



Affordable Housing Program

1051 Oak Ridge Turnpike, Room 203
 Post Office Box 5953
 Oak Ridge, TN 37831
 Phone: 865-481-3837
 Fax: 865-481-3822

PROGRAM SERVICE APPLICATION

Check one: *New Home* *Home Rehab*

Submit the following with this application:

1. Proof of homeownership in the form of a copy of warranty deed or 99 year leasehold.
2. Copy of the last paid property tax bill for city and county.
3. Copy of most recent household income for all residents. This would be the last two paycheck stubs, benefit verification, child support, alimony, disability, retirement, workers compensation, unemployment or any other document used to verify current income amount.
4. If applicable, provide copy of mobile home title.
5. If applicable, provide copy of divorce decree(s), any child support court orders still in effect, bankruptcy papers within the last 24 months or judgments against you or your property.
6. Copy of last 6 months bank statements. This should be a monthly statement. If printed at the bank, it should have the bank stamp with logo and a bank signature. We CANNOT accept home printouts that contain only numbers and no bank ID. Provide your signature if you do not have a bank account:

7. Copy of last 2 years income tax returns. Provide your signature if you do not file tax returns:

ALL INFORMATION MUST BE COMPLETE BEFORE A PROJECT CAN BE CONSIDERED.

*****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*****

Head of Household Information:

Name: ▶			
Address: ▶			
City, State & Zip ▶			
Phone Numbers: (please list 2) ▶	Home Telephone:	Work or Cell Telephone:	
Email Address: ▶			
County You Live In: ▶	Your Date of Birth: ▶		
Are you disabled? ▶	If disabled, please explain nature of condition: ▶		
Are you a veteran? ▶	Total number of people in your household: ▶		



In accordance with Federal law, this institution is prohibited from Discriminating on the basis of race, color, national origin, sex, age or disability.
 ADFAC is an equal opportunity provider and employer.





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If you are applying for Home rehabilitation – please answer the following:

What year was your house built?	How many bedrooms?	How many bathrooms?	What year did you move into the home?
Do you currently have a mortgage on your home or property? ▼	Do you rent out any rooms in your home to supplement your income? ▼	Do you have any judgments against your property or are involved in legal proceedings that <i>could</i> relate to your home? ▼	
If yes, what is the remaining balance?	If you rent any rooms, what amount is collected each month?	Do you know the amount of any judgment?	

Is your home? Single Family Duplex Triplex

What repairs are needed in your home? Please list as many as you can in the space provided:
If you could receive assistance for only one thing in your home, what would be the most important thing to you to get fixed?

Other Household Information

You must include everyone in the table below. Please complete the following information for EVERYONE in the household:

FULL NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	FULL TIME STUDENT	DISABLED (yes or no) (disability)
Example: John March	7/15/85	son	111-11-1111	Yes	Yes- car accident
1.					
2.					
3.					
4.					
5.					
6.					

Are you or your spouse related to any individual who is employed by ADFAC or administering this grant/housing program? _____



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Income and other asset information -ALL HOUSEHOLD INCOME MUST BE LISTED!

Family Members with Income ▼ (name)	Income Source ▼ (social security, Families First, unemployment, etc)	Monthly Gross Income Amount ▼

Monthly Food Stamp Amount: _____

Other Assets:

Retirement Account Balance:	Value of Stocks or Bonds:	Savings Account Balance:	Value of any other property you own:
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Debts and other Expenses

Do you own a home? Yes No
 Do you rent? Yes No
 Do you currently hold a Section 8 voucher? _____ voucher amount? _____
 Size of current Section 8 voucher: 1BD 2BD 3BD 4BD
 Do you rent from Public Housing? Yes No
 If yes, which housing authority: _____

Expense	Monthly Amount	Expense	Monthly Amount
Rent/Mortgage		Phone	
Utilities		Cable	
Child Care		Fuel	
Car Payment		Car Insurance	
Groceries		Medical	
Pets		Clothing	
Entertainment		Repairs	
School expenses		Personal Items	

Credit Account Name	Account Number	Monthly Payment	Current Balance



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Participants Certification:

Please read each item carefully before signing the participant certification.

1. *I understand this is not a loan application for a mortgage loan and the information provided does not guarantee housing from the Affordable Housing Program.*
2. **I authorize the Affordable Housing Program, FAHE, Rural Development or any other housing provider to share any or all information contained within this program application. I understand this authorization is necessary to allow all agencies to process this application.**
3. *I authorize the Affordable Housing Program and its agents to contact any agency, office, group, or organization to obtain materials and information, including a credit report, to verify such data as may be necessary for my participation in any housing program related to the Affordable Housing Program for up to 24 months from the date on this program application.*
4. **This form does not imply or guarantee loan or construction confirmation or access to any other service provided by the Affordable Housing Program or ADFAC.**
5. *I understand that in compliance with the Federal Fair Housing Laws, the Affordable Housing Program agrees not to discriminate against me in the provision of service, or in any manner, on the grounds of race, color, creed, religion, sex, national origin, familial status or receipt of public assistance.*
6. **To the best of my knowledge, I certify the information provided within this program application for assistance is true and correct. I will comply with and all federal rules or regulations that may apply if assistance is provided.**
7. *The ADFAC Affordable Housing Program must report to funding sources and other benefactors on a regular basis on how funds are spent and what projects are complete. Often there are requests for photographs of completed projects for the purpose of program publicity. I/We hereby authorize ADFAC to use my image for the purpose of reporting, publicity, on the ADFAC website, or for the purpose of publicity. I understand this is my expressed CONSENT.*

I also certify I am aware that providing false information on this application may automatically disqualify me for assistance and may subject the individual(s) signing such application to criminal sanction up to and including a Class B felony.

Applicant Signature/Date	Co-Applicant Signature/Date
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Is the primary applicant: Male Female

Ethnicity: Asian Hispanic Black or African American
 White, not Hispanic American Indian
 Native Hawaiian/Pacific Islander Other (_____)

Marital Status: Divorced Married Separated
 Single Widow(er).

Please mail your completed application and attachments back to:

ADFAC- Affordable Housing Program, PO Box 5953, Oak Ridge, TN 37831