

**UNIVERSAL HOUSING DEVELOPMENT CORPORATION
HOME REHABILITATION PROGRAMS**

Mail to: PO Box 846, Russellville, AR 72811 or
Return in person to: 301 East 3rd Street, Russellville, AR 72801
Phone: 479-968-5001 Fax: 479-968-5002

APPLICATION FOR REPAIRS

NAME: _____ [] MALE [] FEMALE
(*HEAD OF HOUSEHOLD*) First Name, Middle, Last

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ YRS.

PHONE #: (____) _____ - _____ CELL PHONE#: (____) _____ - _____

BIRTH DATE _____ SOCIAL SECURITY #: _____ - _____ - _____

THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE GRANTEE IN ORDER TO ASSURE THE FEDERAL GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE BEING COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE GRANTEE IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

RACE (Check One)

- [] WHITE (not of Hispanic origin)
- [] BLACK (not of Hispanic origin)
- [] AMERICAN INDIAN
- [] ALASKAN NATIVE
- [] HISPANIC
- [] ASIAN or PACIFIC ISLANDER
- [] OTHER _____

ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? [] YES [] NO

HEAD OF HOUSEHOLD MARITAL STATUS: [] MARRIED [] SEPARATED
[] SINGLE [] DIVORCED

EDUCATION (Years of School Completed) _____

IS ANYONE IN THE HOME A U.S. VETERAN? _____

PLEASE LIST THE TOTAL MONTHLY AND YEARLY GROSS INCOME OF EVERYONE IN THE HOUSEHOLD. **PROOF OF INCOME MUST BE ATTACHED TO THIS APPLICATION.** (Copy of check stubs, W-2 forms, letter from Social Security and/or SSI, etc.)

| <u>SOURCE OF HOUSEHOLD INCOME</u> | <u>MONTHLY</u> | <u>YEARLY</u> |
|-----------------------------------|----------------|---------------|
| Employment/Work | \$ _____ | \$ _____ |
| Social Security | \$ _____ | \$ _____ |
| S.S.I | \$ _____ | \$ _____ |
| V.A. Benefits or Pension | \$ _____ | \$ _____ |
| T.E.A. | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| TOTAL HOUSEHOLD INCOME | \$ _____ | \$ _____ |

LIST YOUR NAME AND ALL HOUSEHOLD MEMBERS, DATE OF BIRTH, SOCIAL SECURITY NO., AND RELATIONSHIP OF ALL PERSONS LIVING IN THE HOUSEHOLD.

| NAME | DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP |
|-------------|----------------------|-------------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

HOW MANY PEOPLE IN THE HOUSEHOLD ARE HANDICAPPED? _____

DIRECTIONS TO YOUR HOUSE

I certify that I am the resident and Home Owner of the afore mentioned property and have given my permission to allow work on my home. I further certify that all information listed on this application is true and correct to the best of my knowledge.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

Please list Name, Address, and Phone Number of person assisting with application.

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Office use only

Date Received: _____

Time Received: _____

Eligible: Yes: _____ No: _____