

FOR AGENCY USE ONLY:
(date & initial)

City of Fort Smith Housing Assistance Application

Please print ALL of the following information.

Homeowner: _____

Social Security
Number: _____

Street Address: _____ City Fort Smith State Arkansas Zip Code _____

Mailing Address: _____ City Fort Smith State Arkansas Zip Code _____
(if different from above)

Home phone: _____ Cell phone: _____ Other phone: _____

Birthdate _____ Race _____ Marital Status Single Married Divorced Widowed

Are you disabled? Yes No

Head of Household: Male Female Property status: Paid in full Mortgaged

Please use the space below to fill out the information for ALL persons living in your home. You do not need to include yourself in the section below. Please note anyone living in your household ages 18 or older must show proof of income.

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes No

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes No

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes No

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes No

To add more, please use back of sheet.

Total Residents in Household: _____

Have you ever received CDBG assistance prior to this application? Yes No

What do I need to turn in with my application?

The following documents must be submitted with your assistance application:

Termite Policy Please provide documentation that your home is currently under annual contract for termite control. This could be a paid receipt, canceled check or the policy itself. If you do not have termite coverage, it will be added to the project.

Warranty Deed In order to apply for assistance, a filed deed in the applicants name must be provided. Unfortunately if you, the homeowner, can not produce a deed in your name, we will not be able to process the application.

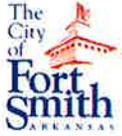
Property Tax Receipt Not to be confused with a personal property tax receipt (vehicle), a property tax receipt will show that the taxes on your home are paid in full. If you are have homestead status and/or are exempt in any way from paying property taxes, a receipt can still be obtained at the County Courthouse and must be provided with your application.

Proof of Income* The Fort Smith Housing Assistance Program is an income based funding by the Department of Housing and Urban Development through the Community Development Block Grant (CDBG). The Community Development Department requires three consecutive months of income source documents. Income must be reported for the applicant as well as anyone residing in the house over the age of 18 years old. The income is projected to get an annual amount and compared to the current annual HUD income limits.

Provide the following:

- A. Your most recent IRS 1040 Series OR the IRS 1040 EZ Form for individual Federal annual income tax purposes. The tax form submitted must be dated and signed.
- B. Three consecutive months of income source documentation which can include the following: Social Security Benefits Statement; Pay Stubs for Wages, Salaries and Tips earned and Bank Statements, Unemployment Compensation Statements, etc.

**The following is considered income: Wages, salaries, tips, taxable interest, dividend income, taxable refunds/credits/offsets of state/local income taxes, alimony received, business income, capital gain, other gains, taxable amount of IRA distributions, taxable amount of pensions and annuities, rental real estate, royalties, partnerships, trusts, etc., farm income, unemployment compensation, taxable amount of Social Security benefits and any other income.*



**The Fort Smith Community Development
Data Release Form & Third Party Authorization**

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing repairs please notify our department about arranging accommodations.

I hereby authorize the Fort Smith Community Development Department and/or its assigned agents to:

- Request verifications of your warranty deed, income, property taxes, and any other information deemed necessary for improving your housing situation.**

I _____ understand and agree that the Fort Smith Community Development Department intends to use the following information to evaluate my Housing Assistance Application for repairs to my home. I hereby authorize the Fort Smith Community Development Department to share any information that I have provided with the entities listed below:

- City of Fort Smith
- Financial institutions
- Internal Revenue Service
- Sebastian County Clerk and/or Tax collector
- Outside Housing Assistance Programs
- Outside Utilities (gas, electric, cable, etc.)
- Area Agency on Aging
- Monitoring Agencies (HUD, Auditors, Office of the Inspector General, etc.)

Primary

_____/_____/_____
Print name as shown on deed SSN# Signature Date

Secondary

_____/_____/_____
Print name as shown on deed SSN# Signature Date

I _____ certify that I have read and completed the above application to the best of my knowledge. I understand that it is a program requirement that I own and reside in my home within the city limits of Fort Smith. I also understand that my home will not qualify for assistance if I have purchased it under a contract for sale or if it is located in a floodplain. I understand that if approved for funding to rehabilitate my home, I must occupy this property as my principle residence. I also understand that by failing to turn in a completed application, deed, proof of income and a property tax receipt my application will be incomplete and shall be considered ineligible.

If you are a legalized alien of the United States please check this box:

I, the housing assistance applicant, do not work for the City of Fort Smith. Also, no member of my household and no person to whom I am related works for the City of Fort Smith. I understand my obligation of candor in disclosing any relationship with might create a conflict of interest in my receiving a benefit from the program for which I am applying because of my being related to any person who works for the City of Fort Smith.

Person(s) I am related to _____

WARNING: Any person who knowingly makes a false statement or misrepresentation in this application or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$10,000 or by imprisonment for not more than 5 years, or both, under provisions of the United States Criminal Code. NOTICE: The client information collected with this application is private when not directly connected with the administration of the agency or City of Fort Smith's responsibilities with respect to services provided. When not directly connected to administration of the program the release of information is prohibited unless written consent is obtained from such a person receiving service and, in the case of a minor, that of a responsible parent/guardian.

Applicant
Signature

Date

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Housing Assistance Checklist:

You may qualify for assistance through the City's Emergency Aid Program if you meet the following criteria:

- You are the OWNER-OCCUPANT of the structure in need of repair.
- You live within the city limits of Fort Smith and your home is not located in a flood plain.
- Your home is below minimum residential building code of the City of Fort Smith.
- The cost of repairs is reasonable compared with the value of the house.
- Your TOTAL FAMILY ANNUAL INCOME is consistent with the current Department of Housing and Urban Development's Annual Low Income Schedule. This schedule is as follows:

Household Size	Gross Annual Household Income
1	\$27,300
2	\$31,200
3	\$35,100
4	\$38,950
5	\$42,100
6	\$45,200
7	\$48,300
8	\$51,450

Please select the areas of concern for your home:

- Wiring/Electrical Water Heater Walls/Ceiling/Floors Plumbing Foundation
- Heating/Ventillation/Air Conditioning Roof Exterior/Siding/Painting Other (please explain)

The City of Fort Smith believes that individuals of similar economic levels in the same housing market area should have available to them a like range of choice regardless of their race, color, religion, sex, familial status, national origin or disability.