



**City of Morrystown, TN  
U.S. Dept. of HUD-CDBG**

For official use only:

Rec'd by \_\_\_\_\_

Date \_\_\_\_\_

Eligibility Y N

Score \_\_\_\_\_

**HOUSING REHABILITATION APPLICATION**

Please Print on all forms of this Application except where a Signature is Required.  
Return this form and accompanying documents to the Department of Community  
Development, City Center Bldg. 2<sup>nd</sup> Floor, 100 W 1<sup>st</sup> North St., Morrystown, TN 37814  
Prior to the deadline date: 5:00 p.m. 12-4-2009.

Name of Applicant/Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_

Racial/Ethnic Classification: \_\_\_\_\_

Head of Household is : \_\_\_\_\_ Male or \_\_\_\_\_ Female.

Age of Head of Household: \_\_\_\_\_

Date First Moved into Household: \_\_\_\_\_

Is this application for a Single Family residence? \_\_\_\_\_

Size of Household: \_\_\_\_\_ (square feet) Number of Rooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Year Built \_\_\_\_\_ (apprx.)

Number of full-time residents living within the household \_\_\_\_\_

Information obtained from the following pages of this Application will assist in determining the

Total Annual Household Income \$ \_\_\_\_\_

I, by my signature below, attest that the information provided on this application and the accompanying documents herein required are true and correct to the best of my knowledge and ability. I hereby understand that the City of Morrystown reserves the right to reject any application bearing false or incomplete information and to evaluate this application within the limitations of the approved City Housing Rehabilitation Program Policies.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Household Residents and Income**

**List the names of each full-time resident of the household and the status of their employment or other income sources within the past twelve (12) months:**

NAME	AGE	SEX	RELATIONSHIP TO HOUSEHOLD HEAD
1. _____	_____	_____	_____
Employed:	Y	N	Years residing in household: _____

NAME	AGE	SEX	RELATIONSHIP TO HOUSEHOLD HEAD
2. _____	_____	_____	_____
Employed:	Y	N	Years residing in household: _____

NAME	AGE	SEX	RELATIONSHIP TO HOUSEHOLD HEAD
3. _____	_____	_____	_____
Employed:	Y	N	Years residing in household: _____

NAME	AGE	SEX	RELATIONSHIP TO HOUSEHOLD HEAD
4. _____	_____	_____	_____
Employed:	Y	N	Years residing in household: _____

NAME	AGE	SEX	RELATIONSHIP TO HOUSEHOLD HEAD
5. _____	_____	_____	_____
Employed:	Y	N	Years residing in household: _____

**If more space is needed indicate here \_\_\_\_\_ and use back of this page.**

**INFORMATION ON  
EMPLOYER OR OTHER SOURCE OF INCOME**

List on this sheet the sources of INCOME for each person listed on the previous page as an income provider for the household. OTHER SOURCES must also be included and may be in the form of Social Security Benefits, Alimony, Settlement Claims, etc. You are required to provide proof of employment and/or all other sources of income at the time of your application submission (pay stubs, social security or disability statements, etc.)

Resident (1) NAME \_\_\_\_\_

Employer Name or Source of income: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Resident (2) NAME \_\_\_\_\_

Employer Name or Source of income: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Resident (3) NAME \_\_\_\_\_

Employer Name or Source of income: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Resident (4) NAME \_\_\_\_\_

Employer Name or Source of income: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Resident (5) NAME \_\_\_\_\_

Employer Name or Source of income: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

(Use additional pages if necessary)

Notes/Comments:

**Insert/staple proof of income pay stubs, statements, etc. here...**

**HOUSING COSTS OF CURRENT UNIT**

**Owner**

- 1. Monthly Mortgage \$ \_\_\_\_\_
- 2. Second Mortgage \$ \_\_\_\_\_
- 3. Average Utilities \$ \_\_\_\_\_
- 4. Insurance \$ \_\_\_\_\_
- 5. Real Taxes \$ \_\_\_\_\_
- 6. Total Monthly Housing Costs \$ \_\_\_\_\_

**Monthly Expenses**

Monthly Housing (add lines 1 thru 6 above) \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Gasoline/Services \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Installment Loans \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Fixed Monthly Costs:

Social Security \$ \_\_\_\_\_

Income Taxes \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any information needed by the Community Development Department of the City of Morristown, Tennessee in order to determine relocation benefits and/or eligibility for federal housing rehabilitation assistance.

It is specifically agreed that this information will be utilized only for the determination of relocation benefits or housing rehabilitation assistance and will not be divulged to any unauthorized individuals.

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Name (printed)

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Social Security Number

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Signature

Date

**EMPLOYER'S VERIFICATION**

**DATE:** \_\_\_\_\_

**THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IS TO BE TRANSMITTED DIRECTLY TO THE COMMUNITY DEVELOPMENT DEPARTMENT WITHOUT PASSING THROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY. Please mail to:**

**City of Morristown  
CDBG Housing Rehabilitation Program  
P.O. 1499  
100 W First North Street, Morristown, TN 37814**

NAME OF APPLICANT: \_\_\_\_\_

A. Position held by applicant: \_\_\_\_\_

B. Dates of Employment: \_\_\_\_\_

C. Rate of Pay: (estimate if not based on time)

\$ \_\_\_\_\_ per \_\_\_\_\_ (hour, month, or year)

D. Additional compensation: (actual past 12 months)

Overtime \$ \_\_\_\_\_ Bonus \$ \_\_\_\_\_

Commission \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

E. Military pay: (monthly)

Base Pay \$ \_\_\_\_\_

Quarters and subsistence \$ \_\_\_\_\_

Flight or hazardous duty \$ \_\_\_\_\_

F. Signature of employer: The above information is furnished in strict confidence to assist in determining eligibility of the loan applicant to receive housing rehab assistance from the Community Development Program.

\_\_\_\_\_  
Date Signature Title

G. Signature of Employee: I hereby authorize release of the above information to the Community Development Program.

\_\_\_\_\_  
Date Signature Title

**REQUEST FOR VERIFICATION OF MORTGAGE OR DEED OF TRUST**

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

Name and Address of Applicant for Loan: \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Mortgagee: \_\_\_\_\_

\_\_\_\_\_  
Address of Mortgage Property: \_\_\_\_\_

**FINANCIAL DATA**

Date of Mortgage: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Date of Maturity: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Monthly Payment to: Principal and Interest: \$ \_\_\_\_\_

Mortgage Insurance Premium: \$ \_\_\_\_\_

Are Payments Current?  Yes  No

If not, state amount in arrears \$ \_\_\_\_\_ Period in Arrears \_\_\_\_\_

**NOTE TO MORTGAGEE**

The applicant identified above has applied for a loan for rehabilitation of the above property. The applicant has authorized this Agency in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Agency. Please furnish the information requested below and return this form using the stamped, addressed envelope.

**Authorization by Applicant:**

I authorize the mortgagee to furnish to the Community Development Agency the information regarding the mortgage identified above.

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

**Signature of Mortgagee:**

The above information is furnished in strict confidence, in response to your request.

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

**OLD AGE AND SURVIVOR'S INSURANCE FORM SAMPLE**

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Wage Earner

Social Security Number

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Claimant, if other than above

Relationship

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Street Address

City, State, Zip Code

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The Director;

Bureau of Old Age Survivor's Insurance

Social Security Administration

District Office

Attention Director:

I request that information from your records concerning my entitlement to benefits be furnished to me.

Please honor the above request:

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Claimant

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**SOCIAL SECURITY ADMINISTRATION REPORT**

The records of this Bureau disclosed the following:

Name of Beneficiaries \_\_\_\_\_ Date of Award \_\_\_\_\_

Types of Monthly Benefits \_\_\_\_\_

Amounts, Monthly \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SOCIAL SECURITY ADMINISTRATION**

By: \_\_\_\_\_

Title: \_\_\_\_\_

CDBG Housing Rehabilitation Eligibility and Application Workshops are scheduled for **Thursday, November 19<sup>th</sup>, 2009 in the Community Room of the City of Morristown City Center Bldg. 100 W. 1<sup>st</sup> North Street at 9:00 a.m., 12:00 noon, 3:00 p.m. and 5:00 p.m.** Anyone needing special assistance or interpretation may make special arrangements by contacting the City of Morristown Community Development Department. It is the policy of the City of Morristown not to discriminate on the basis of race, color, national origin, age, sex, or disability in operation of it's programs, services, and activities.

