**WILLIAMSBURG ENTERPRISE COMMUNITY COMMISSION, INC.**

**HOME REPAIR APPLICATION**

**A. Grant information**

**1**. Name of Applicant-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**. Year of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3.** SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouses’ year of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4**. Married  Single  Divorced  Widow

**5**. Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6**. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7**. Number of years at residence: Years \_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** Residence Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9**. Number of occupant(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) of everyone living in the home:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Age** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**\*If over eighteen (18) please explain dependency (e.g.) physically handicapped, fulltime student, etc.) income of dependents to be listed in Section C.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**10.** Population: Disabled  Elderly  handicapped

**11.** Race: White  Black/African-American  Asian/Pacific Islander

American Indian  Alaska Native  Hispanic

**B. EMPLOYMENT**

**12.** Applicants’ occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13.** Employer’s Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14.** Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15.** Previous Employment (if less than 2 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16.** Spouse’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17.** Spouse’s Employer Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18.** Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. PRESENT INCOME**

**19.** Applicant’s Salary Weekly $\_\_\_\_\_\_\_\_\_\_\_\_ Monthly $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly $ \_\_\_\_\_\_\_\_\_\_\_\_

**20.** Spouse’s Salary Weekly $ \_\_\_\_\_\_\_\_\_\_\_\_ Monthly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly $ \_\_\_\_\_\_\_\_\_\_\_\_

**21**. Unemployment Benefits: Weekly $\_\_\_\_\_\_\_\_\_\_\_\_ Monthly $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly $ \_\_\_\_\_\_\_\_\_\_\_

**22.** Pensions, Annuities, Social Security, etc. Monthly $\_\_\_\_\_\_\_\_\_\_\_ Yearly $ \_\_\_\_\_\_\_\_\_\_\_\_

**23.** Income from Rental Property: Monthly $ \_\_\_\_\_\_\_\_\_\_ Yearly $\_\_\_\_\_\_\_\_\_\_\_\_

**24.** Other Source of Income (Explain): Monthly $ \_\_\_\_\_\_\_\_\_\_\_ Yearly $\_\_\_\_\_\_\_\_\_\_\_\_

**25.** TOTAL FAMILY INCOME (add 19-24) Monthly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2**6.** Are property taxes currently due? Yes  No

If so, how much is due $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_, if paid, please provide a copy of paid receipt

**27.** Please describe the needed repairs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**28.** Please describe your personal family hardship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**29.** Do you Own Are you making mortgage payments?  Yes  No

Amount $\_\_\_\_\_\_\_\_\_\_\_. Are payments current  Yes  No. Please provide last mortgage statement.

**D.** **TYPE OF DWELLING**

Mobile Home Year: \_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_ Own Land? Yes  No

Stick Built Year: \_\_\_\_\_\_ approximate age: \_\_\_\_\_\_\_\_\_\_\_\_

**Finished frame: Brick  Block  Vinyl siding  Wood**

**Please Note: Mobile Homes and Manufactured Homes cannot be more than 20 years old from purchase date. The mobile home/manufactured home and land must be in the person’s name who is seeking the repair. Name must be on the deed/title of mobile/manufactured home and the land.**

**30.** Contact person other than applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S CERTIFICATION**

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant or forgivable loan from the South Carolina State Housing finance and Development Authority/SC Housing Trust Fund 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.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_