KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS
URGENT REPAIR PROGRAM
Pre-Application & Eligibility Certification

Applicant Data

Name of Homeowner(s) (First, MI, Last):_____

Street Address: _____

City:_____ County:_____ Zip Code: _____

Mailing Address:_____

City:_____ County:_____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

If the Applicant was referred by someone other than self, complete the following:

Contact Name: _____ Phone: _____

Relationhip to Owner: _____

Notes: _____

Household Membership ***Please list ALL household members living in this home**

A. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

B. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

C. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

D. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

E. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

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Income (Gross) ***Include everyone living in the home**	**a**	**b**	**c**	**d**	**e**	Total
1) Wages						
2) Retirement/Pension						
3) Social Security						
4) Supplemental Security Income						
5) Public Assistance						
6) Child Support						
7) Interest						
Monthly Sub-Total (sum rows 1-10)						
Annual Sub-Total (12 x row above)						
Annual Gross Household Income (sum Annual Sub-Total for Columns A-G)						

Applicant Certifications

1 hereby certify that:
1) I own and occupy the home described above as my primary residence;
2) The household and income information listed above is complete and true to the best of my knowledge;
3) This information is provided to qualify me for the Urgent Repair Program (URP). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health, or safety, or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
4. I give permission to Kerr-Tar Regional Council of Governments to access information to verify the contents of this preapplication and to facilitate the repair of my home.
5) I understand that this Program frant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
6) I have been advised that my gender, race, and ethnicity will be determined based upon observation and/or surname if I do not self-disclose the information.

Applicant Signature _____ Date _____ Co-Applicant Signature _____

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Qualifying Questions

Does the Applicant own this home? ☐ YES ☐ NO Year home was built: _____

Does the Applicant live in this home? ☐ YES ☐ NO

What type of house? ☐ Manufactured Home ☐ Site Built ☐ Modular Home

Do you have (check the box):

☐ Well Water ☐ Public Water ☐ No Water ☐ Cesspool ☐ Septic Tank ☐ Public Sewer

Applicant must provide:

☐ Verification of gross income for all members of household

☐ Copy of Deed or proof of lifetime rights

☐ Proof property taxes are paid

***Acceptable forms include:**

Social Security Award Letters, Letter from Retirement, Paystubs (most current 3 months)

Please Complete

Repair Needs: