



City of Springdale
Community Development Block Grant Program
201 Spring Street
Springdale, Arkansas 72764
Phone: 750-8175 Fax: 750-8539



Community Development Block Grant Program

Housing Services

Revised 08/19/15

Cover Letter Application for Housing Rehabilitation Assistance

Dear Applicant:

Attached is an Application for the Housing Services Program. If you need additional blank forms please let us know. Please complete the application and return the application and required documents to:

City of Springdale
Housing Services
201 Spring St.
Springdale, AR 72764

1. Anyone over the age of 18, employed and living in the home will need to complete an Employment Verification Form.
2. Provide a copy of the most recent pay stub for each person employed and living in the home.
3. If anyone in the home receives any type of Social Security Benefits we will need a copy of the letter each person received from the Social Security Administration stating the amount each person would receive in monthly benefits.
4. If anyone in the home receives Veteran's Benefits each person receiving benefits will need to complete a Veteran's Benefits Verification Form.
5. If anyone in the home receives Retirement Benefits each person receiving benefits will need to complete a Retirement Benefits Verification Form.
6. This office will notify you in writing if you are qualified or not qualified for the Housing Services Program. If you are qualified for the program, a date and time will be scheduled to inspect your home to determine what type of work may be necessary to bring the home up to current housing standards.
7. If you have any questions, or need assistance in filling out the application, please contact the Community Development Block Grant Program at 750-8175.



City of Springdale
 Community Development Block Grant
 201 Spring Street
 Springdale, Arkansas 72764
 Phone 750-8175



Community Development Block Grant Program
Housing Services Program
Application for Housing Rehabilitation Assistance
 Revised 01/30/17

1. The information collected below will only be used to determine whether you qualify for the Housing Services Program. It will not be disclosed outside this agency without your written consent except, for verification of information, and as required and permitted by law. You do not have to provide the information, but if you do not, your application may be delayed or rejected. Please print all information

- A. Applicant's Name(s) _____
- B. Street Address _____ Zip Code _____
- C. Home phone _____ Work phone _____ Cell Phone _____
- D. E-Mail: _____

2. What is the most convenient time to call? _____

3. Minority information is for statistical purposes, it is not used to determine eligibility for the program. Circle the letter that best identifies the Head of Household:

- A. White
- B. Latino
- C. Black/African American
- D. Black/African American & White
- E. Asian
- F. Asian & White
- G. American Indian/Alaskan Native
- H. Native Hawaiian/ Other Pacific Islander
- I. American Indian/Alaskan Native & Black/African American
- J. American Indian/Alaskan Native & White
- K. Other _____

4. Please circle the letter that best identifies the Head of Household:

- A. Single/non-elderly
- B. Elderly/62 or over
- C. Related single parent
- D. Related two parent
- E. Other _____

- 5. Is the head of household a veteran? Circle Yes or No
- 6. Is the head of household handicapped? Circle Yes or No
- 7. Household Composition: List yourself and anyone living with you, related or not

Full Name	Relationship	Date of Birth	Social Security #
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- 8. Does anyone live with you now that is not listed above? _____
- 9. Does anyone plan to live with you in the future not listed above? _____

10. Income:

Include the gross income (before deductions) of all members over the age of 18 and living in the home. Income includes wages, salaries, overtime, social security benefits, veteran's benefits, retirement, pensions, child support, unemployment, alimony, commissions, interest and trust income, royalties, income from assets. All person(s) over the age of 18 living in the home and employed must complete an Employment Verification Form and include a copy of his/her latest pay stub. All persons in the home receiving Veteran's Benefits and/or Retirement Benefits must complete a Form for each type of benefit received. Anyone in the household receiving Social Security Benefits must submit a copy of their Benefits Verification Letter.

<u>Family Member Name</u>	<u>Source of Income</u>	<u>Monthly Amount</u>	<u>Weekly Amount</u>
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11. Housing Expenses:

- A. Monthly mortgage payment _____ Mortgage Balance _____
- B. Electricity: monthly summer average _____ winter average _____
Please provide your SWEPCO account number: _____
- C. Gas: monthly summer average _____ winter average _____
Please provide your Black Hills Energy account number: _____
- D. Water/sewer/trash monthly summer average _____ winter average _____

12. If you do not have a mortgage how much is your annual home insurance \$ _____

13. If you do not have a mortgage how much is your annual real estate taxes \$ _____

14. Mortgage Firm's Name: _____

A. Address: _____

B. City/State/Zip Code: _____

15. Home Insurance Company Name: _____

A. Insurer's Company Phone Number: _____

16. ASSETS: What is the current dollar amount in your following accounts?

A. Checking Account(s) \$ _____

B. Savings Account(s) \$ _____

C. Retirement Accounts \$ _____

D. 401K \$ _____

E. Other \$ _____

17. Liabilities: List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans and all other loans.

Type of Loan	Creditor's Name	Monthly Payment	Unpaid Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Personal Property Taxes (vehicles) (yearly amount) _____

19. If, "Yes" is given to any question below please explain on an attached sheet.

A. Do you have any outstanding unpaid judgments? Yes / No \$ _____

B. In the past 7 years have you declared bankruptcy? Yes / No

C. Are you a party in a lawsuit? Yes / No

20. I/We own and occupy the dwelling at the above address. The information provided is true and complete to the best of MY/OUR knowledge and belief. I/We consent to the disclosure of such information for purposes of verification of MY/OUR application for Housing Rehabilitation Assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification and repayment of funds.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____



City of Springdale
 Community Development Block Grant Program
 201 Spring Street
 Springdale, Arkansas 72764
 Phone: 750-8550 Fax: 750-8539



Community Development Block Grant Program

Housing Services

Revised 12/12/15

Employment Verification Request

Dear Sir/Madam:

The person identified below has requested assistance from the City of Springdale's Housing Services Program. Because eligibility for assistance is based on income, we request information on the applicant's current income. Verification of the applicant's income will be kept confidential and used solely for the purpose of establishing the applicant's eligibility.

Name: _____ Date of Request _____

St/Ave/Rd/PO Box: _____

City, State, Zip Code: _____

I authorize the release of the information requested below to the City of Springdale's Housing Services Program.

Applicants Signature _____

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EMPLOYER: Please complete and return to: City of Springdale, Housing Services Program, 201 Spring St., Springdale, AR 72764

Applicant's position held _____

Applicant's dates of employment: from _____ to _____

Applicant's pay: How many hours per week does the employee work? _____

Hourly \$ _____ Weekly \$ _____ Bi-monthly \$ _____ Monthly \$ _____

Applicant's Employer:

Name _____

Address _____

I certify that the above information is true and correct

Signature of Employer _____ Date _____

Title _____ Phone # _____