

**APPLICATION FORM
HOME REPAIR ASSISTANCE PROGRAM
July 25 – 30 2011
THE CITY OF SUGAR HILL
4988 West Broad Street
Sugar Hill, GA 30518**

Applicant: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
Date of Birth: _____

U.S. Citizen Yes No

If you answered yes, check proof of Citizenship:

- Birth Certificate Naturalization/Citizenship Certificate
 Passport Legal Resident A# _____
(If legal resident provide alien number)

Are you the owner of the property? Yes No

How long have you owned this property? _____

Do you have a mortgage on the property? _____

Property Taxes

Name on Property Tax Bill: _____

Annual Tax Amount: _____

Are Taxes Current? Yes No

Employment

Owner

Spouse/Co-Owner

Present Employer: _____

Address: _____

Phone Number: _____

Position: _____

How Long _____

Names and ages of all persons living in the dwelling:

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Please list all sources of income for everyone 18 and older. You must submit proof of income for each.

Name	Type of Income	Amount	Monthly/Annually

General Description of Home Improvements you are requesting:

Homeowners Insurance or Fire Insurance

Insurance Company: _____

Amount of Coverage: _____

Agent Name: _____

Address: _____

Phone: _____

Policy Number: _____ Expiration Date of Policy _____

Are Premiums current? Yes No

AGREEMENT

I/We. The undersigned, hereby certify that the above statements are correct and accurate at the time of execution of this application. I/We understand that any persons giving false information will be subject to a prosecution and penalty for perjury. It is hereby acknowledged that a minimum Housing Code inspection is required before I/We receive approval for a repair grant and that additional inspections and photographs may be required to determine cost estimates of eligible repairs. I/We agree to notify the Program in writing of any material change in my/our financial condition or circumstances. I/We will not sell my home for a minimum of 1 year from the date of last service. I/We also authorize the Housing Authority of the City of Sugar Hill, Georgia to confirm the above information by securing verification of income from the issuing sources and/or employers, and verification of ownership from title reports or motor vehicle ownership records. I/We agree to complete and submit a Citizenship Status Affidavit and to authorize the Housing Authority of Sugar Hill, Georgia to confirm my/our immigration status as required by Georgia law.

Signature: _____ **Date:** _____

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4988 West Broad Street
Sugar Hill, GA 30518
770-945-6716**

Questions? Contact Don Kelemen at City Hall

Only COMPLETED Applications will be Accepted

GRANT APPLICATION CHECKLIST

Did you include? (Please check)

- Application - completed and signed
- Copy of most recently filed federal tax return, including all attachments and schedules.
- Copy of W-2 form or other current proof of income including, but not limited to copies of past two month's pay stubs from all income sources (including checks or award letters for social security, SDI, general assistance, etc.)
- Copy of written verification of your disability (if applicable)
- To verify home ownership submit a copy of the Deed or Property Tax Bill.

This application will not be processed until all documentation is received. Information is confidential and is submitted for the sole purpose of qualifying for this program.