

Hands On Historic Athens - Application



Name of Homeowner(s): _____

Address: _____

City: _____ , GA Zip Code: _____ Best Phone # : _____

1. Do you understand that Hands On Athens can only complete moderate repairs, and cannot fully renovate structures? Yes _____ No _____

2. Have you received assistance from HOHA before? Yes _____ No _____

3. Have you applied for/received assistance from any other program? (Action, Habitat, etc.)?

If so, which one: _____

4. Do you own your home? Yes _____ No _____ If yes, how many years? _____

5. Did you purchase your home or did you inherit your home? Purchased _____ Inherited _____

If you inherited your home, from whom did you inherit it? _____

6. Are you the sole owner of your home? Yes _____ No _____

7. Please provide a copy of the property deed or the will documenting the name of the property owner(s).

If you are not the sole owner of your home, please also list the names of the other owners below:

8. Do you currently reside in your home? Yes _____ No _____

9. What year was your home built? _____

10. Do you and your family plan to stay in your home? Yes _____ No _____

11. What is your monthly mortgage payment, if applicable? _____

12. Number of people living in household: _____

13. Describe the repairs and/or maintenance you need to have done to your home. (Examples: painting, weather stripping, window repair, landscaping, porch repairs, roofing, handicapped access). You may attach additional sheets if necessary.

14. Please list the name, age, and role* of all persons living in your home. (*Role refers to the role each resident plays in your home, such as parent, child, childcare or elderly care provider, full-time student, employed full-time, etc.) Provide a photocopy of occupants' state-issued Driver's License or ID.

Name	Age	Monthly Income*	Disabled? (Yes or No)	Role	Verified Annual Income (will be filled out by HOHA)

Household yearly income must be equal to or less than the following amounts based on the number of people living in your home: 1 person - \$43,050 2 persons - \$49,200 3 persons - \$55,350 4 persons - \$61,500
5 persons - \$66,450 6 persons - \$71,350 7 persons - \$76,300 8 persons - \$81,200

Applicant's Signature

Co-Applicant's Signature

Note: Hands on Historic Athens will confirm the information recorded by the applicant to the best of the program's ability. Historic Athens will not be held responsible should an applicant falsify information.



AUTHORITY TO RELEASE INFORMATION TO HISTORIC ATHENS

To Whom It May Concern:

I hereby authorize Historic Athens, and/or its committee, Hands on Historic Athens through its authorized representative bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my income and/or medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Foundation.

I, hereby release you, as the custodian of such records, from any and all liability because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the address indicated below.

I understand that my application for Hands on Historic Athens funding may be subject to verification through a comprehensive background investigation. Falsification and/or misrepresentation of the facts during any phase of the application process may be grounds for termination of the application.

Name: _____ Social Security: _____

Signature: _____ Date: ____/____/____

Name: _____ Social Security: _____

Signature: _____ Date: ____/____/____

Address: _____ City: _____, GA

Zip Code: _____ Telephone #: _____

This section is to be completed by the HOHA Administrator:

- Annual Gross Income: _____
- Size of Household: _____ and HUD Yearly Income Max: _____
- HUD Income Limits for date of initial review: FY21 FY22
- Applicant is in the following:
 - _____ Less than 40% of median family income
 - _____ Between 40% and 60% of median family income
 - _____ Between 60% and 80% of median family income
 - _____ 81% or higher of median family income (NOT QUALIFIED)

Date Received: _____

Date Reviewed: _____

Date of Site Visit: _____

Accepted: _____

Date of Notification: _____

Not Accepted: _____

Staff Notes: