed on a first-submitted first-reviewed basis.
9. Applicants are required to submit the following documents:
- **Copy of your deed showing that you own or are purchasing the house**
 - **Copy of current income for ALL household members**
 - **Current Year SSI and/or SSA income verification letter,**
 - **Current Year Pension checks or letter**
 - **Current Year VA Awards letter**
 - **Most recent paycheck stubs**
 - 9 paycheck stubs (if paid weekly)**
 - 5 paycheck stubs (if paid bi-weekly)**
 - 4 paycheck stubs (if paid semi-monthly)**
 - 2 paycheck stubs (if paid monthly)**
 - **Current Mortgage Statement (if applicable)**
 - **Copy of ALL pages of your two (2) most recent account statements for ALL asset accounts and ALL household members**
 - **Copy of Picture Identification of applicant & co-applicant**
 - **Evidence that City and County taxes have been paid**
10. Homeowners will be notified by Community Help, Inc. whether or not their house has been selected for improvements. The role of Community Help, Inc. 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.
11. 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 & PAINT PROGRAM
Community Help, Inc.
P.O. Box 863
Savannah, Georgia
912-228-3539
www.communityhelpinc.org