



**City of Sheridan  
Minor Home Repair Application**

The following information is required to determine eligibility and aid in determining if the household qualifies for the Emergency & Minor Home Repair Program. All personal information will be held in strict confidence.

Homeowner Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Do you own your home?  Yes  No

What repairs and/or maintenance, in the order of priority, does your home need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Dwelling:  Single Family  Duplex  Townhouse/Condo  Mobile Home

Is there anyone on the Title to the property who does not live there?  Yes  No

If yes, please provide the name of person(s) on title and explain: \_\_\_\_\_

\_\_\_\_\_

Total amount presently owed on the home (includes 1<sup>st</sup> Mortgage, 2<sup>nd</sup> Mortgage, Home equity loans, HOAP loans, etc.): \_\_\_\_\_

**Total Household Income Limits**  
(2013 Annual Limits on Income per Household)

1	2	3	4	5	6	7	8
43,600	49,800	56,050	62,250	67,250	72,250	77,200	82,200

List all occupants living at this address to determine household income. List includes you (the applicant), co-applicant, your children and others living in the residence. Individual income for each household member will be based on the adjusted gross income as defined for purposes of reporting under the IRS Form 1040. Please submit copies of supporting documents for all boxes checked Yes. Attach an additional sheet if needed.

Name	Birth Date	Occupation	Monthly Gross Income	Annual Adjusted Gross Income	Files IRS Tax Return?	Receives Retirement Income?	Receives Soc. Sec. (SSI, SDI) Income?	Receives other source of income*?
<i>Applicant</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Co-Applicant</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Other source of income may include: Unemployment, Veteran, TANF, taxable interest, etc.

**TOTAL ANNUAL HOUSEHOLD INCOME =** \_\_\_\_\_

Identify circumstances that have changed or will change in the upcoming 12 months:

\_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD INFORMATION**

Number of Adults (18 years or older) \_\_\_\_\_ Number of children (under 18 years of Age) \_\_\_\_\_ **TOTAL =** \_\_\_\_\_  
Are you a female headed household? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Race:** (This information is for Federal Data collection reporting only and not for determination for assistance)

- |  |  |
|--|--|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Black/African American and White                            |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Asian and White   |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian or Alaska Native and White                  |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native and Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |
| <input type="checkbox"/> Other multi-racial                        |  |

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Disabled Person(s) in Household:**  Yes  No;  
If yes, number of Household member that are disabled? \_\_\_\_\_  
If yes, is special construction needed?  Yes  No

**Documentation Required with Application**

1. Copy of two (2) most current (consecutive) pay stubs for all members of the household over the age of 18 years old including students
  - If you receive Social Security, attach Social Security Benefit Adjustment Letter for current year
  - If you receive a pension(s), attach 1099 Form from pension provider(s) for the last year
  - If you receive alimony, attach verification of your receipt in the form of a separation agreement or court order
2. Copy of two (2) most current Bank Statements and financial records (if unemployed or self-employed and pay stubs are not included).
3. Copy of the most current Federal Income Tax Returns with W-2's for each member of the household over the age of 18
4. Copy of Property Insurance
5. Copy of Current Mortgage Statement (1<sup>st</sup>, 2nds)
6. Copy of deed to verify ownership of property
7. Signed and dated Verification of Lawful Presence to receive Public Benefits. Attach copy of Driver's License or other valid form of identification as required.

**IMPORTANT – READ BEFORE SIGNING**

I (We) hereby agree to indemnify and hold harmless the City of Sheridan, its officers, agents, employee and subgrantees for the Emergency & Minor Home Repair Program against all liabilities, judgments, costs, and expenses arising out of, or in consequence of, housing rehabilitation or repairs provided as part of the Program.

**Applicant's Certifications**

The applicant/co-applicant undersigned does hereby certify ownership and occupancy of the above property and that all information above is true, accurate and complete; and does hereby authorize Brothers Redevelopment, Inc. to verify and make independent investigations to determine ownership, income and financial standing. By signing this, the applicant certifies that the applicant's yearly income does not exceed HUD's Median Income Guidelines for the total number of household members. In addition, I certify that my property is not currently for sale nor do I intend on selling this property within the next year. I (We) understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature Date