



**community housing
partnership**
of williamson county

129 West Fowlkes Street, Ste. 124
Franklin, Tennessee 37064
P: 615.790.5556, F: 615.595.1215
communityhousingpartnershipwvc.org

Owner Occupied Rehabilitation Assistance Application

Date: _____

Name: _____

Current Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

PLEASE RETURN THE FOLLOWING TO CHP OFFICE:

- 1. Completed Application
- 2. Copy of Federal or State Identification for Applicant & Co-Applicant
- 3. Income Verification Documents for Entire Household
(Food Stamps, SSI/SSDI, Child Support, Paycheck Stubs, Alimony, etc.)
- 4. Copy of Warranty Deed to Property
- 5. Copy of Death Certificate (If applicable)
- 6. Copy of the Cover Page of your Homeowner's Insurance Policy showing the Coverage Amount and Policy Expiration Date
 - a. Or, check here if you have NO Homeowner's Insurance.

FOR CHP STAFF TO COMPLETE:

- 1. Cost Estimation for Goods and Labor
- 2. Board of Directors Approval
- 3. Job Scheduling
- 4. Follow-Up with Client and/or Site Visit
- 5. Completed Paperwork in File
- 6. Site Visit Report and Work Write-Up

THIS AGENCY IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, SEX AND FAMILIAL STATUS

PRIVACY STATEMENT: Community Housing Partnership of Williamson County (CHP) agrees to keep this entire application confidential. CHP is authorized to use the enclosed information, to verify its accuracy, and determine the applicant's and co-applicant's eligibility under our guidelines (the applicant and co-applicant must be a low to moderate income individual or family). The information submitted in this application may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purpose; to persons involved in judicial or administrative proceeding; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services. Any pictures taken of me, my family, my house, and/or property may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purposes; to persons involved in judicial or administrative proceedings; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services.

PERSONAL INFORMATION

Head of Household's Full Name: _____

Head of Household's Social Security #: _____ Date of Birth: _____

Head of Household's Most Recent Address: _____

City: _____ State: _____ Zip: _____

Circle Marital Status: Single Divorced Widow/Widower

Is the Applicant married to the Co-Applicant? Yes No

Co-Applicant's Full Name: _____

Co-Applicant's Social Security #: _____ Date of Birth: _____

Circle Ethnicities (OPTIONAL): Asian Black/African American Hispanic/Latino

White American Indian/ Alaska Native Native Hawaiian/Pacific Islander Other

List ALL persons living within household besides Applicant/Co-Applicant:

Full Name	Relationship	Age	Sex	Social Security #
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Full Name	Relationship	Age	Sex	Social Security #
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Full Name	Relationship	Age	Sex	Social Security #
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Full Name	Relationship	Age	Sex	Social Security #
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Does anyone that lives with you have a disability? Yes No

If YES, please list their name and the nature of their disability: _____

EMPLOYMENT HISTORY

Of Applicant:

Applicant's Employer	Job Title	Length of Employment
Employer Address	Salary \$ per	Gross Monthly Income \$
Applicant's Previous Employer	Previous Job Title	Previous Length of Employment
Previous Employer Address	Previous Salary \$ per	Previous Gross Monthly Income \$

Of Co-Applicant:

Co-Applicant's Employer	Job Title	Length of Employment
Employer Address	Salary \$ per	Gross Monthly Income \$
Co-Applicant's Previous Employer	Previous Job Title	Previous Length of Employment
Previous Employer Address	Previous Salary \$ per	Previous Gross Monthly Income \$

Applicant and Co-Applicant Combined Monthly Income: _____

Applicant and Co-Applicant Combined Annual Income: _____

Does anyone else in your household work? Yes No

If YES, please provide their employment information below:

Other Member's Employer	Job Title	Length of Employment
Employer Address	Salary \$ per	Gross Monthly Income \$

OTHER INCOME

Child Support \$ per Month

SSI/SSDI \$ per Month

AFDC \$ per Month

Food Stamps \$ per Month

Alimony \$ per Month

Regular Gifts \$ per Month

CURRENT DEBTS

Rent \$

Water \$

Electricity \$

Gas \$

Phone \$

Child Care \$

Have you ever filed bankruptcy? Yes No

Do you have any collection accounts against you? Yes No

Do you have any judgements against you? Yes No

Have your wages ever been garnished? Yes No

OTHER FINANCIAL INFORMATION

Trusts \$

Stocks \$

Money Market \$

Bonds \$

Savings Account Balance \$

Checking Account Balance \$

Do you own any property? Yes No

If YES, how much is it worth? : _____

DWELLING STRUCTURE INFORMATION

Circle structure description: Single Family Duplex Triplex

How many bedrooms? : _____

Approximately, what year was it built? : _____

Is the house located within Williamson County? : Yes No

Do you live within the house? : Yes No

How long have you lived within the house? : _____

Has the house had storm damage? : Yes No

If YES, please describe the storm damage: _____

List Exterior Needs:

List Interior Needs:

Do you know anyone else who could benefit from owner occupied rehabilitation? Yes No

If YES, please provide their contact information below:

Name	Preferred Phone Number	Email

FINAL VERIFICATION

I (We) do hereby certify that all information contained herein is complete, true, and correct to the best of my (our) knowledge. I (We) give Community Housing Partnership the authorization to verify any of this information, including a credit score check, as needed to determine my (our) qualifications for housing assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

CHP Staff Member Signature

Date

FOLLOW-UP VERIFICATION

Date Visited: _____

Date Project Completed: _____

CHP Staff Member Signature

Please submit completed application and all supporting documents to:



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