



## HOUSING REPAIR ASSISTANCE PROGRAM APPLICATION

**Housing Repair Program**  
**Community Services Division**  
**City of Auburn**  
**25 West Main**  
**Auburn WA 98001**

**For more information**  
**call: (253) 931-3099**

**HOUSEHOLD INFORMATION**

Name of Applicant:		Date of application:
Main Phone:	Additional phone:	
Name of Property Owner:		
Street Address:	City/Zip	
Type of ownership verification (deed, tax bill, etc): Attach copy of proof of ownership.		

**INFORMATION ON DWELLING**

In what year was this home built?	How long have you lived in this home?
Type of Structure (i.e. Single Family; Townhouse; Condo; Mobile Home; Manufactured Home):	Name of mobile home community:
Is this home on a septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**DEMOGRAPHIC INFORMATION**

Age:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Female headed household? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is anybody living in the household a US Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is anybody who lives in the home disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Ethnicity</b> <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan Native		<b>Age of Head of Household</b> <input type="checkbox"/> Under 60 <input type="checkbox"/> 60 – 74 <input type="checkbox"/> 75 and over		<b>Number Living in Household</b> <input type="checkbox"/> Adults _____ <input type="checkbox"/> Children _____

**REPAIRS**

Type of Housing Repair Requested: <input type="checkbox"/> Emergency Home Repairs <input type="checkbox"/> Accessibility <input type="checkbox"/> General Repairs <input type="checkbox"/> Code Compliance
Please list the repairs that you want this grant to fund in order of priority:

## MEMBERS OF THE HOUSEHOLD

Names and ages of all living in dwelling, including applicant: {use additional paper if necessary}

Name: _____ Self / Applicant _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____

## INCOME VERIFICATION AND REQUIRED DOCUMENTS

**18 and older:** Please attach documentation of ALL sources of income that apply for all members of the household who are 18 years and older, including most recent;

◆ *We do not need social security numbers*

- Social Security award letter
- Retirement or private pensions statements
- Paychecks for the last two months
- Federal Tax Return
- Statements of monthly unemployment benefits

**Assets for the entire household:** Please attach copies of **three** most recent statements of each household members' banking, savings and/or investment account(s), particularly showing deposits made. It is not necessary to disclose social security numbers or bank account numbers.

The statements must contain the name and address of the account holder.

- 3 months most recent bank statements for checking
- 3 months most recent bank statements for savings
- Investment account(s)

**Homeowners Insurance:** Do you have homeowners insurance?  Yes\*  No

*\*If Yes, please provide a copy of your homeowners insurance policy.*

Do you have flood insurance?  Yes  No

*Please note: In some situations, flood insurance may be required to proceed with home repairs*

**Proof of Home Ownership:** Documents proving home ownership can include property tax assessments, deeds, mortgages, promissory notes, or real estate contracts.

For **mobile and manufactured** homes please include copies of the title or most recent property tax assessment from King County.

## INCOME LIMITS

If your Gross income is less than the amount shown for the family size listed on the left, you may qualify for the Home Repair Program (2023 Income Guidelines for HUD Programs).

Household Size	Annual Income	Household Size	Annual Income	Household Size	Annual Income
1 Person	\$47,950	3 Person	\$61,650	5 Person	\$74,000
2 Person	\$54,800	4 Person	\$68,500	6 Person	\$79,500

## TERMS AND CONDITIONS OF THE GRANT

Initials	Your initials acknowledge that you understand and agree to the following:
Initial. _____	1. Auburn's Housing Repair Program is a voluntary program. The applicant is not obligated to accept the assistance offered and may reject the grant. Eligible applicants will be taken on a first-come, first-serve basis, according to the priority system established by the City.
Initial. _____	2. Should a project be determined to not be feasible due to a lack of funding or failure to meet any of the program's eligibility criteria or the applicant refuses the assistance offered; the applicant understands the City retains the right to reject the application.
Initial. _____	3. Auburn's Housing Repair Grant has a maximum term of 3 years (36 months) or until Grant funds are spent, whichever occurs first. Following the termination of the grant, the applicant is not eligible to apply for another Housing Repair Grant for 5 years from when they were accepted into the program. In other words, an applicant is eligible for only one grant every five (5) years.
Initial. _____	4. With the prior-approval of the Program Administrator, additional work may be added to the grant provided that (1) the work is an eligible activity, (2) the total amount expended does not exceed the original grant award, and (3) the amended term of the grant is no more than a total of eighteen (18) months from the approval date of the application.
Initial. _____	5. The grant applicant agrees to allow the City, or its designee, inspect the property.
Initial. _____	6. The grant applicant agrees that the property will meet the City of Auburn's Building Codes and Housing Quality Standards. All rehabilitation work (improvements) must comply with currently approved building codes.
Initial. _____	7. The applicant agrees to notify the Auburn's Housing Repair Program of any material change in the Applicant's financial condition, ownership of property or other circumstances that may affect the Applicant's eligibility for a Housing Repair Grant.

### AGREEMENT

I/We, the undersigned, hereby certify that the above statements are correct and accurate at the time of execution of this application and understand that any persons giving false information will be subject to a penalty of perjury. It is hereby acknowledged that a minimum Housing Code inspection is required before I/We receive approval for a repair grant or loan, and that additional inspections may be required to determine cost estimates of eligible repairs. I/We also authorize the City of Auburn to confirm the above information by securing verification of income from the issuing sources(s) and/or employers, and verification of ownership from title reports or motor vehicle ownership records.

I/We, authorize the City or its representative to inspect my property before and after the work is done. The City of Auburn will issue payment once contracted tasks have been completed and satisfaction of the job(s) have been reached between contracted parties involved.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the City of Auburn, Housing Repair Program at (253) 931-3099.

#### • OTHER AVAILABLE SERVICES

Our Auburn Human Services staff is connected with many local non-profits providing a variety of resources (food access, utility assistance, counseling, employment, health care etc.).

Would you like someone in Human Services to connect with you to share more information about these resources?

**Check here if you would like someone to contact you about these services.**