



Southeast Tennessee Human Resource Agency
1250 Old Chattanooga Pike SW, Cleveland, TN 37311
Telephone (423) 949-2191 ext. 321
www.sethra.us

REBUILD/REPAIR GRANT FOR BRADLEY COUNTY

ELIGIBILITY REQUIREMENTS:

1. Total annual household income must be at the low or very low income limit:

2019 Income Limits

Household Size	1 person	2 person	3 person	4 person	5 person	6 person
30% LIMITS	12,150	13,850	15,600	17,300	18,700	20,100
VERY LOW INCOME	20,200	23,100	26,000	28,850	31,200	33,500
60% LIMITS	24,240	27,720	31,200	34,620	37,440	40,200
LOW INCOME	32,350	36,950	41,550	46,150	49,850	53,550

2. Applicant must own and have occupied the property for at least one year as their principle residence.
3. Ownership must be in the form of:
 - a. Fee simple title; or
 - b. A 99-year leasehold; or
 - c. A Life Estate. (The person with the life estate must have the right to live in the home for the remainder of their life and not pay rent, must be low income, and must occupy the dwelling as their principle residence); or
 - d. Inherited property with multiple owners not all residing in the home: the owner-occupant must be low income, must occupy the home as their principle residence, and must pay all costs associated with ownership and maintenance of the home.
4. If the unit is a manufactured home, the applicant must have title to the unit also.
5. Title to the property must not have any restrictions or encumbrances that would unduly restrict the good and marketable nature of the ownership interest.

Please direct all questions to David Johnson at SETHRA (423) 949-2191 ext. 321

THDA REBUILD AND RECOVER DISASTER PROGRAM HOMEOWNER APPLICATION

Date: _____

Name of Interviewer: _____

Please submit the following with this application:

1. Proof of ownership in the form of a warranty deed, a 99-year lease, or a life estate.
2. Copy of Title of Mobile Home (if applicable)
3. Copy of last 2 months pay stubs, or current Benefit Verification statement, on ALL household income.
4. Copy of property tax receipts.
5. Copy of last 2 months statements on ALL bank accounts.
6. Copy of all Life Insurance Policies (to verify any Cash Value)
7. Copy of ALL adult household members Driver's License or State Issued ID
8. Copy of last year's Income Tax Return forms with W2s.

HOMEOWNER COMPLETES SECTIONS "A" AND "B"

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widow/Widower

Name of Spouse: _____ Age: _____

All persons living with you	Relationship	Age	Sex

Is anyone in your household handicapped or disabled? YES NO
If YES, WHO and what is the nature of the condition?

Is anyone over 18 a full time student? YES NO
If YES, identify persons and provide proof of full time enrollment: _____

Are either you or your spouse or anyone in your household related to any individual who is employed by the local government or, if applicable, the contracted organization administering this grant?
 YES NO

If YES, what is the relationship? _____

B. DWELLING STRUCTURE

- 1. Single Family Duplex Triplex
- 2. Number of bedrooms: _____
- 3. Approximate year built: _____
- 4. Date moved in unit: _____

SETHRA COMPLETES SECTIONS "C", "D", AND "E"

C. FAMILY INCOME CALCULATION

- 1. Number in Household: _____
- 2. Income Limits for Bradley County dated 6/28/2019
80% County Maximum Income for Household Size: _____

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

Income Calculation:

4. Show income calculation to convert to annual gross income.

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

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 Income from Assets			b.
If line (a) is greater than \$5,000, multiply (a) by _____ (passbook rate) and enter result here; otherwise, leave blank			c.

Income Calculation: Income from all sources (including assets calculation for income)

- Total Income from Section 5 greater of either b or c _____
- _____
- Total Income from Section 6 (multiply by either 52 or 12) _____
- _____
- Total Income of Household _____

SETHRA COMPLETES SECTIONS "C", "D", AND "E"

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 - Anticipated Income plus Asset Income \$ _____

D. INCOME LEVEL

- | | |
|--|--|
| <input type="checkbox"/> Above 80% of Area Median (ineligible) | <input type="checkbox"/> 60.01% - 80% of Area Median |
| <input type="checkbox"/> 50.01% - 60% of Area Median | <input type="checkbox"/> 30.01% - 50% of area median |
| <input type="checkbox"/> < or = 30% of Area Median | |

E. VERIFICATION

Income verified by _____ using:

- | | |
|---|--|
| <input type="checkbox"/> Check stub | <input type="checkbox"/> Employer Verification |
| <input type="checkbox"/> Benefit Verification | <input type="checkbox"/> Copy of Benefit Check |

HOMEOWNER COMPLETES SECTION "F" AND SIGNS ALL THREE PAGES THAT FOLLOW SECTION "F"

F. CERTIFICATION

To the best of my knowledge, I certify that the information in this application for state assistance through the **THDA Rebuild and Recover Disaster Program** is true and correct. I further certify that the address listed was my principal residence on the date of the disaster. I will comply with the **THDA Rebuild and Recover Disaster 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

THDA Rebuild and Recover Disaster Program Eligibility Release Form

_____ (Administering Agency)

Address: _____

Telephone: _____

Date: _____

Purpose: Your signature on this THDA Rebuild and Recover Disaster 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 Rebuild and Recover Disaster Program**.

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 in a Rebuild and Recover Disaster Program and the amount of assistance necessary using THDA funds. This information will be used to establish level of benefit from the THDA Rebuild and Recover Disaster 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 Rebuild and Recover Disaster Program Eligibility Release Form prior to the receipt of benefit and if appropriate annually 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.

Head of Household – Signature, Printed Name and Date Family Member #1
X
Other Adult Member of the Household – Signature, Printed Name and Date Family Member #3
X

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 <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children		

Please
initial
all
spaces

Authorization: I authorize the above-named Administering Agency to obtain information about me and my household that is pertinent to eligibility for participation in the THDA Rebuild and Recover Disaster 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.

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

(Administering Agency) _____	Checking Account #	Average Monthly Balance for Last 6 Months	Current Interest Rate	
AUTHORIZATION: Tennessee Housing Development Agency Policies for the Rebuild and Recover Disaster Program require the Administering Agency to verify income from Assets of all members of the household applying for participation in the THDA Rebuild and Recover Disaster Program 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	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
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
	Money Market Funds	Amount (Average 6 month Balance)	Interest Rate	
Release: I hereby authorize the release of the requested information _____ (Signature of Applicant)	Signature of _____ or Authorized Representative_____. Title: Date: Telephone			
WARNING: To the best of my knowledge, I certify that the information in this application is true and correct. I will comply with the 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.				

VERIFICATION OF EMPLOYMENT

<p>SETHRA</p> <p>1250 Old Chattanooga Pk SW Cleveland, TN 37311</p> <p>Employer's Name: _____ _____</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____ Effective date of last increase: _____</p> <p>Base pay rate: \$ _____/hour or \$ _____/week or \$ _____/month</p> <p>Average hours/week at base pay rate: _____ Hours No. Weeks ____ or No. Weeks _____ worked per year</p> <p>Overtime pay rate: \$ _____/hour</p> <p>Expected average number of hours overtime worked per week during next 12 months: _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: _____ \$ _____ per _____</p> <p>Is pay received for vacation? ____ No. of days/year _____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does employee have access to a retirement account? Yes ____ No ____</p> <p>If Yes, what amount can they get access to \$ _____</p>
<p>AUTHORIZATION: Tennessee Housing Development Agency Policies for the Rebuild and Recover Disaster Program require the Administering Agency to verify income from Assets of all members of the household applying for participation in the Rebuild and Recover Disaster Program 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>	
<p>Release: I hereby authorize the release of the requested information</p> <p>_____</p> <p>(Signature of Applicant)</p>	<p>Signature of _____ or Authorized Representative _____.</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone _____</p>
<p>WARNING: To the best of my knowledge, I certify that the information in this application is true and correct. I will comply with the 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.</p>	

THDA REBUILD AND RECOVER DISASTER PROGRAM HOMEOWNER ASSISTANCE REQUEST FORM

Rebuild and Recover funds are available to assist homeowners impacted by weather related events for costs incurred to address eligible immediate home repair needs. To facilitate the processing of your request, please complete all sections, using additional sheets if necessary.

Please submit documentation of repair costs with this form (i.e. receipts, bills, invoices).

A. GENERAL INFORMATION

Homeowner name: _____

Property Address: _____ City: _____

County: _____ Grantee: _____

Sub-Grantee or Program Administrator (if applicable): _____

B. PROVIDE A BRIEF DESCRIPTION OF THE REPAIRS: _____

C. PROVIDE INFORMATION REGARDING COMPANIES CONTACTED TO PERFORM HOME REPAIRS:

Name of Company Contacted for Quote	Cost Quoted	Date of Contact	Company selected? Y/N
1.			
2.			
3.			

REASON FOR CHOOSING THE COMPANY THAT REPAIRED THE HOME:

D. WAS A CODES INSPECTION REQUIRED? YES NO

If yes, what type of inspection was required? Building Electrical Mechanical Plumbing

****PLEASE ATTACH CODE INSPECTION CLEARANCE DOCUMENTATION (i.e. inspection card or report)**

E. WERE ALL REPAIRS COMPLETED SATISFACTORILY AND IN ACCORDANCE WITH THE AGREEMENT BETWEEN HOMEOWNER AND CONTRACTOR? YES NO

Date repairs were completed: _____

Homeowner signature: _____ Date: _____