



**Dear Applicant:**

Enclosed you will find the Tennessee Manufactured Housing Foundation (TMHF) Application for Assistance. The mission of the Foundation is to assist in the repair and improvement to existing manufactured homes of Tennesseans, disadvantaged due to income or circumstances; and to provide replacement manufactured homes to Tennesseans, disadvantaged due to income or circumstances.”

**In order to qualify for this program; 1) you must own your home; 2) you must be able to provide legal proof of home ownership [Legal Title] for a minimum of one (1) year; 3) this home must be your primary residence; and 4) you must have lived in the home a minimum of (1) one year.**

**We do not make repairs or provide home replacements or assistance on behalf of other family members, friends, or landlords. We do not provide assistance to rental property investors. We do not make repairs to any homes which currently have a bank mortgage or personal title loan, as the home stands for collateral for a third party.**

**Please fill out the application thoroughly, as we do not accept incomplete applications. If an applicant meets all qualifications, this application will be submitted to the TMHF Board of Directors, during the bi-monthly schedule in which they meet.**

**The Foundation strives to the best of their ability and resources, to help those in need. You will be contacted by a staff member of TMHF via the mail or telephone, to schedule a site visit when warranted, or if clarification of information is required to review your case further. If TMHF cannot be of assistance with your request for services, you will be notified and (if available) recommendations to other organizations or agencies that could possibly be of assistance to you, will be provided. All information is kept private and confidential within our Foundation.**

**If you have any questions or need assistance completing this application please contact TMHF at 615.256.4733.**

**Sincerely,**

**Board of Directors**



<b>Office Use Only:</b> Approved: _____ Rejected: _____ Notes: _____
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**APPLICATION FOR ASSISTANCE**

**Home Owner's Name** \_\_\_\_\_  
**(Applicant must be home owner and have home title in his/her name.)**

**Marital Status:**  Married  Single  Separated  Widowed

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Phone** \_\_\_\_\_

How long have you **owned** your manufactured home (years/months) \_\_\_\_\_

*(You **MUST** attach a copy [front and back] of proof of ownership... HOME TITLE. No liens or mortgages on the home are permitted.)*

**Type of manufactured home:**  Single Section  Multi-Section **Year/Model:** \_\_\_\_/\_\_\_\_

**Total # of Rooms in Home:** \_\_\_\_ **Number of Bedrooms:** \_\_\_\_ **Bathrooms:** \_\_\_\_

**Electrical Service to Home?**  YES  NO

**What type of Water Supply to Home? ... City Water Connection** \_\_\_\_ **or Well Water** \_\_\_\_

**Ownership of Land?**  Own  Rent *(If renting land; the landlord's name, address & phone number must be provided. Authorization to be on the property must be verified prior to a case visit or any proposed or approved repairs. All actions are also subject to local codes and local zoning requirements.)*

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Referred by (Person or Agency)** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_/\_\_\_\_/\_\_\_\_\_



## General Household and Financial Information

### HOUSEHOLD [HH] ..... COMPOSITION (**anyone** living in home)

H H	Last Name	First Name	Relationship to Homeowner	Date of Birth (mm/dd/yyyy)	Social Security No.
1.			Homeowner - Primary		
2.					
3.					
4.					
5.					
6.					
7.					

**Total No. Of Individuals In Household ...** \_\_\_\_\_

### GROSS ANNUAL INCOME FOR EACH FAMILY MEMBER LIVING IN THE HOME OVER THE AGE OF 18. **INCLUDE ANY OTHER RESIDENT OVER THE AGE OF 18, LIVING IN THE HOME.**

HH	Employer	Wages and/or Commission	Social Security	Pensions	Public Assistance	Child Support Alimony Unemployment
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>Totals</b>		\$	\$	\$	\$	\$

**TOTAL INCOME ...**                      \$ \_\_\_\_\_

ASSETS	
Type of Asset (cars/boats/rental homes/stocks/bonds/property/other)	Cash Value of Asset
Totals Value of Assets: \$	

Weekly/Monthly/Yearly INCOME FROM ASSETS	
Which asset do you derive income? (cars/boats/rental homes/stocks/bonds/property/other)	Anticipated Income
Totals Income from Assets:	

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine income eligibility. I/we have provided for each person(s) set forth ON PAGE 3, acceptable verification of current anticipated annual income. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representation herein constitutes an act of fraud.

**NOTE: An Incomplete Application will be rejected without further review.**

\_\_\_\_\_  
Signature Of Head of Household (Home Owner) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse, if applicable \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Adult \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Adult \_\_\_\_\_  
Date

## FINANCIAL OBLIGATIONS

List all financial obligations (debts), including the liability for payment of alimony, child support, utilities, insurance, etc. **You must provide complete and detailed information below**; including name of creditors and what type of loan or debt it is (i.e. Creditor; Bank Name; Type; Car Payment) and balances. **This information will be verified. You may use the space provided on the next page for additional obligations not listed below...**

Creditor Name	Type of Obligation or Debt	Monthly Payment	Total Balance
	Home Loan		
	Monthly Land Rental Expense (if applicable)		
	Homeowner's Insurance		
	Electrical		
	Water/Sewer		
	Cable/Satellite/Internet		
	Telephone/Cell Phone		
	Credit Card (1)		
	Credit Card (2)		
	Credit Card (3)		
	Personal Loan (1)		
	Personal Loan (2)		
	Car Payment(s)		
	Car Insurance		
	Life Insurance		
	Medical Payments		
	Medical Payments		
	Alimony Payments		
	Child Support Payments		

**Total of Monthly Expenses this page: \$ \_\_\_\_\_**

## FINANCIAL OBLIGATIONS - continued

**Continue** to list all financial obligations (debts), including the liability for payment of alimony, child support, utilities, insurance, etc. **You must provide complete and detailed information below**; including name of creditors and what type of loan or debt it is and balances. **This information will be verified.**

Creditor Name	Type of Obligation or Debt	Monthly Payment	Total Balance
	Other Debt (Please list.)		
	Other Debt (Please list.)		
	Other Debt (Please list.)		
	Other Debt (Please list.)		
	Other Debt (Please list.)		
	Other Debt (Please list.)		

Total of Monthly Expenses this page:      \$ \_\_\_\_\_

**Total of Checking and Savings Cash the household currently has. \$ \_\_\_\_\_**

**To the best of my knowledge, the financial obligation information listed within this application is true and accurate. I hereby give my consent for the Tennessee Manufactured Housing Foundation to obtain income verification reports on each household member and a credit bureau report on the applicant / head of household and other occupants.**

\_\_\_\_\_  
Signature Of Head of Household (Home Owner) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse, if applicable \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Adult, if applicable \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Adult, if applicable \_\_\_\_\_  
Date

**Please Provide Driving Directions to Property Location**

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

**Home Event Information**

**Was the home damaged or destroyed by a natural disaster?**

- YES .....  NO

Only if yes to the above question, please check the natural disaster....

- Earthquake
- Fire
- Flood
- Tornado
- Other [Please list \_\_\_\_\_]

Only if yes to the above question, are you currently registered with the long term recovery agency in your area, which is made available to disaster victims? And/or are you currently under disaster provided case management?

- YES .....  NO

Please provide a list of all other agencies, church groups or volunteers for which you have received housing assistance either through cash assistance or provided home repairs..

**ASSISTANCE RECEIVED FROM OTHER AGENCIES**

Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Cash or repairs provided: \_\_\_\_\_

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

**Areas of Damage ... and Repairs requested.  
PLEASE be specific in explanation of problems.**

<b>CHECK ALL THAT APPLY GIVE A BRIEF DESCRIPTION.....</b>		
Check		
	FOUNDATION	
	ANCHORING	
	SKIRTING	
	ROOF	
	WINDOWS	
	EXTERIOR DOORS	
	EXTERIOR WALLS	
	CEILINGS	
	INTERIOR DOORS	
	INTERIOR WALLS	
	FLOORS	
	ELECTRICAL	
	PLUMBING	
	WHICH ROOM OF THE HOME IS IN MOST NEED OF REPAIR?	

**The Tennessee Manufactured Housing Foundation deals with issues relating directly to the manufactured home. The Foundation does not address issues relating to attached structures or other site built items attached to the home. Also, we do not build wheelchair ramps or decks, as they are not an original part of the manufactured home.**



