

**LOW MOUNTAIN CHAPTER  
HOUSING DISCRETIONARY FUNDS  
APPLICATION CHECK LIST FORM**

Applicant's Name: \_\_\_\_\_

NO: LMC- \_\_\_\_\_

Co Applicant's Name: \_\_\_\_\_

	<b>Type of Form:</b>	<b>Date Received:</b>	<b>Received By: (Initial)</b>
1.	<b>Housing Assistance Application</b>		
2.	<b>Authorization for Release of Information</b>		
3.	<b>Income Verification Statement(s)</b>		
4	<b>Map to Property</b>		
5.	<b>Material Listing/Quotation Sheets</b>		
6.	<b>Ranking and Evaluations Sheets</b>		
7.	<b>Point Allocation Summary Sheet</b>		
8.	<b>Cop(ies) of Social Security Card</b>		
9.	<b>Certificate(s) of Indian Blood</b>		
10.	<b>Home site Certification (for homes built before 1988) Home site Lease (for homes built after 1988)</b>		
11.	<b>Referrals (CHR, Social Services, Veterans)</b>		
12.	<b>Doctor's Statement (If applicable)</b>		
13.	<b>Other Supporting Document</b>		

Exhibit "A"

**LOW MOUNTAIN CHAPTER  
HOUSING ASSISTANCE APPLICATION**

**CHECK ONE ONLY:**

<input type="checkbox"/>	Minor Renovation
<input type="checkbox"/>	Major Renovation
<input type="checkbox"/>	-Addition
<input type="checkbox"/>	Partial Assistance
<input type="checkbox"/>	New Construction

**I. APPLICATION INFORMATION:**

NO.: LMC-\_\_\_\_\_

APPLICANT NAME: _____	CENSUS NO.: _____	SOCIAL SEC. NO.: _____	D.O.B.: _____
CO-APPLICANT(Spouse) NAME: _____	CENSUS NO.: _____	SOCIAL SEC. NO.: _____	D.O.B.: _____

MAILING ADDRESS: (P.O. BOX NO.: CITY, STATE, ZIP CODE) \_\_\_\_\_

LOCATION OF RESIDENCE - PHYSICAL ADDRESS: \_\_\_\_\_

MARITAL STATUS: ( ) Married/Common-Law ( ) Widow(er) ( ) Separated ( ) Divorce ( ) Single

NUMBER OF DEPENDENTS LIVING WITH YOU: \_\_\_\_\_

	Name of all Household Member(s)	Age	Sex M/F	Social Security Number	Relationship to Applicant	Gross Monthly Income	Source of Income
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

ARE YOU, OR ANYONE IN YOUR HOUSEHOLD DISABLED, HANDICAPPED, OR ELDERLY? ( ) YES ( ) NO IF YES, WHO? \_\_\_\_\_

ARE YOU OR ANYONE IN YOU HOUSEHOLD, A VETERANS? \_\_\_\_\_

**II. PRESENT HOME CHARACTERISTICS:**

OWNER NAME: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

TYPE OF STRUCTURE: ( ) Frame ( ) Block ( ) Adobe ( ) Other/Specify: \_\_\_\_\_

TYPE OF CONDITION: ( ) Good ( ) Fair ( ) Poor NUMBER OF ROOMS: \_\_\_\_\_

DO YOU HAVE A HOMESITE LEASE/HOMESITE CERTIFICATION? ( ) YES ( ) NO

ELECTRICITY AVAILABLE? ( ) YES ( ) NO  
(Nearest Electricity Available) \_\_\_\_\_

IS WATER AVAILABLE? ( ) YES ( ) NO

If No, (Nearest Water Supply Available) \_\_\_\_\_

IS SEWER AVAILABLE? ( ) YES ( ) NO

If No, (Nearest Sewer Line Available) \_\_\_\_\_

**III. PAST HOUSING ASSISTANCE:**

HAVE YOU EVER RECEIVED HOUSING ASSISTANCE IN THE PAST? ( ) YES or ( ) NO

IF "YES", WHEN? \_\_\_\_\_ FROM WHERE? \_\_\_\_\_

TYPE OF PREVIOUS ASSISTANCE: ( ) New Unit ( ) Addition ( ) Renovation ( ) Weatherization

FOR WHAT PURPOSE ARE YOU REQUESTING ASSISTANCE FROM THE LOW MOUNTAIN CHAPTER HOUSING ASSISTANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LABOR TO BE UTILIZED: \_\_\_\_\_

COST ESTIMATE FOR PROJECT: Materials . . . . . \$ \_\_\_\_\_

ARE MATERIAL LISTING and THREE (3) QUOTATION ATTACHED? ( ) YES ( ) NO

If No, You need to obtain a list and attach price quotation from three reliable vendors.

We, hereby certify that the information given above is true and correct and given in good faith for purpose of obtaining housing assistance from the Low Mountain Chapter. The Low Mountain Chapter may use this information to obtain assistance from other housing projects. I/We, hereby authorize this information to be used for the above stated purposes.

\_\_\_\_\_  
APPLICANT'S SIGNATURE:

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

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE:

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

**LOW MOUNTAIN CHAPTER  
HOUSING DISCRETIONARY FUNDS**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ HEREBY AUTHORIZE THE LOW  
MOUNTAIN CHAPTER TO VERIFY THE INFORMATION GIVEN IN MY  
HOUSING APPLICATION. FURTHER, I HEREBY RELEASE ALL PERSONS AND  
ORGANIZATIONS FROM LIABILITY FOR PROVIDING LEGALLY -RELEVANT  
INFORMATION IN CONNECTION WITH MY HOUSING APPLICATION.

SIGNATURE:

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

Exhibit "C"

**LOW MOUNTAIN CHAPTER  
INCOME VERIFICATION STATEMENT FORM**

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

Applicant's Social Security No.: \_\_\_\_\_

The Low Mountain Chapter is requesting your assistance to verify income information for the above named applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the housing applicant, we are asking you to provide us with income information is requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and be used only in determining housing eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Applicant listed authorizes written verification of income:

\_\_\_\_\_  
Signature of Applicant/Date

Sincerely,

\_\_\_\_\_  
Chapter Manager Date

\*\*\*\*\*

**Employer Information:**

Name of Employer	Address:	Telephone No.:	Supervisor:

**Public Assistance:**

Name of Organization	Address	Telephone No.:	Caseworker.

Applicant receives the following income: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ ( ) an hour, ( ) weekly, ( ) bi-weekly, ( ) monthly, ( ) annually.

Name of individual providing above information:

\_\_\_\_\_  
Name (Signature)/Title

\_\_\_\_\_  
Date

Exhibit "D"

**LOW MOUNTAIN CHAPTER  
HOUSING DISCRETIONARY FUNDS**

**MAP TO PROPERTY**

NO: LMC-\_\_\_\_\_

**DRAW A MAP TO YOUR HOUSE USING LOW MOUNTAIN CHAPTER HOUSE AS A  
REFERENCE POINT:**

N

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**WHAT IS THE DESCRIPTION OF YOUR HOUSE**  
**EXAMPLE:** White house with brown roof or white Hogan with red roof.

**DESCRIPTION:** \_\_\_\_\_

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**DRAW A FLOOR PLAN OF YOUR HOUSE:**

Exhibit "E"



**LOW MOUNTAIN CHAPTER  
HOUSING DISCRETIONARY FUNDS  
RANKING AND EVALUATION SHEET**

<b>Factors 1 and 2: Family Size and Annual Household Income</b>		
<b>Number of Family Members:</b>	<b>Income</b>	<b>Points</b>
1	\$2,793 or less.....	5
	\$2,794 to \$5,733.....	4
	\$5,734 to \$8,673.....	3
	\$8,674 to 11,613.....	2
	\$11,614 to 14,700.....	1
	\$14,701 or more.....	0
2	\$3,762 or less.....	5
	\$3,763 to \$7,722.....	4
	\$7,723 to \$11,682.....	3
	\$11,723 to \$15,642.....	2
	\$15,643 to \$19,800.....	1
	\$19,801 or more.....	0
3	\$4,731 or less.....	5
	\$4,732 to \$9,711.....	4
	\$9,712 to \$14,691.....	3
	\$14,692 to \$19,671.....	2
	\$19,672 to \$24,900.....	1
	\$24,901 or more.....	0
4	\$5,700 or less.....	5
	\$5,701 to \$11,700.....	4
	\$11,701 to \$17,700.....	3
	\$17,701 to \$23,700.....	2
	\$23,701 to 30,000.....	1
	\$30,001 or more.....	0
5	\$6,669 or less.....	5
	\$6,670 to \$13,689.....	4
	\$13,690 to \$20,709.....	3
	\$20,710 to \$27,729.....	2
	\$27,730 to \$35,100.....	1
	\$35,101 or more.....	0
6	\$7,638 or less.....	5
	\$7,639 to \$15,678.....	4
	\$15,679 to \$23,718.....	3
	\$23,719 to \$31,758.....	2
	\$31,759 to \$40,200.....	1
	\$40,201 or more.....	0
7	\$8,607 or less.....	5
	\$8,608 to \$17,667.....	4
	\$17,668 to \$26,727.....	3
	\$26,728 to \$35,787.....	2
	\$35,788 to \$45,300.....	1
	\$45,301 or more.....	0

**NOTE: For each person over 7 continue adding the amount ending in each column.**



<b>Factor 3. Overcrowded Living Conditions</b>		
<b>Number of Rooms</b>	<b>Number of Household Members:</b>	<b>Points</b>
0	6 or more individuals.....	5
	5 individuals .....	4
	4 individuals .....	3
	3 individuals .....	2
	2 individuals .....	1
	1 individual .....	0
1	6 or more individuals.....	5
	5 individuals .....	4
	4 individuals .....	3
	3 individuals .....	2
	2 individuals .....	1
	1 or 2 individuals.....	0
2	7 or more individuals.....	5
	6 individuals .....	4
	5 individuals .....	3
	4 individuals .....	2
	3 individuals .....	1
	2 or less individuals.....	0
3	8 or more individuals.....	5
	7 individuals.....	4
	6 individuals.....	3
	5 individuals.....	2
	4 individuals.....	1
	3 or less individuals.....	0
4	9 or more individuals.....	5
	8 individuals.....	4
	7 individuals.....	3
	6 individuals.....	2
	5 individuals.....	1
	4 or less individuals.....	0
5 or more	10 or more individuals.....	5
	9 individuals.....	4
	8 individuals.....	3
	7 individuals.....	2
	6 individuals.....	1
	5 or less individuals.....	0

<b>Factor 4: Unsanitary or Unsafe Living Conditions</b>	<b>Points</b>
◦ Whole house should be condemned due to major deficiencies and/or deterioration. Family needs to be relocated there is no other home(s) is available.....	5
◦ House has no running water (plumbing), electricity, and heating system.....	4
◦ Roof is leaking, water leaks into rooms or underneath the house causing decay and in need of replacement. Install or repair water or waste water, disposal systems and repair or replace roof/repair structural supports.....	3
◦ Exterior siding deteriorating, uneven floors, cracked walls and/or energy conservation measures needed such as insulation, storm windows, etc.....	2
◦ Window(s) are broken, door(s) are missing or very difficult to open/close, gaps around some of the door assemblies, bathroom not working properly. Needs to replace toilet, bathtub, sink/lavatory or sewer system failure.....	1
◦ There are safe/sanitary conditions.....	0

<b>Factor 5: Elderly, Handicapped/Disabled and/or Veteran Status</b>	<b>Points</b>
◦ Elderly, Disabled, and a Veteran.....	5
◦ Elderly and a Veteran.....	4
◦ Disabled and a Veteran.....	3
◦ Elderly and Disabled.....	2
◦ Elderly or Disabled or a Veteran.....	1
◦ Not elderly, not disabled and non-Veteran.....	0

