

REHABILITATION ASSISTANCE APPLICATION

Shelby County Government
Department of Housing
1075 Mullins Station Road
Memphis, TN 38134

Phone: (901) 222-7605 Fax: (901) 222-7621

To prevent delay in processing application, the following items **must be submitted** with the application:

 PROOF OF INCOME FOR EACH PERSON IN HOUSEHOLD OVER 18

Employed: (6) six most recent check stubs or employer printout
SS, SSI, Retirement, Pension: Award letter.

 PROOF OF CURRENT MORTGAGE

Most recent statement which shows next due date, last payment, escrow and late charges (if applicable)

 PROOF OF CURRENT HOMEOWNERS INSURANCE

Copy of policy which shows current coverage dates

APPLICANT INFORMATION

Name _____ SS# _____ DOB _____

Co-Applicant _____ SS# _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Alt Phone _____ E-Mail Address _____

Married? Yes No Female Head of Household? Yes No Minority Household? Yes No

Number in Household _____ Number of children (6) and under _____ Ethnic Class _____

Race _____ Are any household members in need of handicapped accessories? Yes No

If yes, please list those needs _____

Have you received government rehabilitation work in the past ten (10) years? Yes No

Is your home paid for? Yes No How did you hear about program? _____

HOUSEHOLD INFORMATION (OTHERS LIVING IN HOME)

1. Name _____ SS# _____ Age _____ Relationship _____
Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

2. Name _____ SS# _____ Age _____ Relationship _____
Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

3. Name _____ SS# _____ Age _____ Relationship _____
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid
4. Name _____ SS# _____ Age _____ Relationship _____
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid
5. Name _____ SS# _____ Age _____ Relationship _____
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

Please list nearest relative, not living with you:

Name _____ Address _____
 Phone Number _____ Relationship _____

EMPLOYMENT INFORMATION

Name of Employer _____ Years Employed _____

Address _____ Phone # _____

If less than two years, list previous employer _____

Co-Applicant Employer _____ Years Employed _____

Address _____ Phone# _____

If less than two years, list previous employer _____

INCOME INFORMATION

GROSS EARNED INCOME <small>(Includes commissions, tips and bonuses)</small>	Applicant	\$ _____	Co-Applicant	\$ _____
ALIMONY / CHILD SUPPORT	Applicant	\$ _____	Co-Applicant	\$ _____
WELFARE	Applicant	\$ _____	Co-Applicant	\$ _____
SOCIAL SECURITY	Applicant	\$ _____	Co-Applicant	\$ _____
SSI	Applicant	\$ _____	Co-Applicant	\$ _____
AFDC	Applicant	\$ _____	Co-Applicant	\$ _____
DISABILITY	Applicant	\$ _____	Co-Applicant	\$ _____
PENSION	Applicant	\$ _____	Co-Applicant	\$ _____
RETIREMENT	Applicant	\$ _____	Co-Applicant	\$ _____
UNEMPLOYMENT / WORK COMP	Applicant	\$ _____	Co-Applicant	\$ _____
NET BUSINESS INCOME	Applicant	\$ _____	Co-Applicant	\$ _____
INTEREST FROM PERSONAL PROPERTY	Applicant	\$ _____	Co-Applicant	\$ _____

INCOME INFORMATION

Interest from Bank Accounts (Proof – Tax Statement)

Checking Account # _____ Balance _____ Last Year's Interest _____

Bank Name & Address _____

Savings Account # _____ Balance _____ Last Year's Interest _____

Bank Name & Address _____

Other Asset Information (Proof – Statement)

Stocks, Bonds Etc. _____

Cash Value of Trust _____

Cash Value of Life Insurance Policy _____

IRAs / Retirement Account _____

Other Asset Information (Proof – Must Be Approved)

Equity in real Estate
(Excluding primary home) _____

Lump Sum Receipts
(Inheritance, Capital Gains, Lottery) _____

Personal Property
Held for Investment _____

Assets Disposed of less
than Market Value in
Past two years _____

CREDIT INFORMATION

Have you or your spouse / co-applicant claimed Bankruptcy or Wage Earner in the past? Yes No

Year _____ If under Wage Earner when will debt be paid off? _____

Have you or your co-applicant had any judgments against you in the past? Yes No

Have you or your co-applicant had any repossession's in the past? Yes No

If yes, please explain _____

Creditor	Monthly Payment	Balance
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Rent _____

Auto _____

Other _____

Other _____

I / We, give permission to the Department of Housing to share and / or secure any information necessary to process my application for the Shelby County Rehabilitation Program. I / We understand that this information will be shared and / or secured on a professional basis only, while protecting my right to confidentiality. I / We am / are authorizing Shelby County Department of Housing to contact any person or organization required to process my application and to share information in my case record.

I / We certify to the best of my / our knowledge that all of the information provided by me / us is true and correct. *I / We* also authorize the verification of any and all information for the purpose of certification and for assistance, and *do* _____ *do not* _____ agree that the information contained in my application may be shared with other agencies from which I / We seek additional services. *I / We* understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is subject to prosecution under applicable criminal law.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ Date _____

Staff Person's Signature _____ Date _____

FOR OFFICE USE ONLY

DOCUMENTS SUBMITTED:	OTHER:	DEBT RATIO: _____
__ Income	# in Household _____	
__ Current Mortgage	Household Income _____	
__ Current Homeowners	Income Limits % _____	

INCOME CALCULATIONS

NOTES

Rehabilitation Assistance Program Data Questionnaire Disclosure Form

Applicant(s) Name(s) _____

Property Address: _____

1. Ethnic Categories	Head of Household Name: _____ Check Appropriate Box Below ↓	Co-Applicant Name: _____ Check Appropriate Box Below ↓
Hispanic or Latino		
Not Hispanic or Latino		

2. Racial Categories* Select All that Apply	Head of Household Check Appropriate Box Below ↓	Co-Applicant Check Appropriate Box Below ↓
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other		

*Definitions of these categories may be found on the reverse side or next page.

Signature Date Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self-certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

General Instructions: This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.** The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

A. The two ethnic categories you should choose from are defined below. **You should check one of the two categories.**

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

B. The five racial categories to choose from are defined below: **You should check as many as apply to you.**

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

ONLY COMPLETE Next Page
if Someone age 18 or older lives
inside home and does **NOT**
receive **ANY** type of income:

Pay Check

SS

SSI

Retirement

Pension

AFFIDAVIT

Name: _____

Date of Birth: _____

Address: _____

Age: _____

Social Security Number: _____

Relationship to Applicant: _____

Date of Last Employment: _____

Last Employer: _____

Expected date of return, if temporarily unemployed: _____

_____, homeowner, has made application through the Shelby County Rehabilitation Program for financial assistance, in the form of a grant, to complete rehabilitation activities on their property.

Guidelines of the program require that all adults over 18 years of age income be verified and included in the processing of said application.

I, _____, do hereby state that I am presently unemployed and do not receive any type of income or benefits from any source. I also authorize the Shelby County Department of Housing to verify any information given in this Affidavit.

I understand, should this statement of unemployment and non-receipt of any type of income or benefits be found to be knowingly false or untrue, that the applicant referred to in Paragraph 1 may be required to repay any approved grant received through the Shelby County Rehabilitation Program.

To the best of his/her knowledge, the undersigned does hereby state that all statements in the Affidavit are true and accurate.

Signature

Date

Witness

Date