



129 W. Fowlkes St. Ste. 124
 Franklin, TN 37064
 615.790.5556
 615.595.1215
 chpwc.org

Owner-Occupied Rehabilitation Application

Date: _____

Purpose:

Community Housing Partnership of Williamson County (CHP) assists individuals who own their own home with emergency and restoration repairs. All applicants must income-qualify and meet all program requirements. Repairs have included HVAC systems, roofs, accessibility ramps, light carpentry, electrical and plumbing work. CHP uses a variety of funding sources for this program, including but not limited to: City of Franklin, Williamson County, United Way and USDA. Many times, additional funds from StarFish, GNRC, and potentially the applicant are required to complete the project.

Process:

1. If additional information or documentation is necessary to complete your application, you will be notified by a staff member.
2. If you are deemed eligible for the program, you will be notified and provided with a 'Program Procedure' brochure that outlines the Rehabilitation process.
3. If you are deemed ineligible for the program, you will be notified and given an explanation.

This program's funding depends on the availability of grants received from federal and state sources.
It can take 2 –3 weeks to determine eligibility and available funding.
Please allow up to 10 days for a site visit to be conducted after submission.
Submitting this application does not guarantee assistance.

Contact Art Turcotte at 615.905.4684, or at art@chpwc.org.

SECTION 1: INCOME LIMITS SUMMARY

1. Circle number in row "FAMILY SIZE" that represents how many people live in your household.
2. Circle number in row "INCOME LIMIT" that represents your gross household income.
For example, if your family makes \$62,000 annually, you would circle "BELOW \$67,450."

FAMILY SIZE	1	2	3	4	5	6	7	8
INCOME LIMIT	BELOW \$47,250	BELOW \$54,000	BELOW \$60,750	BELOW \$67,450	BELOW \$72,850	BELOW \$78,250	BELOW \$83,650	BELOW \$89,050

SECTION 2: PROPERTY INFORMATION

Your Current Street Address	City	State	Zip
What year was your home built? (<i>Approximately</i>)		Do you reside in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Structure type <input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____			
Is the home the your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the home owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the home located in Williamson County? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: APPLICANT INFORMATION

HEAD OF HOUSEHOLD

Name		Phone Number	Email
Social Security Number	Date of Birth	Are you age 62 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment	Are you an individual with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received assistance from CHP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Ethnicity (Optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (Optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

SPOUSE or CO-HEAD

Name		Phone Number	Email
Social Security Number	Date of Birth	Are you age 62 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment	Are you an individual with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received assistance from CHP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Ethnicity (Optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (Optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

SECTION 4: HOUSEHOLD INCOME

List all income from each household member who will live in your unit.

Household Member Name	Monthly SSI/SSDI	Wages	Monthly Retirement	Monthly Child Support	Other (Alimony, Food Stamps, Etc.)
	\$	Employer Name: _____ \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour; If hourly, # of hrs per week _____	\$	\$	\$
	\$	Employer Name: _____ \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour; If hourly, # of hrs per week _____	\$	\$	\$
	\$	Employer Name: _____ \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour; If hourly, # of hrs per week _____	\$	\$	\$



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SECTION 5: HOUSEHOLD ASSETS

List all financial assets held by each household member listed. List each bank or institution on a separate line.

Household Member Name	Name of Bank or Financial Institution	Account Type	Account Balance
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Investment account <input type="checkbox"/> Other	\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Investment account <input type="checkbox"/> Other	\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Investment account <input type="checkbox"/> Other	\$

PRIVACY STATEMENT: Community Housing Partnership of Williamson County (CHP) agrees to keep this entire application confidential. CHP is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. 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.

SECTION 6: PROPOSED REHABILITATION WORK *(Please list needed repairs.)*



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SECTION 7: ACKNOWLEDGEMENTS

****PLEASE READ BELOW ITEMS CAREFULLY, AND WRITE A CHECKMARK NEXT TO ACKNOWLEDGEMENTS****

I do hereby certify that all information contained herein is complete, true, and correct to the best of my knowledge. I give Community Housing Partnership the authorization to verify any of this information, including, but not limited to, a credit check, an employment verification, a disability verification, and a criminal background screening.

- I certify that I am the OWNER AND OCCUPANT of the property.*
- I understand that submitting this application does not guarantee assistance.*
- I understand that there may be a 2 – 3 week waitlist for this program before my application is processed.*
- I understand that incomplete applications will not be processed until all required documents are submitted.*

HEAD OF HOUSEHOLD'S SIGNATURE	DATE
SPOUSE/CO-HEAD'S SIGNATURE	DATE
CHP STAFF MEMBER'S SIGNATURE	DATE

SECTION 8: SUPPORTING DOCUMENTS *(Please attach all relevant documents upon submission.)*

AGE

- Driver's License, Certified Birth Certificate, or Identification Card*

INCOME

- 3 months of Checking/Savings Bank Statements*
- 3 months of Paystubs*
- Social Security/Social Security Disability (SSI, SSDI)*
- Food Stamps Statement*
- Child Support Statement*
- Alimony Statement*

HOME OWNERSHIP

- Warranty Deed*
- Homeowner's Insurance Policy statement*

PLEASE RETURN APPLICATION AND SUPPORTING DOCUMENTS TO:

Community Housing Partnership of Williamson County OR keith@chpwc.org
 ATTN: Keith Rieckmann
 129 West Fowlkes St, Suite 124
 Franklin, TN 37064



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FOR CHP OFFICE USE ONLY:

Funding Source (Check which source of funding will be utilized dependent on location, age, disability, and history)

- CDBG (City of Franklin – disabled or elderly population)
- USDA (USDA rural zone – all population)
- WILLIAMSON COUNTY – UNITED WAY (WC – all population)
- WILLIAMSON COUNTY – GENERAL (WC – all population)
- OTHER (Rotary, Westminster, etc.)

Eligible? Yes No

Rough Cost Estimate: \$

Notes: