



GENERAL INFORMATION

HOME REPAIR ASSISTANCE PROGRAM

1. The City of Hinesville home repair assistance program may be able to provide eligible homeowners with small grants to help make some basic home repairs.
2. Please read below and if you are interested in seeing if you qualify, please complete and submit this application to the Community Development Department. Staff will review your application and let you know if you are eligible and, if so, how it may help you depending upon available resources both from the City and/or from other organizations. You can call 912-876-3164 if you need help with the application or to talk with someone about the program.

City of Hinesville Home Repair Program
115 E. M.L.K. Junior Drive
Hinesville GA, 31313
communitydevelopment@cityofhinesville.org

3. Home Repair Assistance up to \$10,000 may be offered by the City to qualified Homeowners. Grants may be available to homeowners who have owned and occupied their homes for at least 2 years. Priority will be given to seniors over 65 years of age and individuals who have a medical condition which is impacted because of the need of the need of assistance.
4. Gross household income must be at or below low-moderate limits set by HUD. Household refers to the number of persons living in the house. Income limits are subject to change.
5. Applicants must own (or be purchasing) and occupy the house that is being repaired. The applicant's name must be listed on the deed to the home. Assistance may be available through Georgia Legal Services to help applicants clear title to their property.
6. City and County tax accounts must be current; Existing mortgages must be current.
7. Applicants must provide proof that the repair is not covered by home insurance. If the damage was caused by a storm, applicants must first apply through their Homeowner insurance and through FEMA disaster assistance if the storm is a federally declared disaster.
8. Houses must be generally safe and habitable once repairs have been made.

9. Repairs are generally limited to correcting one or two problems related to roofs, exterior surfaces/components, structure, electrical, plumbing or heating/cooling systems. This is not a major renovation program. Not all the improvements desired by the applicant may be accomplishable.
10. Applicants must have a will. Assistance may be available from Georgia Legal Services to help you obtain a will if you do not have one. You are **NOT** required to give a copy of your will to the City.
11. Priority is given to exterior improvements that protect the homeowner and house from the weather, correcting emergency and life safety problems, and correcting problems that have been cited as property maintenance and/or housing code violations.
12. Priority may also be given to applicants with the most serious repair needs, the elderly, disabled, first time participants, and/or participants with houses located in areas that are being targeted for revitalization by the City.
13. Interior repairs that disturb painted surfaces in houses built prior to 1978 are generally not permitted. Neither are general property or cosmetic improvements. There simply is not enough money to make all the desired improvements.
14. Homeowners, not the City, hire private contractors to make repairs. Get a trusted relative or friend to help with this if you need to. If you know of one or more contractors you would like to get pricing from, please submit their written estimate and work description with your application. **Estimates that include shingle replacement must include pricing for 30-year architectural shingles.** You are **NOT** required to submit repair estimates with your application, however, doing so may speed up assistance provided to homeowners.
15. Applications will be processed on a first submitted first reviewed basis, except applicants with hazardous conditions may be given priority.
16. **Applicants must fill out the application completely, submit all required documents (listed on Required Document Checklist) and sign all pages where indicated before the application can be processed.**
17. **A witness signature, not a notary, is also required on the Authorization to Release Information page.** Applicants may be asked to update income and mortgage documents from time to time. Applicants may also ask Grants Administration Office staff for assistance if they do not understand any part of the application.
18. The Grants Administration Office staff will notify homeowners when an assistance determination has been made and, if the request is approved, which home repair funds, programs or partners may be available.

19. Completing the application does not guarantee the application will be approved and the home repaired. Funding is limited.

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RETURN COMPLETED APPLICATIONS TO THE CITY OF HINESVILLE, COMMUNITY DEVELOPMENT DEPARTMENT

Please complete and return this application and supporting documents to the Community Development Department, via mail, in person, or email to Community Development Department, 115 East Martin Luther King Jr. Drive, Hinesville GA, 31313. email communitydevelopment@cityofhinesville.org.

Applicant: _____ **Birthdate:** _____ **Social Security Number** _____
House Address: _____ ZIP _____
Home Phone # _____ Cell Phone # _____ Number of years at Address _____
Email Address: _____ Opt In to Receive Emails: Yes No
Alternate contact: _____

Military Status: Active duty US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired?** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

The following information is requested by the Federal Government in order to monitor compliance with Equal Credit Opportunity and Fair Housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex based on visual observation or surname.

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor's Degree

Master's Degree Advanced Degree Prefer not to say

ETHNICITY Hispanic Non-Hispanic Prefer not to say **SEX** Female Male Prefer not to say

RACE American Indian Asian Black White Other Prefer not to say

Co-Applicant: _____ **Birthdate:** _____ **Social Security Number** _____

Military Status: Active duty US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor's degree

Master's Degree Advanced Degree Prefer not to say

ETHNICITY Hispanic non-Hispanic Prefer not to say **SEX** Female Male Prefer not to say

RACE American Indian Asian Black White Other Prefer not to say

How did you hear about our programs? _____

Do you have a mortgage on the house? Yes No Mortgage Company Name _____

Do you have homeowner's insurance? Yes No Insurance Company Name _____

One story house? Yes No Is the house a Duplex? Yes No Roof Type? Shingles Metal Other

Do you have the following? Central Heat and Air Gas Water Heater Gas Furnace

Housing Problems Needing Correction: *Please rank in order of importance with 1 being most important*

[] Roof– *please describe damage* _____ 1 2 3 4 5

[] Exterior Paint– *please describe damage* _____ 1 2 3 4 5

[] Electrical– *please describe damage* _____ 1 2 3 4 5

[] Plumbing – *please describe damage* _____ 1 2 3 4 5

[] Other – *please describe damage* _____ 1 2 3 4 5

Were these problems cause by a federally declared disaster? Yes No

Disaster Name? _____

Did you file an insurance claim? Yes No **Did you receive assistance?** Yes No

Did you file for FEMA assistance? Yes No **Did you receive assistance?** Yes No

Is there a child 6 years or younger residing at this residence, OR that spends 10 hours or more per week at this residence? Yes No Ages of Child(ren) _____

Please check the types of income you or anyone in your household currently receives:

Section 8 SSI SSDI Retirement VA Pension Family member's assistance with expenses

Employer Unemployment Self-employment Uber/ Lyft Child Support Rental Income

Please list all persons, including yourself, who live in your house and all current sources of income for each.

NAME	SSN	AGE	RELATIONSHIP	INCOME AMOUNT	INCOME SOURCE
			SELF		

Applicant Employer: _____ Position: _____ Start Date: _____

Additional Employment: _____ Position: _____ Start Date: _____

Co-Applicant Employer: _____ Position: _____ Start Date: _____

Additional Employment: _____ Position: _____ Start Date: _____

I, the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”**
- Certify that all information reported in and submitted with this application is complete, true and correct. ***I also understand that it is against the law to knowingly present false information on this application.***
- Have read and understand the “General Information” section of this application.
- Understand applications are processed in the order received and/or severity of existing damage and that all the improvements I desire may not be accomplishable.
- Understand that if I am eligible for assistance, it may be in the form of a grant and/or loan. Community Development staff will determine which program best suits my needs.
- Understand that I may be required to submit documents not listed on the “Required Documents Checklist.”
- Authorize the City of Hinesville Community Development Department to verify this information, to include but not limited to obtaining and reviewing my/our credit report.

I hereby certify that I am: **(You Must Initial One)**

_____ US Citizen _____ Legal Alien

I hereby certify that I am: **(You Must Initial One)**

_____ US Citizen _____ Legal Alien

Applicant Signature Date

Co-Applicant Signature Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of federal agency.



HOME REPAIR ASSISTANCE APPLICATION

U.S. Department of Housing and Urban Development
U.S. Environmental Protection Agency
U.S. Consumer Product Safety Commission

Notification

To: Owners, Tenants & Purchasers
Of Housing Constructed before 1978

Protect Your Family from Lead in Your Home

If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, **“Protect Your Family from Lead in Your Home”**.

Date

Print Full Name of Homeowner

Signature of Homeowner

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release to the City of Hinesville Community Development Department, and its assigns the following information for the purpose of verification:

1. Employment history (dates and title)
2. Income (hourly rate)
3. Banking, savings (loan information and ratings)
4. Mortgage company (loan information and ratings)
5. Student enrollment status
6. And any other information deemed necessary for the purpose of processing or re-verifying your credit file

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of this authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Social Security Number	Social Security Number	Social Security Number
_____	_____	_____
Date	Date	Date

Notice to Homeowners who receive Federal Housing Assistance

Flood Insurance Requirement

It is the property owner's responsibility to pay for and maintain flood insurance coverage on their home when their home is located on property within a Special Flood Hazard Area (SFHA). SFHAs are identified on the Flood Insurance Rate Map and labeled as Zone AE, Zone A, Zone AO, Zone AH, Zones A1-A30, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30.

If a property owner sells their home, the property owner must inform the new property owner that it is their responsibility to maintain flood insurance coverage on the home. Property owners may be denied FEMA disaster assistance if flood insurance is not maintained on the property.

If the undersigned property owner receives federal housing assistance from the City of Hinesville Community Development Department, part of this assistance may be funding to help cover the cost of a flood insurance policy for one year. It is the property owner's responsibility to pay for additional years of flood insurance coverage. Coverage must be at least equal to the total cost of the assisted project or the maximum coverage limit of the National Flood Insurance Program, whichever is less.

The undersigned property owner has read, understand, and will comply with this Notice.

Property Address:

Owner

Date

Owner
(If applicable)

Date

PHOTO & INTERVIEW RELEASE AGREEMENT

I authorize the City of Hinesville Community Development Department., and any of its partners, local media, or other media professionals assisting the City , to record, photograph, or film me and/or conduct interviews with me that may be seen and heard by the general public, used for advocacy or educational purposes, and in publications, such as brochures, newsletters, articles, display boards, or other promotional materials.

I understand that these interviews or images will be used by the City for educating the public about housing initiatives or those of its housing practitioner partners. As such, I am granting my permission for the use of my likeness in any and all educational, advocacy, or marketing materials, unless revoked in writing.

Additionally, I understand that these interviews or images, or portions of them, may be displayed on any website and/or social media channels published by the City and agree to such use.

I waive my right to approve or inspect the interview and images prior to their use and forgo any claim of royalties or compensation, now or in the future. I agree to hold harmless the City, its Councilmembers, agents, or employees from any claims, damages, or liability arising from the use of my interview and/or image.

Printed Name

Signature

Email Address

Phone Number

Date

REQUIRED DOCUMENT CHECKLIST

Income-Related Documents – SUBMIT ALL THAT APPLY

All household members are required to submit income documents. Documentation not listed below may be required.

- Most recent pay stubs covering 60 days
 - 9 pay stubs (if paid weekly)
 - 5 pay stubs (if paid bi-weekly)
 - 4 pay stubs (if paid semi-monthly)
 - 2 pay stubs (if paid monthly)
- Current Year SSA and/or SSDI income verification letter
- Current Year VA income verification letter
- Current Year Pension check or letter
- Unemployment benefit letter
- Most recent filed tax return if self employed
- Year to Date profit and loss statement if self employed
- Most recent 12-month history of child support received
- Section 8 voucher
- Statement of financial assistance provided by family members who do not live with you.
- Copy of deed showing that you own or are purchasing the house
- Most recent mortgage statement
- Photo ID – Applicant
- Photo ID – Co-Applicant
- Marriage License if your name changed after you purchased the house
- Divorce Decree if your name changed after you purchased the house
- Copy of paid City and County Tax receipts for current year
- Copy of executed power of attorney for someone to act on your behalf (If applicable)
- Copy of flood insurance policy (If applicable)
- Information Disclosure Authorization signed by household members aged 18 or older
- DD214 or equivalent (*we can help you obtain this document if necessary*)

Other forms that may be required

- Orders showing current duty station if active duty
- Documentation showing service in an overseas military intervention, if applicable
- Death certificate if you are spouse of deceased veteran
- Marriage License if you are spouse of deceased veteran
- Copy of most recent 2 months bank statements for all account – all pages – all household members
- Documentation not listed above

**Failure to provide all the above requested information will
result in a processing delay!!**