

# MOUNTAIN HOUSING OPPORTUNITIES, INC

64 Clingman Ave. Suite 101, Asheville, NC 28801

(828) 254-4030 FAX: (828) 254-0120

## ESSENTIAL HOME REPAIR PROGRAM

0.
For Office Use Only
Date Rec'd
% of Median

### HOMEOWNER INFORMATION

Owner \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Co-owner \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ Armed Forces Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

Contact Person \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Is anyone in the home disabled, handicapped, or severely ill? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the disability, handicap, or illness:

### HOUSEHOLD INFORMATION

Beginning with yourself, list every person living in your household and the information requested.

First and Last Name	Relation to Homeowner	Gender	Race/	Birth Date	Social Security Number	Gross Monthly Income	Source of Income
<b>Total:</b>							

Do you consider yourself Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Gross income is total income before taxes, Medicare or other items are deducted.

\*\*Sources include employment, retirement/pensions, Social Security, SSI, VA Benefits, Work First, annuities, alimony, child support, regular contributions from family, rental income, or other regular payments

### AUTHORIZATION TO RELEASE INFORMATION

I give my permission for general information volunteered by me and to be used in the Mountain Housing Opportunities Newsletter and other solicitations. This newsletter is used for information and public relations regarding Mountain Housing Opportunities' services. I also authorize the use of photographs taken during this program to be used for purposes of public relations and solicitations regarding Mountain Housing Opportunities services. I authorize the release of information to Blue Horizons, Green Built Alliance, Community Action Opportunities and other organizations that provide similar home repair services.

**SIGNED** \_\_\_\_\_ **DATE.** \_\_\_\_\_

<b>FAMILY ASSETS</b> Bank Accounts	Checking _____		\$ _____ Balance
	Savings _____		\$ _____ Balance

Stocks/Securities - If you own any stocks or securities, list their value. \$ \_\_\_\_\_

Home/Land - List the tax value of your . . .

	Home (without land)	\$ _____
	Land your house is on	\$ _____
	Number of Acres	_____

	Other Real Property	\$ _____
	Number of Acres	_____

If you currently hold a mortgage, list your . . .

	Monthly Payment	\$ _____
	Balance Owed	\$ _____

**HOUSING INFORMATION**

Do you own your home?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, how many years have you owned your home? \_\_\_\_\_

Where is your home located?      City of Asheville \_\_\_\_\_      Buncombe County \_\_\_\_\_

What type of residence do you own?      House \_\_\_\_\_      Mobile Home \_\_\_\_\_  
 If your home is a Mobile Home, do you own or rent your land?      Own \_\_\_\_\_      Rent \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What type of repairs are needed on your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you needed these repairs? \_\_\_\_\_

What other agencies have you asked for help? \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I own and occupy the home described above as my primary residence, that the above information is complete and true to the best of my knowledge, and I give Mountain Housing Opportunities permission to verify the contents of this application and to facilitate the repair of my home.

Applicant Signature	Date	Co-Applicant Signature	Date
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