



Creating Better Communities

RED RIVER VALLEY COMMUNITY ACTION HOME REHABILITATION

Thank you for expressing interest with Red River Valley Community Action's (RRVCA) Housing Rehabilitation Program. This program is available to income-qualified homeowners to assist with housing improvements.

Enclosed are instructions and a complete application. Please feel free at any time to contact our office with any questions while completing this application.

Prior to completing this application there are (5) basic requirements, which must be met, to be determined eligible for this program. They are:

1. You must have been the legal registered homeowner for at least one year.
2. Property taxes must be current.
3. You must be income eligible.
4. The home you are applying for must be your primary residence, any other properties such as, farm land, rental property, or additional residences, should be listed on page 3 of the "HOUSING REHABILITATION APPLICATION" under the "OTHER REAL ESTATE" column.
5. Completion of a five-year lien restriction. (Forgivable after 5 years.)

If you cannot answer yes to the above basic requirements there may be concerns regarding the eligibility of your application.

Please remember to answer all questions completely and return all necessary verifications required in the application. Again, please feel free to contact our office should you have any questions regarding your application. Our staff will assist you with any questions or concerns.

Thank you.



INSTRUCTIONS FOR COMPLETING REHAB APPLICATION

- Please remember to fill in all questions completely and include all necessary verifications along with your application. Incomplete applications will not be processed until all necessary information is received in our office.

Instructions below are in order as they are listed in the application.

1. APPLICANT AND HOUSEHOLD INFORMATION

This section is self-explanatory. Please list your dwelling address and mailing address if different. If you are unaware of your property legal description or the year your home was built, you may contact your local COUNTY RECORDERS OFFICE.

2. HOUSING TYPE

If you have checked the "OTHER" box in this section you may want to contact our office to receive a determination regarding the eligibility of your property.

3. DEPENDENTS

Please make sure to list all members and ages residing in your home even if not related. Please note, additional priority points are given for senior citizens. (60 years or older)

4. TOTAL ANNUAL INCOME

Please include income for all members over eighteen years of age, residing in your home. Attach copies of current Federal Income Tax Return, Social Security statement, or other forms which may apply.

5. EXPENSES

In this section, please check all boxes that apply. Please be as thorough and accurate as possible.

6. NATIONALITY

Please check your corresponding nationality, this information is for statistical purposes only and will have no effect in determining your eligibility.

7. DISABLED OR HANDICAPPED

Please check "YES" if you or anyone residing in your home has been medically determined handicapped or disabled. Written verification from a medical institution, Social Security Disability or other verifiable documentation of your disability must be attached. Your application status will receive additional priority points upon verification of this condition.

**RED RIVER VALLEY COMMUNITY ACTION
HOUSING REHABILITATION PROGRAM APPLICATION**

Please answer all questions on this application. Incomplete applications will not be processed until all necessary information is completed.

1. APPLICANT AND HOUSEHOLD INFORMATION:

Name: _____

Street Address: _____

City or Town: _____ Zip Code _____

Home Phone: _____ Work # _____

Legal Property Description: _____

Year home was built: _____

2. HOUSING TYPE: (check one)

- Single Family Dwelling
- Mobile Home - (must be on permanent foundation for eligibility)
- Other – (please see note below.)

- Note: If “Other” box is checked, please contact RRVCA to determine the eligibility of your home.

3. Including yourself, please list dependents and any other members living in your home. Please include ages of all members residing in your household.

Name

Age

4. TOTAL ANNUAL INCOME: _____ (annual)

Total income must include income for all members over eighteen years of age residing in your residence. Please include; copy(s) of current Federal Income Tax Return, Social Security monthly statement, Disability statement, or any other applicable income verification. Paycheck stubs are not considered adequate income verification. Applications will not be processed without legitimate income verification.

5. EXPENSES: Please check all that apply:

- Own my home. (Free & clear)
Please include a legally recorded copy of deed.

- I pay a mortgage payment to:
Monthly payment: _____
Name: _____
Address: _____

- Contract for Deed. (Must be registered with deeds office. Enclose copy.)
Monthly payment: _____
Name of original owner: _____
Address: _____

- Other – Please explain:

- Property taxes: Annual amount: _____
(Must be current)

- Property insurance: Annual amount: _____
(Must be current)
Name of insurer: _____
Address: _____

- Second mortgage payment / home improvement loans secured by this property.
Name: _____
Address: _____

Are you delinquent or in default with home mortgage, property taxes, any Federal debt or other loan or obligation? (circle one) Yes No

If yes, please specify: _____

6. Note: The following information will be used for statistical purposes only and **will not** be used in determining eligibility: (please check all that apply)

Caucasian African American Native American
 Hispanic Other Over 62 years of age

PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER. VERIFICATION IS REQUIRED.

SOURCE OF INCOME	Head of Household	Spouse	Other household member	Other household member
Rental Income				
Interest & Dividends				
Business Income				
Pension or Retirement				
AFDC / Welfare				
Employment				
TOTAL				

COMMENTS

ASSETS – VERIFICATION REQUIRED

TYPE	VALUE	NAME & ADDRESS OF INSTITUTION
Checking Acct.		
Savings Acct.		
CD's / Money Markets/IRA		
Stocks		
Residence		
Other Real Estate		
TOTAL		

7. Have you or a family member been medically diagnosed as disabled or handicapped ? (circle one) yes no

If yes, written documentation from your physician must be included to receive a higher priority ranking. Failure to include written documentation will result in forfeiture of Handicapped status and will result in a longer waiting period.

I/we certify, under penalty of Law, that the above information is full, true, and complete to the best of my/our knowledge. I/we understand that any willful misstatement may be grounds for disqualification. My/our signature(s) below constitute our consent to verifying information from any necessary source.

Owner Signature

Date

Owner Signature

Date