



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

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 term of 180 days (6 months) and may be extended to no more than 18 months. 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.

FOR OFFICE USE ONLY

Approved _____ Rejected _____ Approval/Rejection Date: _____

Major Repair Minor Repair Priority: 1 2 3 4

Grant Amount: _____ Program Administrator: _____

Comments: _____
