



FOR AGENCY USE ONLY:
(date & initial)

City of Fort Smith Housing Assistance Application

Please print ALL of the following information

Homeowner: _____

Social Security
Number: _____

Street _____ Zip _____
Address: _____ City Fort Smith Arkansas Code _____

Mailing Address: _____ Zip _____
(if different from above) _____ City Fort Smith Arkansas Code _____

Home phone: _____ Cell phone: _____ Other phone: _____

Birthdate _____ Race _____ Marital Status Single Married Divorced Widowed

Are you disabled? Yes _____ No _____

Head of Household: Male _____ Female _____ Property status: ___ Paid in full ___ Mortgaged

Please use the space below to fill out the information for ALL persons living in your home. You do not need to include yourself in the section below. Please note anyone living in your household ages 18 or older must show proof of income.

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes _____ No _____

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes _____ No _____

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes _____ No _____

Name _____ Social Security Number _____ Birthdate _____

Relationship to applicant: _____ Disabled? Yes _____ No _____

To add more, please use back of sheet.

Total Residents in Household: _____

Have you ever received CDBG assistance prior to this application? ___ Yes ___ No

What do I need to turn in with my application?

The following documents must be submitted with your assistance application :

Termite Policy Please provide documentation that your home is currently under annual contract for termite control. This could be a paid receipt, canceled check or the policy itself. If you do not have termite coverage, it will be added to the project.

Warranty Deed In order to apply for assistance, a filed deed in the applicants name must be provided. Unfortunately if you, the homeowner, can not produce a deed in your name, we will not be able to process the application.

Property Tax Receipt Not to be confused with a personal property tax receipt (vehicle), a property tax receipt will show that the taxes on your home are paid in full. If you are have homestead status and/or are exempt in any way from paying property taxes, a receipt can still be obtained at the County Courthouse and must be provided with your application.

Proof of Income***** The Fort Smith Housing Assistance Program is an income based funding by the Department of Housing and Urban Development through the Community Development Block Grant (CDBG). The Community Development Department requires three consecutive months of income source documents. Income must be reported for the applicant as well as anyone residing in the house over the age of 18 years old. The income is projected to get an annual amount and compared to the current annual HUD income limits.

Provide the following:

- A. Your most recent IRS 1040 Series OR the IRS 1040 EZ Form for individual Federal annual income tax purposes. The tax form submitted must have a date no older than 6 months and must be dated and signed.
- B. **Three** consecutive months of income source documentation which can include the following: Social Security Benefits Statement; Pay Stubs for Wages, Salaries and Tips earned and Bank Statements, Unemployment Compensation Statements, etc. (The forms submitted have to be the most recent copies and the dates must be consecutive)

**The following is considered income: Wages, salaries, tips, taxable interest, dividend income, taxable refunds/credits/of fsets of state/local income taxes, alimony received, business income, capital gain, other gains, taxable amount of IRA distributions, taxable amount of pensions and annuities, rental real estate, royalties, partnerships, trusts, etc., farm income, unemployment compensation, taxable amount of Social Security benefits and any other income.*

I _____ certify that I have read and completed the above application to the best of my knowledge. I understand that it is a program requirement that I own and reside in my home within the city limits of Fort Smith. I also understand that my home will not qualify for assistance if I have purchased it under a contract for sale or if it is located in a floodplain. I understand that if approved for funding to rehabilitate my home, I must occupy this property as my principle residence. I also understand that by failing to turn in a completed application, deed, proof of income and a property tax receipt my application will be incomplete and shall be considered ineligible.

If you are a legalized alien of the United States please check this box:

I, the housing assistance applicant, do not work for the City of Fort Smith. Also, no member of my household and no person to whom I am related works for the City of Fort Smith. I understand my obligation of candor in disclosing any relationship with might create a conflict of interest in my receiving a benefit from the program for which I am applying because of my being related to any person who works for the City of Fort Smith.

Person(s) I am related to _____

WARNING: Any person who knowingly makes a false statement or misrepresentation in this application or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$10,000 or by imprisonment for not more than 5 years, or both, under provisions of the United States Criminal Code.

NOTICE: The client information collected with this application is private when not directly connected with the administration of the agency or City of Fort Smith's responsibilities with respect to services provided. When not directly connected to administration of the program the release of information is prohibited unless written consent is obtained from such a person receiving service and, in the case of a minor, that of a responsible parent/guardian.

Applicant

Signature _____

Date _____



The Fort Smith Community Development
Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing repairs please notify our department about arraigning accommodations.

I hereby authorize the Fort Smith Community Development Department and/or its assigned agents to:

- Request verifications of your warranty deed, income, property taxes, and any other information deemed necessary for improving your housing situation.

I understand and agree that the Fort Smith Community Development Department intends to use the following information to evaluate my Housing Assistance Application for repairs to my home. I hereby authorize the Fort Smith Community Development Department to share any information that I have provided with the entities listed below:

- City of Fort Smith
Financial institutions
Internal Revenue Service
Sebastian County Clerk and/or Tax collector
Outside Housing Assistance Programs
Outside Utilities (gas, electric, cable, etc.)
Area Agency on Aging
Monitoring Agencies (HUD, Auditors, Office of the Inspector General, etc.)

Primary

Signature line with labels: Print name as shown on deed, SS#, Signature, Date

Secondary

Signature line with labels: Print name as shown on deed, SS#, Signature, Date

HOUSING ASSISTANCE CHECKLIST

You may qualify for assistance through the City's Emergency Aid Program if you meet the following criteria:

- * You are the OWNER-OCCUPANT of the structure in need of repair
- * You live within the city limits of Fort Smith and your home is not located in a flood plain.
- * Your home is below minimum residential building code of the City of Fort Smith.
- * The cost of repairs is reasonable compared with the value of the house.
- * Your TOTAL FAMILY INCOME is consistent with the current Department of Housing and Urban Development's Annual Low Income Schedule. This schedule is as follows:

Household Size	Gross Annual Household income
1	29,650
2	33,850
3	38,100
4	42,300
5	45,700
6	49,100
7	52,500
8	55,850

Please circle the areas of concern for your home:

Wiring/Electrical Water Heater Walls/Ceiling/Floors Plumbing Foundation
 Heating/Ventilation/Air Conditioning Roof Exterior/Siding/Painting Other - (please explain)

The City of Fort Smith believes that the individuals of similar economic levels in the same housing market area should have available to them like range of choice regardless of their race, color, religion, sex familial status, national origin of disability.

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

IRS FORM 1040 ADJUSTED GROSS INCOME CALCULATION

Completed Date: _____

Beneficiary ID: _____

HEAD OF HOUSEHOLD

Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

PREPARER

Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.