

Date Rec'd
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**EMERGENCY HOME REPAIR AND RURAL HOUSING REHABILITATION APPLICATION**

**HOME OWNER INFORMATION**

Owner _____	Home Phone _____
Co-owner _____	Work Phone _____
Address _____	Cell Phone _____
_____	US Armed Forces Veteran _____ Yes _____ No
Contact Person _____	Relation _____ Phone _____

Is anyone in your 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/Ethnicity	Birth Date	Social Security Number	Gross Monthly Income*	Source of Income**
Total:							

\*Gross income is total income before taxes 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 to be used in the Mountain Housing Opportunities Newsletter and other solicitations. This newsletter is used for information and public relations regarding MHO's 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.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

*For Office Use Only*

Total:							
% Of Median							
# In Household							

**Please complete and SIGN the BACK of the form**

**FAMILY ASSETS**

Bank Accounts	Checking	_____	\$	_____
		Bank Name		Balance
	Savings	_____	\$	_____
		Bank Name		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 \_\_\_\_\_ Life Estate \_\_\_\_\_

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 \_\_\_\_\_

Do you have Homeowner's Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you own any other homes or any other land? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Where is the other home or land? \_\_\_\_\_

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 \_\_\_\_\_