

Date Received: _____
Office Use Only

Job # _____
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Maggie Street Community Development Corporation
Critical Home Repair (CHR) Program

PO Box 6021, Montgomery, Alabama 36106 | serve@maggiestreetcdc.org | (334)604-3418

PART A: REQUIRED INFORMATION

LAST NAME		FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY NUMBER		
ADDRESS		CITY/TOWN		ZIP CODE	COUNTY	
RACE 1. <input type="checkbox"/> WHITE 2. <input type="checkbox"/> AFRICAN AMERICAN 3. <input type="checkbox"/> HISPANIC 4. <input type="checkbox"/> AMERICAN INDIAN 5. <input type="checkbox"/> ASIAN 6. <input type="checkbox"/> OTHER		EMAIL ADDRESS	TELEPHONE NUMBER(S) ** 2 numbers if possible ** 1. _____ - _____ - _____ 2. _____ - _____ - _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB & AGE APPLICANT
How many persons 18 YEARS OF AGE OR YOUNGER LIVING HERE? _____		IS ANYONE DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHO? _____				
How many persons 19 YEARS OF AGE AND OLDER LIVING HERE? _____		IS ANYONE ELDERLY (60+)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHO? _____				
How many MIGRANTS & SEASONAL FARM WORKERS LIVING HERE? _____		Has this home ever received Weatherization or CDBG assistance in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year? _____				
WHICH FUEL IS USED MOST FOR HEATING? (CHECK ONE): 1. <input type="checkbox"/> ELECTRICITY 2. <input type="checkbox"/> NATURAL GAS 3. <input type="checkbox"/> LP GAS 4. <input type="checkbox"/> KEROSENE 5. <input type="checkbox"/> FUEL OIL 6. <input type="checkbox"/> WOOD/COAL 7. <input type="checkbox"/> OTHER _____						
WHICH TYPE HEAT SOURCE IS USED? (CHECK ONE) <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> HVAC (CENTRAL HEAT and AIR) <input type="checkbox"/> GAS SPACE HEATER(S) <input type="checkbox"/> ELECTRIC SPACE HEATER(S) <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER						
TYPE OF STRUCTURE: <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> BRICK <input type="checkbox"/> MASONRY			IS HOME AIR-CONDITIONED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME & RELATION Include all residing in Household						
DATE OF BIRTH: MM / DD / YY		___/___/___	___/___/___	___/___/___	___/___/___	

PART B REQUIRED DOCUMENTATION:

The following information must be provided or your application will be considered incomplete:

- * **Identification** (copy of **driver's license** and **social security** card for *each* occupant - please include Birthdates & School Grade)
- * **90 Days Proof of Income** (e.g. pay stub, Social Security statement, retirement or pension statement, tax returns, W2s, or 1099s if self-employed of each occupant 19 and older)
- * **90 Days Proof of Property Ownership** (e.g. copy of deed from Montgomery County Probate Office - 101 S. Lawrence Street)
- * **90 Days Proof of Residency** (e.g. copy of **electric bill** showing **owner's name and address.**)
- * **90 Days Property Record Card** (obtained from local Courthouse as proof of paid property taxes and mortgage)

PART C STATEMENT OF AFFIRMATION:

1. I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give my consent to Maggie Street Community Development Corporation (MSCDC) Critical Home Repair (CHR) Program to verify the information I have given. **I understand that I am subject to any applicable Federal or State laws concerning fraud, or knowingly providing false or incomplete information in order to obtain assistance.**
2. I have received a copy of the Critical Home Repair (CHR) Program Policy Statement and Procedures, and agree to be bound by and abide by same. I understand I have the right to file a written complaint and be heard regarding dissatisfaction with my application and or its process, in accordance with the "Grievance Procedure" therein. I understand that if Mold contamination outside of acceptable limits is encountered any time during the Critical Home Repair (CHR) process, work will cease until properly remediated by homeowner.
3. I hereby grant and authorize MSCDC and their duly appointed agents or contractors, the right of entry to my residence to conduct inspections, prepare bids and make repairs. Further, I hereby release and pledge to hold blameless MSCDC and their duly appointed agents from any liability arising from the performance of the critical repair work related to this authorization or eventually arising there from.

Applicant's Signature: _____

Date: _____

Witness By: _____

Date: _____