



**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 one (1) year.

**TMHF does not:**

- 1) make repairs or provide home replacements or assistance on behalf of other family members, friends, or landlords;
- 2) provide assistance to rental property investors.
- 3) make repairs to any homes which currently have a home mortgage, lien, or personal title loan, as the home stands for collateral for a third party.

Please fill out the application thoroughly, as **TMHF will 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 TMHF 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 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 which could possibly be of assistance to you, will be provided. All information is kept private and confidential within TMHF.

If you have questions or need assistance completing this application please contact TMHF at (615) 256-4733.

Sincerely,

Board of Directors  
Tennessee Manufactured Housing Foundation

**Please mail completed applications to: TMHF \* P.O. Box 569 \* Mt. Juliet, TN 37121**

***NOTE:***

**An 'Incomplete' Application will be rejected without further review.**

**Please mail completed applications to:**

**TMHF  
P.O. Box 569  
Mt. Juliet, TN 37121**



**Office Use Only:**  
**Approved:** \_\_\_\_\_  
**Rejected:** \_\_\_\_\_  
**Notes:** \_\_\_\_\_

**APPLICATION FOR ASSISTANCE**

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

**Marital Status:**    Single    Married    Separated    Divorced    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... the HOME'S TITLE. No liens, loans or mortgages on the home are permitted.***

**Type of Manufactured Home:**                       Single Section    Multi-Section

**Home Year/Model:**    \_\_\_\_\_ / \_\_\_\_\_

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

**Is there 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)**

HH	Last Name	First Name	Relationship to Homeowner	Date of Birth (mm/dd/yyyy)
1.			<b>Homeowner - Primary</b>	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Total number 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.**

House Hold (HH)	Employer or Source of Income	Wages and/or Commission	Social Security	Pensions	Public Assistance	Child Support Alimony Unemployment
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
<b>Totals</b>		\$	\$	\$	\$	\$

**Total Income:** \$ \_\_\_\_\_

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

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

**HOUSEHOLD CERTIFICATION & SIGNATURES**

**The information on this form will be used to determine income eligibility.**

I/we have provided for each person set forth **ON PAGE 2**, 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.**

Type of Obligation or Debt	Creditor Name	Monthly Payment	Total Balance
Home Mortgage, Loan or Lien			
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			
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.**

Type of Obligation or Debt	Creditor Name	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 (TMHF) to obtain income verification reports on each household member 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**

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**Home Event Information**

**Was this home damaged or destroyed by a natural disaster?  YES ... or ...  NO**

a) If yes to the above question, please check the natural disaster.

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

b) If yes to the above question, are you currently registered with a 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

**ASSISTANCE RECEIVED FROM OTHER AGENCIES**

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.

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

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

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

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

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**Check areas of damage in need of repair and provide an explanation of concerns.**

Check ✓	AREA OF CONCERN.	PROVIDE A BRIEF DESCRIPTION.
	Roof	
	Foundation	
	Anchoring	
	Exterior Doors	
	Exterior Walls	
	Exterior Skirting	
	Windows	
	Interior Doors	
	Interior Walls	
	Ceilings	
	Floors	
	Electrical	
	Plumbing	
	<b>Which room of the home is in most need of repair?</b>	

***Disclaimer:***

***The Tennessee Manufactured Housing Foundation (TMHF) deals with safety issues relating directly to the manufactured home and does not consider cosmetic items as safety or structural in nature. The TMHF does not address issues relating to attached structures or other site built items attached to the home. As well, TMHF does not build wheelchair ramps, porches or decks.***

**Provide a brief explanation of any additional safety or structural-related issues with the manufactured home, which were not previously listed:**

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## **GENERAL COMMENTS**

**While not required, if you would like to provide additional information concerning circumstances related to an illness, disability or other caretaking demands, please feel free to comment here.**

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