



HOME REPAIR ASSISTANCE APPLICATION

**RETURN COMPLETED APPLICATIONS TO
CHSA, Inc. P.O. BOX 1027, SAVANNAH, GA 31402**

Applicant: _____ **Birthdate:** _____ **Social Security Number** _____
House Address: _____ ZIP _____
Home Phone # _____ Cell Phone # _____ Number of years at Address _____
Email Address: _____ Alternate contact: _____

Military Status: Active duty US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired?** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

The following information is requested by the Federal Government in order to monitor compliance with Equal Credit Opportunity and Fair Housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex based on visual observation or surname.

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor's Degree

Master's Degree Advanced Degree Prefer not to say

ETHNICITY Hispanic Non-Hispanic Prefer not to say **SEX** Female Male Prefer not to say

RACE American Indian Asian Black White Other Prefer not to say

Co-Applicant: _____ **Birthdate:** _____ **Social Security Number** _____

Military Status: Active duty US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor's Degree

Master's Degree Advanced Degree Prefer not to say





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RACE American Indian Asian Black White Other Prefer not to say

How did you hear about our programs? _____

Do you have a mortgage on the house? Yes No Mortgage Company Name _____

Is the house one story? Yes No Is the house a Duplex? Yes No

Roof Type? Shingles Metal Other

Do you have the following? Central Heat and Air Gas Water Heater Gas Furnace

Housing Problems Needing Correction: **Please rank in order of importance with 1 being most important**
 [] Roof– *please describe damage* _____ 1 2 3 4 5
 [] Exterior Paint– *please describe damage* _____ 1 2 3 4 5
 [] Electrical– *please describe damage* _____ 1 2 3 4 5
 [] Plumbing – *please describe damage* _____ 1 2 3 4 5
 [] Other – *please describe damage* _____ 1 2 3 4 5

Were these problems cause by a federally declared disaster? Yes No

Disaster Name? _____

Did you file an insurance claim? Yes No Did you receive assistance? Yes No

Did you file for FEMA assistance? Yes No Did you receive assistance? Yes No

Is there a child 6 years or younger residing at this residence, OR that spends 10 hours or more per week at this residence? Yes No Ages of Child(ren) _____

Please list **all** persons, including yourself, who live in your house and all current sources of income for each.

NAME	SSN	AGE	RELATIONSHIP	INCOME AMOUNT	INCOME SOURCE
			SELF		





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Please check the types of income you or anyone in your household currently receives:

- Section 8 SSI SSDI Retirement VA Pension Family member’s assistance with expenses
- Employer Unemployment Self-employment Uber/ Lyft Child Support Rental Income

Applicant Employer: _____ Position: _____ Start Date: _____

Additional Employment: _____ Position: _____ Start Date: _____

Co-Applicant Employer: _____ Position: _____ Start Date: _____

Additional Employment: _____ Position: _____ Start Date: _____

I, the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”**
- Certify that all information reported in and submitted with this application is complete, true and correct. ***I also understand that it is against the law to knowingly present false information on this application.***
- Have read and understand the “General Information” section of this application.
- Understand applications are processed in the order received and/or severity of existing damage and that all the improvements I desire may not be accomplishable.
- Understand that if I am eligible for assistance it may be in the form of a grant and/or loan. Community Housing Services Agency staff will determine which program best suits my needs.
- Understand that I may be required to submit documents not listed on the “Required Documents Checklist.”
- Authorize the Community Housing Services Agency, Inc. (CHSA) to verify this information, to include but not limited to obtaining and reviewing my/our credit report.

I hereby certify that I am: **(You Must Initial One)**

_____ US Citizen _____ Legal Alien

I hereby certify that I am: **(You Must Initial One)**

_____ US Citizen _____ Legal Alien

Applicant Signature

Co-Applicant Signature

Date

Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of federal agency.





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U.S. Department of Housing and Urban Development
U.S. Environmental Protection Agency
U.S. Consumer Product Safety Commission

Notification

To: Owners, Tenants & Purchasers
Of Housing Constructed **before 1978**

Protect Your Family from Lead in Your Home

If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, "**Protect Your Family from Lead in Your Home**".

Date

Print Full Name of Homeowner

Signature of Homeowner



Rev. 11/2024





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INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release to Community Housing Services Agency, Inc. (CHSA), and it assigns the following information for the purpose of verification:

1. Employment history (dates and title)
2. Income (hourly rate)
3. Banking, savings (loan information and ratings)
4. Mortgage company (loan information and ratings)
5. Student enrollment status
6. And any other information deemed necessary for the purpose of processing or re-verifying your credit file

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of this authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Social Security Number	Social Security Number	Social Security Number
_____	_____	_____
Date	Date	Date





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AUTHORIZATION TO RELEASE INFORMATION

I, _____ (client), hereby authorize Georgia Legal Services Program (GLSP) to release to any staff person of Community Housing Services Agency, Inc. (CHSA), any information regarding my application for Georgia Legal Services to assist me with the preparation and execution of a Last Will & Testament.

This information shall be limited to GLSP acknowledging that it has been contacted by me and/or that I have completed my Last Will & Testament. GLSP is specifically not authorized to release any information regarding the contents of my Last Will & Testament, not any other information it may have obtained in the course of its representation of me.

This release shall be effective upon my signature and shall remain in effect until I advise the above-named individual and/or entity, in writing, that it is no longer effective.

This the ____ day of _____, 20____.

Client Signature

Witness

Prepared by:
William K. Broker, Esq.
6602 Abercorn Street, Suite 203
Savannah, GA 31405
(912) 963-1683





HOME REPAIR ASSISTANCE APPLICATION

Notice to Homeowners who receive Federal Housing Assistance

Flood Insurance Requirement

It is the property owner’s responsibility to pay for and maintain flood insurance coverage on their home when their home is located on property within a Special Flood Hazard Area (SFHA). SFHAs are identified on the Flood Insurance Rate Map and labeled as Zone AE, Zone A, Zone AO, Zone AH, Zones A1-A30, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30.

If a property owner sells their home, the property owner must inform the new property owner that it is their responsibility to maintain flood insurance coverage on the home. Property owners may be denied FEMA disaster assistance if flood insurance is not maintained on the property.

If the undersigned property owner receives federal housing assistance from the Community Housing Services Agency, Inc. (CHSA) part of this assistance may be funding to help cover the cost of a flood insurance policy for one year. It is the property owner’s responsibility to pay for additional years of flood insurance coverage. Coverage must be at least equal to the total cost of the assisted project or the maximum coverage limit of the National Flood Insurance Program, whichever is less.

The undersigned property owner has read, understands and will comply with this Notice.

Property Address:

Owner

Date

Owner
(If applicable)

Date





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REQUIRED DOCUMENT CHECKLIST

Income-Related Documents – SUBMIT ALL THAT APPLY

All household members are required to submit income documents. Documentation not listed below may be required.

- Most recent pay stubs covering 60 days
 - 9 pay stubs (if paid weekly)
 - 5 pay stubs (if paid bi-weekly)
 - 4 pay stubs (if paid semi-monthly)
 - 2 pay stubs (if paid monthly)
- Current Year SSA and/or SSDI income verification letter
- Current Year VA income verification letter
- Current Year Pension check or letter
- Unemployment benefit letter
- Most recent filed tax return if self employed
- Year to Date profit and loss statement if self employed
- Most recent 12-month history of child support received
- Section 8 voucher
- Statement of financial assistance provided by family members who do not live with you.
- Copy of deed showing that you own or are purchasing the house
- Most recent mortgage statement
- Photo ID – Applicant
- Photo ID – Co-Applicant
- Marriage License if your name changed after you purchased the house
- Divorce Decree if your name changed after you purchased the house
- Copy of paid City, if applicable, County Tax, and fire fee payment receipts for current year
- Copy of executed power of attorney for someone to act on your behalf (If applicable)
- Copy of flood insurance policy (If applicable)
- Information Disclosure Authorization signed by household members aged 18 or older



For more information call (912) 651 - 2169

