



Office Use Only

MMHR Case# _____

Application Received Date: ___/___/___

Client Name: _____

Application Approval Date: ___/___/___

Application Denial Date: ___/___/___

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the City of Brunswick Minor/Major Home Repair Program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

City of Brunswick

Department of Community Development

Minor/Major Home Repair Application

Failure to complete this application in its entirety will result in a denial of assistance.

Priority will first be given to applications from low income households [24 CFR 570.208(a)] on a "first come, first served" basis. After applications from low income households are considered, if there are funds remaining, then applications from moderate income households will be prioritized on a "first come, first served" basis.





**City of Brunswick
Department of Community Development
Minor/Major Home Repair Program**

Thank you for your interest in the City of Brunswick Community Development Department Minor/Major Home Repair Program. This program is intended to provide qualified homeowners with opportunities to have minor and major repairs of up to \$40,000.

Improvements made under the program are not intended to completely renovate or modernize the property. Participation in this program may be denied if the inspection report provided to the Department of Community Development shows that home would be substantially uninhabitable following the proposed improvements.

The information you submit will determine your eligibility for participation in the Minor/Major Home Repair Program. Please take the time to complete this packet accurately. If you need assistance in completing your application please contact the Department of Community Development to set up an appointment.

Please return this application and supporting documentation to:

**Community Development
City Hall Complex
601 Gloucester Street
2nd Floor Room 221
Brunswick, Georgia 31521**

Failure to complete this application in its entirety will result in a denial of assistance.



PROGRAM REQUIREMENTS

Some qualifications for the City of Brunswick's "Minor/Major Home Repair Program" are listed below:

1. The home must be owner-occupied and located within the incorporated city limits of Brunswick, Georgia.
2. The requested home repairs must be code violations not cosmetic improvements.
3. The CDBG funding for materials and contractor services cannot exceed \$40,000.
4. Household income must be equal to or less than 80% of the area median adjusted for household size.
5. Applications considered on a first come basis based on annual availability of funding. If funding is not available, a waiting list will be maintained.

PLEASE READ CAREFULLY

The Department of Community Development will prepare the Work Write Up, Competitive Bid Process, and provide funding for the rehabilitation. The Department of Community Development will review the cost proposals and inspect the work performed to ensure a satisfactory rehabilitation has been completed in the accordance with the Work Write Up.

Neither the City of Brunswick nor the Department of Community Development are contractors. We do not perform any work. The City of Brunswick Department of Community Development only provides funding for the work done.

GENERAL REQUIREMENTS

The City of Brunswick Minor/Major Home Repair Program is designed to help income qualifying homeowners to address minor and major code violations in their homes. The assistance is prioritized to eliminate health and safety issues, correct code violations, and to make the home more energy efficient.

Minor Home Repairs- including but not limited to Roofing, Plumbing, Electrical, Structural and Heating repairs up to \$15,000.00

Major Home Repairs- including but not limited to Roofing, Plumbing, Electrical, Structural and Heating repairs up to \$40,000.00

THIS PROGRAM DOES NOT PERMIT COSMETIC IMPROVEMENTS

Application Procedure

1. **Submit the MMHR program application with the requested documentation below**
 - **Current photo ID:** Copy of a state-issued photo ID (i.e. Georgia Driver's License) for all adult household members 18 years and over.
 - **Social Security Cards for all household members**
 - **Proof of citizenship or legal alien status documents.**
 - a) United States of America birth certificate
 - b) Naturalization papers
 - c) Alien registration card
 - **Proof of ownership:** Deed, Warranty Deed, Quit Claim Deed, or Certificate of Title. If you have purchased your home on a Contract for Deed, Submit Contract for Deed
 - a) If the Deed lists anyone that does not reside in the home, a notarized, sworn statement must be provided by the non-resident(s) that attests to the fact that the individual(s) do not reside in the home and have their primary residence elsewhere. The individual(s) must provide a copy of a residential property lease or an ad valorem property tax bill indicating their primary residence is elsewhere.
 - **Income Verification:** All household members who receive wages from employment must submit three (3) of the most recent consecutive paystubs.
 - **Social Security, Supplemental Security Income (SSI), Disability and Veterans benefits:** An award or benefit notification letter prepared and signed by the authorizing agency.
 - a) Household members receiving Social Security must submit the most recent Social Security Benefit Letter.
 - b) Household members who are self-employed must provide all related schedules from your last two (2) years Federal Income Tax Returns and a year-to-date income statement for the business.
 - **Federal Income Tax Returns:** All adult household members must submit copies of their two (2) most recent Federal Income Tax Returns, 1099's and/or all other forms and schedules. We will accept:
 - a) A copy of the original signed federal tax return with W-2's and b) A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website www.irs.gov, by calling the IRS at 1-800-829-3676, or by going to the IRS office.
 - **For Alimony or Child Support Payments:** A printout from the court or governmental agency through which payments are being made
 - a) An original notarized letter from the non-custodial parent stating the amount given weekly, biweekly, or monthly
 - b) An original notarized statement from custodial parent stating that child support is not received for each child.

- **Property Tax Statement:** A copy of your most recent Glynn County Tax Statement
 - **Insurance Verification:** A copy of your homeowner's insurance policy
 - **Assets:** Please bring current statements for the below for each household member **if applicable**. We need all pages of each statements submitted and listed on your application form.
 - a) Checking/Savings account statement
 - b) Retirement statement
 - c) Pension statement
 - d) IRA statement
 - e) Certificate of deposit (CD) statement
 - f) Annuities
 - **Recurring Contributions and Gifts:** (i.e. non-household member paying all of part of bills, mortgages or contributing money on a regular basis)
 - **If you are divorced, we need a copy of your divorce decree or certified court documents if your former spouse is listed on the deed/tax index.**
2. The Department of Community Development will set up an appointment with the applicant homeowner to discuss eligibility status and the scope of work to be addressed on their home.
 3. The Housing Rehabilitation Inspector with the City of Brunswick will inspect the home to be repaired to develop a scope of work for the rehabilitation project.
 4. The Department of Community Development will send a status up date to including approval or denial for the program.

INCOME LIMITS

Total household income must be equal to or less than 80% of the area median adjusted for household size. For program income limits, please refer to the descriptions below.

FY2016 Income Limit Area	Median Income	FY 2016 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Glynn, GA MSA	\$54,900	Very low (50%) Income Limits	\$19,250	\$22,000	\$24,750	\$27,450	\$29,650	\$31,850	\$34,050	\$36,250
		Extremely Low (30%) Income Limits	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$31,850	\$34,050	\$36,250
		Low (80%) Income Limits	\$30,750	\$32,150	\$39,550	\$43,900	\$47,450	\$50,950	\$54,450	\$57,950

Glynn County is part of Brunswick, GA MSA. (Add \$3,700 for each person beyond 8 persons)

General Applicant Information

PLEASE PROVIDE THE FOLLOWING INFORMATION AS REQUIRED FOR CONSIDERATION

Please print clearly

APPLICANT

First Name:		Last Name:		MI:
Social Security Number:				
Date: of Birth:		Driver's License Number:		
Address:				
City:		State:		Zip:
Home Phone Number: ()			Cell Phone Number: ()	
Work Phone Number: ()			Email:	
Marital Status: Married Single Divorced Widower Separated				
Relationship to Co-applicant:				
Race: Black (not Hispanic) White Hispanic Other (Specify)				
Sex: Male Female				

CO-APPLICANT

First Name:		Last Name:		MI:
Social Security Number:				
Date: of Birth:		Driver's License Number:		
Address:				
City:		State:		Zip:
Home Phone Number: ()			Cell Phone Number: ()	
Work Phone Number: ()			Email:	
Marital Status: Married Single Divorced Widower Separated				
Relationship to Co-applicant:				
Race: Black (not Hispanic) White Hispanic Other (Specify)				
Sex: Male Female				

1. Are you a City of Brunswick Employee?

Yes or No If yes, what department _____

2. Have you or anyone in your household received services through the City of Brunswick Minor/Major Home Repair Program or Community Housing Improvement Program? **Yes or No If yes, when** _____

3. Are you related to a City employee, elected official, or any MMHRP Advisory Group Member?

Yes or No If yes, name of relative and relationship _____



4. Please list all dependants and other household residents:

Name:	Relationship	Income	Date of Birth

5. Please list anyone you would like to speak on your behalf regarding your repair.

First Name:		Last Name:		MI:
Address:				
City:		State:		Zip:
Home Phone Number: ()			Cell Phone Number: ()	
Work Phone Number: ()			Email:	
Relationship to Applicant/Co-Applicant:				

6. Length of time in the present home? _____

7. What year was the home built? _____

8. Is the home handicap accessible? **Yes or No**

9. Please list all owner(s) on the property:

Name	Address

10. Is the home insured? Yes/No If so, please complete the portion below:

Insurer Name:	Insurer Address	Insurer Phone Number
Policy Number:		

11. Have ever been obligated or are presently obligated on a home loan or home improvement, which resulted in or resulting in foreclosure? **Yes or No**
If yes, when _____



12. Name the address of mortgage holder or land contract holder

Holder Name:	Account Number:
Address:	
Account Balance:	

13. Will the proposed property to be rehabbed be occupied by a child under the age of seven (7) with an Elevated Blood Level (EBL): **Yes or No**

14. Will the proposed property to be rehabbed will be your primary residence for five (5) years? *A requirement per the terms and conditions of rehabilitation.* **Yes or No**

15. Please describe your housing problem and list requested repairs

Problems: _____ _____ _____ _____
Requested Repairs: _____ _____ _____ _____ _____

I have received the Lead Based Paint Pamphlet entitled “Protect Your Family from Lead in Your Home.”

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



Gross Annual Income Worksheet

Please give the requested information for each employed person in the household over 10.

16. Applicant

Name of Employer:	
Title:	
Address:	
Phone Number:	Full-time? Yes or No

17. Co-Applicant

Name of Employer:	
Title:	
Address:	
Phone Number:	Full-time? Yes or No

18. Other Adult

Name of Employer:	
Title:	
Address:	
Phone Number:	Full-time? Yes or No

Source of Income	Applicant	Co-Applicant	Other
Gross Wages per Pay Period			
Net Wages per Pay Period			
Overtime (if regularly received)			
Number of Pay Periods Per Year			

Other Income (Please indicate amount and frequency)

Child Support			
Maintenance/Alimony			
Earnings for Self-Employment			
Dividends or Interest			
Pensions/Annuities			
Railroad Retirement			
Veterans' Benefits (VA)			
Social Security (SS)			
Supplemental Social Security (SSI)			
TANF			
Unemployment Compensation			
Worker's Compensation			
Income for Rental Property			
List All Other Types of Income			

Gross Annual Income	
Total Gross Annual Income	
Total Number of Household Members	

The undersigned hereby represents and warrants said information in the above Eligibility Certification, to the best of his/her/their knowledge is true and correct.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____





Affidavit and Release

The undersigned agrees to participate in the Minor/Major Home Repair Program indicated in this application. The City of Brunswick is not responsible for any damage, and I/We the undersigned release and hold harmless the City of Brunswick from any and all liabilities to myself/ourselves and personal property.

The undersigned further understands that all statements made in the application are true and made for the purposes of participating in the Minor/Major Home Repair Program. The undersigned warrants that all income from every person in the household is accurately listed on this application. Verifications may be obtained from any source named in the application.

The undersigned fully understands that it is a federal crime punishable by fine or imprisonment of both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18 U.S. Code, Sections 101 and 1014.

Applicant Signature: _____ Date: _____

Print Name: _____

Co-Applicant Signature: _____ Date: _____

Print Name: _____

Other Adult Signature: _____ Date: _____

Print Name: _____

Notary Public Signature



Initial each blank to acknowledge your compliance with and understanding of program requirements:

- 1) I/We will be required to temporarily relocate from the home while repairs are performed. _____
- 2) I/We must reside in the home as my/our primary residence for 5 years following any repair work performed by the City. _____
- 3) I/We currently reside in the home as my/our principle residence. _____
- 4) I/We have reported income of all individuals living in the home in addition to my/our own. _____
- 5) All income documentation I/We have provided is complete, accurate, current, and comprehensive. _____
- 6) I/We will provide any required forms to the City concerning the home repair program prior to any repairs performed and at any time during the five year period after repair work. _____
- 7) The program is not intended to entirely remodel my/our home or to deal with cosmetic issues. _____
- 8) I/We am/are responsible for removing any items from my house and storing them securely for the duration of the home repair process. _____
- 9) I/We understand that if any individuals residing in the home refuse to vacate the home or remove personal items that I/we will not be eligible for services. _____
- 10) If there is any change in my/our residency during the application process I/we will inform the City immediately. _____
- 11) If there is any change to the information provided in this application I/we will immediately inform the City. _____
- 12) I/we understand that the nature of damage to my home may exceed program limitations which may mean that despite meeting income eligibility and other requirements the City could be unable to perform repairs to my home. _____