

Program Application

Home Rehabilitation Grant Program

Assigned Agency	Project's Location County	Intake Personnel	Application Date
WX's Referral	<input type="checkbox"/> YES <input type="checkbox"/> NO	WX's Project # (if applicable)	

SECTION A – Applicant Information									
Primary Applicant									
Phone Number									
Email Address									
Full Project Address									
Alternative Contact Info									
SECTION B - Dwelling Information									
Housing Status	<input type="checkbox"/> Own <input type="checkbox"/> Mortgage	# of years at residence	<input type="checkbox"/> 0-1 yr. <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 3-6 yrs. <input type="checkbox"/> 6+ yrs.	Housing Type	<input type="checkbox"/> Stick Built <input type="checkbox"/> Manufactured <input type="checkbox"/> Mobile in Park	# of Bedrooms	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4+	Heating & Cooling Source	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Coal
Attached Structures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what type—describe						
Property Legal Owner/s					Parcel Number				
County Assessed Value			80% of Assessed Value			Mobile Home Value if in Park			
Year Built			Would the project require ground-altering activity? Is the dwelling 45 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please complete a historic preservation checklist and submit it with the application.			
Ownership Verification	<input type="checkbox"/> Information verified by agency through an official county's assessor database <input type="checkbox"/> Homeowner provided deed of trust as evidence <input type="checkbox"/> Homeowner provided official mortgage statement as evidence								

I, **(name of the property owner)**, certify that the listed property above is my primary residence.

Homeowner Signature Date

Staff Certifying Property Ownership Date

Information provided to the Department of Commerce is subject to public disclosure under RCW 42.56. Any information provided to the Department of Commerce may be released to a member of the public if we receive a records request related to the information

Household Information						
First Name:				Birth Year:		Age:
Applicant	Primary Applicant	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Military Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Education	<input type="checkbox"/> Kinder-8 th Grade <input type="checkbox"/> 9-12 Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> 2-4 Year College Degree	Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> N/A	
First Name:				Birth Year:		Age:
Relation to Primary Applicant	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Military Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Income Eligibility					
<p>The average income reported by all current household members over 18 years of age must be considered for eligibility. The application must include the names, gross income, and source of income for all household members at the date of the application. A household with a boarder/renter must include the rent payment as income. Any member over 18 with no income must provide a Declaration of No Income (HRGP Exhibit 1.1).</p>					
First Name -		Age:		Please use the income calculator to fill in this information.	
Source of Income - Main Applicant	<input type="checkbox"/> Employment <input type="checkbox"/> Un-employment <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Other (please note below)	Income Documentation Provided	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Benefit Statement <input type="checkbox"/> Bank Statement <input type="checkbox"/> No Income Statement	Which configuration was used: <input type="checkbox"/> 3 Month – Adjusted Total Gross <input type="checkbox"/> 12 Month – Adjusted Total Gross	Total Annual Adjusted Gross
NOTES					
First Name		Age -			
Source of Income Spouse or Partner	<input type="checkbox"/> Employment <input type="checkbox"/> Un-employment <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Other (please note below)	Income Documentation Provided	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Benefit Statement <input type="checkbox"/> Bank Statement <input type="checkbox"/> No Income Statement	Which configuration was used: <input type="checkbox"/> 3 Month – Adjusted Total Gross <input type="checkbox"/> 12 Month – Adjusted Total Gross	Total Annual Adjusted Gross
NOTES					
First Name -		Age -			
Source of Income Family Member #1	<input type="checkbox"/> Employment <input type="checkbox"/> Un-employment <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Other (please note below)	Income Documentation Provided	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Benefit Statement <input type="checkbox"/> Bank Statement <input type="checkbox"/> No Income Statement	Which configuration was used: <input type="checkbox"/> 3 Month – Adjusted Total Gross <input type="checkbox"/> 12 Month – Adjusted Total Gross	Total Annual Adjusted Gross
NOTES					
First Name -		Age -			
Source of Income Family Member #2	<input type="checkbox"/> Employment <input type="checkbox"/> Un-employment <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Other (please note below)	Income Documentation Provided	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Benefit Statement <input type="checkbox"/> Bank Statement <input type="checkbox"/> No Income Statement	Which configuration was used: <input type="checkbox"/> 3 Month – Adjusted Total Gross <input type="checkbox"/> 12 Month – Adjusted Total Gross	Total Annual Adjusted Gross
Notes					
First Name -		Age -			
Other Sources of Income or additional members	<input type="checkbox"/> Employment <input type="checkbox"/> Un-employment <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Other (please note below) <input type="checkbox"/> Renter	Income Documentation	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Benefit Statement <input type="checkbox"/> Bank Statement <input type="checkbox"/> No Income Statement	Which configuration was used: <input type="checkbox"/> 3 Month – Adjusted Total Gross <input type="checkbox"/> 12 Month – Adjusted Total Gross	Total Annual Adjusted Gross
NOTES					
Household Size				Total Annual Adjusted Household Income	
Please choose the income guidelines used for approval:		<input type="checkbox"/> 200% of the Federal Poverty Level <input type="checkbox"/> 60% of the State Median Income <input type="checkbox"/> HUD 80% Annual Area Median Income by County		Eligible Income Limit	

I certify that the information provided above is a complete and accurate list of all household members and their total gross income. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information resulting in payment to which I am not entitled.

Applicant's Signature

Date

Name of Staff Certifying Income

Date

Title

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SECTION E: Scope of Work	
Please check all repairs requested/presented by the applicant at intake:	The scope of work recommended by the Agency includes any feasible measures requested by the applicant.
<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Windows <input type="checkbox"/> Roofing <input type="checkbox"/> Foundation <input type="checkbox"/> Sewer <input type="checkbox"/> Crawlspace <input type="checkbox"/> Mechanical Systems (cooling, heating, ventilation) <input type="checkbox"/> Improvements for People with Disabilities <input type="checkbox"/> Rot Removal <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Mold <input type="checkbox"/> Other	
Notes:	Commerce requires the agency to complete an initial inspection and provide a complete Pre and Post Inspection Report (Exhibit-2.0) along with this application for approval.

I (applicant's name) agree to the scope of work recommended by the agency based on the initial inspection and taking into consideration the repair request in my application.

Applicant's Signature

Date

Name of Staff Certifying Scope of Work

Date

Commerce Review and Approval			
Date Received			Approval Signature
Required Exhibits	<input type="checkbox"/> Exhibit 2.0 – Pre and Post Inspection Report <input type="checkbox"/> Exhibit 3.0 – Owner Agreement to Participate <input type="checkbox"/> Exhibit 4.0 – Right to Complaint and Dispute Resolution Notification <input type="checkbox"/> Exhibit 5.0 – DAHP Historical Preservation Checklist <input type="checkbox"/> Exhibit 6.0 – EPA Lead Pre-Renovation Form Notification		
Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Approval	
Approved By			
Assigned Project #			
Notes			