



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 Zip \_\_\_\_\_  
Arkansas Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City Fort Smith Zip \_\_\_\_\_  
(if different from above) \_\_\_\_\_ Arkansas Code \_\_\_\_\_

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 others, please use back of this page.

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:

**Income Documents\*\*** The Fort Smith Housing Assistance program is an income based program funded 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.

- 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 have a date no older than 6 months and 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 forms submitted must be the most recent copies and the dates must be consecutive)

***\*\*The following is considered income: Wages, salaries, tips, taxable interest, dividend income, taxable refunds/credits/off sets 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.***

**Warranty Deed** In order to apply for assistance, a filed deed in the applicants name must be provided. Unfortunately if you, the homeowner, are unable 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, or if you have homestead exemption status or if are exempted in any way from paying property taxes. The receipt can be obtained at the County Courthouse and must be provided with your application.

**Termite Policy** If you currently have an annual contract for termite control please provide us with documentation, this could be a paid receipt, canceled check or the policy itself. **If you do not have termite coverage, a single, one (1) time termite treatment may be added to the Housing Assistance project, as appropriate per specific project requirements.**

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 Primary residence.

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. Nor does any member of my household or any other 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 \_\_\_\_\_

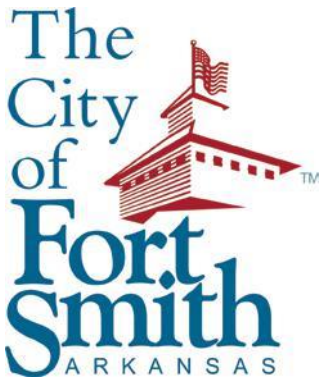
Person(s) I am related to \_\_\_\_\_

**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 \_\_\_\_\_



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 arraigning 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 SS# Signature Date

Secondary

\_\_\_\_\_ / /

Print name as shown on deed SS# Signature Date

# 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 INCOME is consistent with the current Department of Housing and Urban Development' Annual Low Income Schedule. This schedule is as follows:

Household Size	Gross Annual Household income
1	34,000
2	38,850
3	43,700
4	48,550
5	52,450
6	56,350
7	60,250
8	64,100

**Please circle the areas of concern for your home:**

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

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

CITY OF FORT SMITH  
HOUSING ASSISTANCE PROGRAM  
HOMEOWNER ACKNOWLEDGMENT & PERMISSION FOR PRELIMINARY  
PEST INSPECTION

As the Owner(s) I / we acknowledge that once we have been found to qualify for the Housing Assistance Program the Community Development Program Staff will contact a local, Licensed Extermination Company to schedule with us as the homeowner an agreeable appointment time in order to make a detailed pest inspection in and around my home, I further understand that no other pest control work will be done at that time.

I / we also understand and acknowledge that this inspection service is being done **with zero cost to me and without any other obligations**, and I /we hereby give permission for and agree to cooperate with the extermination company to allow for this inspection to proceed in a timely manner.

Further, I / we, understand this pest inspection is being done for not only my own and my family's health and safety but also for upcoming future inspectors, potential bidders, contractors and sub-contractors who may be visiting and working in the Housing Assistance Project I have applied for at my home.

**Owners Signature(s):**

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_