

**Rebuilding Together-Lynchburg : Owner-Occupied Home Repair
2012 Applicant Information –**

<i>Applicant</i>	<i>Co- Applicant</i>
Name _____	Name _____
Address _____ _____ zip	Address _____ _____ zip
Phone # (____) _____ (Daytime) (____) _____ (Evening)	Phone # (____) _____ (Daytime) (____) _____ (Evening)
Age _____ Race _____	Age _____ Race _____
Social Security # _____	Social Security # _____
Veteran _____ Disabilities _____	Veteran _____ Disabilities _____
Years served _____ what branch _____	Employment _____
Employment _____	Retired from: _____
Retired from: _____	
1. Please send a current copy of monthly pay check	1. Please send a copy of monthly pay check
2. Copy of your deed for your home.	
3. Do you have home owners insurance? Yes / No	

I. Household:

Number in Household _____ **Total Gross Income** (All residing in house) \$ _____
 Number of Dependents _____ Ages of Dependents _____

II. REPAIR NEEDS:

III. Owner(s) of Property:

Name _____

IV. Other Information:

If the materials were bought for you, do you have someone who could do the repair work? ___

Are your home taxes paid up to date? Yes or No

Are there any liens or loans on your home? Yes or No \$_____ amount

How did you hear of us? _____

How long have you lived in this house? _____

I/We specifically acknowledge and agree that the information above is correct and is for the purpose of securing assistance for the repair of property located within the city limits of Lynchburg and that verification may be made of the above information at any time, by Rebuilding Together-Lynchburg.. A copy of this information may be retained by Rebuilding Together-Lynchburg and shared with other agencies that partner with us. All materials must be in the file before we can consider you for home repairs. Thank you

Signature _____ Date _____

Signature _____ Date _____

Return application to:

For Lynchburg City: Rebuilding Together 926 Commerce St, Lynchburg, VA 24504

For **Campbell County:** P.O. Box 1186, Rustburg, VA 24588

For **Amherst/Nelson County:** P.O. Box 268, Amherst, VA 24521

For **Bedford County:** Christmas in Action , P.O. Box 194, Bedford, VA 24523



**City of Lynchburg Community Development Block Grant (CDBG)
Self-Certification Form for Family Income**

Organization: Rebuilding Together Lynchburg									
Name:									
Home Phone:				Work/Cell Phone:					
Address:						Zip:			
Sex: Male <input type="checkbox"/>		Female <input type="checkbox"/>		Disabled: Yes <input type="checkbox"/>		No <input type="checkbox"/>		Elderly Yes <input type="checkbox"/>	No <input type="checkbox"/>
Names of Others Living in Household			Sex	Age	Relationship to Applicant	Elderly	Disabled		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Race				Ethnicity					
<input type="checkbox"/> American Indian or Alaska Native				<input type="checkbox"/> Hispanic American Indian or Alaska Native					
<input type="checkbox"/> Asian				<input type="checkbox"/> Hispanic Asian					
<input type="checkbox"/> Black or African American				<input type="checkbox"/> Hispanic Black or African American					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				<input type="checkbox"/> Hispanic Hawaiian or Other Pacific Islander					
<input type="checkbox"/> White				<input type="checkbox"/> Hispanic White					
<input type="checkbox"/> American Indian or Alaska Native and White				<input type="checkbox"/> Hispanic American Indian or Alaska Native White					
<input type="checkbox"/> Asian and White				<input type="checkbox"/> Hispanic Asian and White					
<input type="checkbox"/> Black or African American and White				<input type="checkbox"/> Hispanic Black or African American and White					
<input type="checkbox"/> American Indian or Alaska Native and Black or African American				<input type="checkbox"/> Hispanic American Indian or Alaska Native & Black or African American					
<input type="checkbox"/> Other				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Russian <input type="checkbox"/> Other					
Total Household Persons/Income									
Please circle number of persons in Household	1	2	3	4	5	6	7	8	
Please circle total income for number in family									
30 % of Median	Up to \$12,200	Up to \$13,950	Up to \$15,700	Up to \$17,450	Up to \$18,850	Up to \$20,250	Up to \$21,650	Up to \$23,050	
50 % of Median	\$12,201-\$20,350	\$13,951-\$23,250	\$15,701-\$26,150	\$17,451-\$29,050	\$18,851-\$31,350	\$20,251-\$33,700	\$21,651-\$36,000	\$23,051-\$38,350	
80 % of Median	\$20,351-\$32,550	\$23,251-\$37,200	\$26,151-\$41,850	\$29,051-\$46,500	\$31,351-\$50,200	\$33,701-\$53,950	\$36,001-\$57,650	\$38,351-\$61,400	
Above 80%	Above \$32,551	Above \$37,201	Above \$41,851	Above \$46,501	Above \$50,201	Above \$53,951	Above \$57,651	Above \$61,401	

I certify that all of the above information is true and correct and that all family income is reported. I understand that this information is given so that this agency can/may receive Federal Funds from the U.S. Department of Housing and Urban Development (HUD). I understand that the information I have provided can be verified by any granting entity and/or Federal agency and the deliberate misrepresentation of this information may be subject to prosecution under the applicable state and Federal Law.

Print Name: _____ Signature: _____ Date: _____

Below is for City of Lynchburg Use. Reviewed for compliance with HUD Regulations:

Name: _____ Title: _____ Date: _____

1012/1013 REGULATION APPLICABILITY FORM

Address/location of property:

Regulation Eligibility Statements (check all that apply):

Property is receiving HUD funds.

Unit was built prior to 1978.

** If both of the above Eligibility Statements have been checked, continue with the Exemption Statements. Otherwise, the Regulation does not apply; sign and date the form below. **

Regulation Exemption Statements (check all that apply):

Immediate emergency repairs to the property are being performed to safeguard against imminent danger to human life, health or safety, or to protect the property from further structural damage due to natural disaster, fire or structural collapse. The exemption applies only to repairs necessary to respond to the emergency.

The property will not be used for human residential habitation. This does not apply to common areas such as hallways and stairways of residential and mixed use properties.

The property houses the elderly and/or persons with disabilities AND children of less than six years of age will not reside there.

An inspection performed according to HUD standards found the property contained no lead-based paint.

According to documented methodologies, lead-based paint has been identified and removed; and the property has achieved clearance.

The rehabilitation will not disturb any painted surface.

The property has no bedrooms.

The property is currently vacant and will remain vacant until demolition.

** If any of the above Exemption Statements have been checked, the Regulation does not apply. In all cases, sign and date the form below. **

I, _____, certify that the information listed above is true and
(Printed Name)
accurate to the best of my knowledge.

Signature

Date

Organization