

GNRC



Emergency Home Repair Program
Administered by
South Central Tennessee Development District
101 Sam Watkins Blvd, Mt Pleasant TN 38474
Toll Free 1-866-836-6678 Fax (931) 379-2640

Emergency Repair Program (ERP) Description:

The ERP provides assistance for emergency repairs to correct, repair, or replace an essential system and/or critical structural problems. The goal is to stabilize the homeowner's residence by making essential repairs that would pose immediate danger to life, safety, or health if not repaired. This is not a comprehensive homeowner rehabilitation program.

ERP Grant Funds:

ERP has a maximum lifetime limit of \$24,999.00 per eligible homeowner. In order to get the ERP Grant, the homeowner must meet all qualification listed below. ERP no longer requires a match; however, we do encourage that securing matching funds with other entities will maximize the repairs that are needed to your home.

Who Is Eligible for the ERP Grant?

- Homeowners age 60 or older, or age 18 or older with a disability (Must be receiving SSI or SSDI)
- Applicant must occupy the property to be repaired as his/her primary residence.
- Applicant must reside in the home for at least **three** years prior to ERP application for assistance.
- Applicant name must appear on deed showing ownership interest in the property to be repaired.
- Applicant must be current on payment of all local property taxes.
- Applicant must not have a delinquent mortgage or be in danger of foreclosure.
- Applicant's Gross Household Income must be at or below 60% of Statewide Median Income, as defined by current Section 8 Income Limits issued by HUD:

| Household Size | 1 | 2 | 3 | 4 |
|--------------------|----------|----------|----------|----------|
| Gross Income Limit | \$38,820 | \$44,340 | \$49,860 | \$55,380 |

- Applicants are encouraged to secure matching funds to maximize the repairs as funds can be layered. *(For applicants who do not have the matching funds, we recommend applying to USDA Rural Development, Habitat for Humanity, Weatherization Assistance Program, local housing coalitions, church groups, or family members for assistance).*

To Apply for an ERP Grant, You Must:

- Fill out the ERP application, and sign all designated areas on all ERP forms included.
- Attach copies of the following documents to your application:
 - Photo ID;
 - Deed to property needing repairs; title to mobile home if applicable
 - Receipt for payment of most recent property taxes
 - Benefits Statement for current year (for Social Security or Disability benefits) and/or Paycheck Stub (last 2 months) for ALL persons residing in the home;
 - Most recent year's tax return (if required to file) for ALL persons residing in the home; and
 - Statements for all checking accounts (last 6 months) and savings accounts (last 2 months)
 - Copy of a recent utility bill

NOTE: Applications are processed in the order they are received. Applicants will not be placed on the ERP Waiting List until SCTDD has received his/her completed ERP Application with all supporting documentation required to show eligibility. The amount of time it will take to start repairs depends on the length of the waiting list and the availability of funding.

Additional Resources Available:

Metropolitan Development and Housing (MDHA)-615-252-8530
Westminster Home Connections- 615-693-2153
Metropolitan Development and Housing Agency 615-252-8400
Family Support Services Program- 615-862-6432

United Way Greater Nashville-1-800-318-9335
Operations stand Down TN (Nashville) 1-615-248-1981
Operations Stand Down TN (Clarksville) 1-931-896-2184



SCTDD Emergency Repair Program

Administered by

South Central Tennessee Development District

101 Sam Watkins Blvd, Mt Pleasant TN 38474

Toll Free 1-866-836-6678 Fax (931) 379-2685

INSTRUCTIONS FOR COMPLETING ERP APPLICATION:

- | | |
|--------------------------------------|---|
| Section A. Personal Information | Fill out all information on applicant and list <u>ALL</u> persons living in the home where indicated. |
| Section B. Family Income Calculation | <ol style="list-style-type: none">1. Enter total number of people living in the home.2. Check Income Table to be sure your total household gross income does not exceed limits for household size.3. Mark how often each person in the home is paid. If for more than one person, include each person's name.4. Use example shown to calculate gross income for all members of the household.5. List all assets of all persons living in the home. Assets do not include your primary home and vehicle or household items. Assets do include retirement/savings accounts, real estate, other real property, recreational and other vehicles.6. List each household member and their annual gross income under the appropriate income category. |
| Section C. Income Level | To be completed by SCTDD. |
| Section D. Verification | To be completed by SCTDD. |
| Section E. Certification | Read, sign and date. |
| Eligibility Release Form | Applicant should print name, sign and date at bottom. Have all other adults living in household to print, sign and date, also, where indicated. |
| Verification of Assets Form | Applicant must sign at bottom left of form. |
| Verification of Employment | Applicant must sign at bottom left of form. |

**Be sure to attach ALL required documentation listed on the ERP Cover Sheet.
Applications will NOT be processed unless ALL documentation is received by SCTDD.**

Please send to: SCTDD – ERP
101 Sam Watkins Blvd.
Mt. Pleasant, TN 38474

Fax (931) 379-2640

ERP Application Required Documents Checklist

Use this checklist to ensure your application is complete. **All documents must be submitted** for your application to be processed. Documents will need to be included for all members of the household.



Required Document



Check When Attached

Valid **Photo ID** (Driver's license, passport, etc.) ☐

Deed to the property (or mobile home title, if applicable) ☐

Proof of payment for most recent **property taxes** ☐

Income verification for all household members:

- **Social Security/Disability benefit statements** ☐
(current year)
- **OR last 2 months of paycheck stubs**

Most recent year's tax return (for all persons required to file) ☐

Full Bank account statements:

- **Last 6 months of checking account** ☐
- **Last 2 months of savings account**

Include All pages

Most recent **utility bill** (electric, gas, water, etc.) ☐

Signed and Completed Application ☐



Note:

- **Incomplete applications will not be placed on the waiting list and will only be held for 30 days.**
- Be sure to sign all required forms included with your ERP application.



EMERGENCY REPAIR PROGRAM HOMEOWNER APPLICATION

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Social Security Number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Race of Head of Household:

☐ White ☐ Black/African American ☐ Asian ☐ Other Multi Racial

Hispanic: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

Name of Spouse: _____ Age: _____

Social Security Number: _____

| All persons living with you | Relationship | Age | Sex | Social Security # |
|-----------------------------|--------------|-------|-------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Are either you or your spouse handicapped or disabled? ☐ YES ☐ NO

If YES, what is the nature of the condition? _____

Are either you or your spouse related to any individual who is employed by the agency administering this grant? ☐ YES ☐ NO

If YES, what is the relationship? _____

Has a home or hazard insurance claim been filed for your property in the last 12 months, for the repairs for which you are seeking ERP assistance? ☐ YES ☐ NO

If YES, please explain: _____

Have you owned and occupied your property for at least the last 3 years? ☐ YES ☐ NO

Have you ever had a THDA mortgage loan? ☐ YES ☐ NO

If yes, when was the THDA mortgage loan made? _____

Have you ever had a foreclosure on a THDA mortgage loan? ☐ YES ☐ NO

Do you currently have a mortgage on your home? ☐ YES ☐ NO

Is your mortgage account current? ☐ YES ☐ NO ☐ N/A

Are you current or in a payment plan that is in good standing with the Tax Assessor's Office for the payment of local property taxes on the property? ☐ YES ☐ NO

Do you own another property? ☐ YES ☐ NO

If yes, what is the address? _____

Do you have a working smoke detector in your home that is less than 10 years old? ☐ YES ☐ NO

Have you ever received Emergency Repair Assistance? Yes___ No___

B. FAMILY INCOME CALCULATION

1. Number in Household _____
2. Income Limits for _____ County dated _____

60% Maximum _____ 50% Maximum _____
3. Payment Frequency
☐ Hourly (hourly rate x number of hours per week)
☐ Weekly (weekly salary x 52 weeks per year)
☐ Bi-monthly (24 times per year)
☐ Every two weeks (26 times per year)
☐ Monthly
4. Show income calculation to convert to annual gross income.

Example: Mr. Jones is paid \$5.00/hour and works 32 hours/week
$$\$5.00 \times 32 = \$160 \times 52 \text{ weeks} = \$8,320 \text{ annual income}$$

4.1 Please include a list of EMERGENCY home repairs needed

5. ASSETS (other than your home, household items and automobile)

| FAMILY MEMBER | ASSET DESCRIPTION | CURRENT MARKET VALUE | INCOME FROM ASSETS |
|--|-------------------|----------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Net Family Assets | | a. | |
| Total Actual Asset Income | | | b. |
| If line (a) is greater than \$5,000, multiply (a) by _____ (passbook rate) and enter result here; otherwise, leave blank | | | c. |

6. SUMMARY OF INCOME DATA

| FAMILY MEMBER | WAGES SALARIES | BENEFITS PENSIONS | PUBLIC ASSISTANCE | OTHER INCOME | TOTALS |
|---------------|----------------|-------------------|-------------------|--------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS | | | | | |

Asset Income - Enter greater of lines 5(b) or 5 (c) above \$ _____

Total Anticipated Income \$ _____

ANNUAL INCOME - Anticipate Income plus Asset Income \$ _____

C. INCOME LEVEL

☐ Above 60% of area median

☐ 60% of area median

☐ 50% of area median

☐ 30% of area median

☐ Below 30% of area median

D. VERIFICATION

Income verified by _____ using:

☐ Check stub

☐ Employer Verification

☐ Benefit Verification

☐ Copy of Benefit Check

E. CERTIFICATION

To the best of my knowledge, I certify that the information in this application for state assistance through the THDA Emergency Repair Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the THDA EMERGENCY REPAIR PROGRAM program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Applicant

Date

Applicant

Date

Please submit the following with this application:

1. Proof of ownership in the form of a warranty deed , a 99-year leasehold, or a life estate
2. Copy of paycheck stub, benefit verification or benefit check or employer verification documenting current income.
3. Copy of property tax receipts.

THDA Emergency Repair Program Eligibility Release Form

South Central Tennessee Development District

Address: 101 Sam Watkins Blvd

MT. Pleasant, Tn 38474

Telephone: 931-379-2943

Date: _____

Purpose: Your signature on this THDA Emergency Repair Program Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

THDA Emergency Repair

Privacy Act Notice Statement: Tennessee Housing Development Agency (THDA) is requiring the collection of the information derived from this form to determine an applicant's eligibility for the Emergency Repair Program and the amount of assistance necessary using THDA funds. This information will be used to establish level of benefit on the THDA Emergency Repair Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Instructions: Each adult member of the household must sign a THDA Emergency Repair Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initiated by applicant.

| | Verification Required | Initials |
|--|--------------------------|----------|
| Income (all sources) | | |
| Assets (all sources) | | |
| Child Care Expense | | |
| Handicap Assistance Expense (if applicable) | | |
| Medical Expense (if applicable) | | |
| Federal Preferences | | |
| Other Preferences | | |
| Other (list) | | |
| Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children | | |

Authorization: I authorize the above-named Tennessee Development District to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Emergency Repair Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

| |
|--|
| Head of Household – Signature, Printed Name and Date Family Member HEAD |
| X |
| Other Adult Member of the Household – Signature, Printed Name and Date Family Member #3 |
| X |

| |
|--|
| Other Adult Member of Household – Signature, Printed Name and Date Family Member #2 |
| X |
| Other Adult Member of the Household – Signature, Printed Name and Date Family Member #4 |
| X |

VERIFICATION OF ASSETS ON DEPOSIT

| | | | | |
|--|--|--|------------------------------------|------------------------------------|
| (Development District) South Central Tennessee Deveoplment District | Checking Account # | Average Monthly Balance for Last 6 Months | Current Interest Rate 0% | |
| AUTHORIZATION: Tennessee Housing Development Agency Policies for the Emergency Repair Program require us to verify income from Assets of all members of the household applying for participation in the THDA Emergency Repair Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. | Savings Accounts # | Current Balance | Current Interest Rate 0% | |
| | Certificate of Deposit Account # | Amount | Withdrawal Penalty | Current Interest Rate 0% |
| IRA, Keogh, Retirement Accounts | | | | |
| Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed | Account # | Amount | Withdrawal Penalty | Current Interest Rate 0% |
| | Money Market Funds | Amount (Average 6 month Balance) | Interest Rate 0% | |
| Release: I hereby authorize the release of the requested information _____ (Signature of Applicant) | Signature of _____ or Authorized Representative _____ Title: Date: Telephone | | | |
| WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. | | | | |

VERIFICATION OF EMPLOYMENT

| | |
|--|--|
| (Development District) | Employed since: _____ Occupation: _____ Salary: _____ Effective date of last increase: _____ Base pay rate: \$ _____/hour or \$ _____/week or \$ _____/month Average hours/week at base pay rate: _____ Hours No. Weeks _____ or No. Weeks _____ worked per year Overtime pay rate: \$ _____/hour Expected average number of hours overtime worked per week during next 12 months: _____ Any other compensation not included above (specify for commissions, bonuses, tips, etc.): _____ |
| <p>AUTHORIZATION: Tennessee Housing Development Agency Policies for the Emergency Repair Program require us to verify income from Assets of all members of the household applying for participation in the Emergency Repair Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> | For: _____ \$ _____ per _____ Is pay received for vacation? _____ No. of days/year _____ Total base pay earnings for past 12 mos. \$ _____ Total overtime earnings for past 12 mos. \$ _____ Probability and expected date of any pay increase: _____ Does employee have access to a retirement account? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what amount can they get access to \$ _____ |
| <p>Release: I hereby authorize the release of the requested information</p> _____ (Signature of Applicant) | Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____ |
| <p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p> | |