

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

Applicant's Name: _____ NO: LMC-_____

Co Applicant's Name: _____

Phone #: _____

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

**LOW MOUNTAIN CHAPTER
HOUSING ASSISTANCE APPLICATION**

- ___ Minor Renovation
___ Major Renovation
___ -Addition
___ Partial Assistance
___ 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, AND ZIP CODE)

LOCATION OF RESIDENCE-PHYSICAL ADDRESS

MARTIAL 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 YOUR 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

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 () 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 ESTIMATED FOR PROJECT: MATERIALS\$ _____

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

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

We, hereby certify that the information gives 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 project. I/ We, hereby authorize this information to be used for the above stated purposes.

APPLICANT SIGNATURE:

DATE:

APPLICANT SIGNATURE:

DATE:

**LOW MOUNTAIN CHAPTER
HOUSNG DESCRETIONARY FUNDS**

AUTHORIZATION FOR RELEASE OF INFORMATION

**I, _____ HEREBY AUTHORIZE THE LOW
MOUNTAIN CHAPTER TO VERIFY THE INFORMATION GIVEN IN MY HOUSING
APPLICATION. FUTHER, I HEREBY RELEASE ALL PERSONS AND ORGANIZATION
FROM LIABILITY FOR PROVIDING LEGALLY-RELEVANT INFORMATION IN
CONNECTION WITH MY HOUSING APPLICATION.**

SIGNATURE: _____

APPLICANT:

CO-APPLICANT:

DATE:

DATE:

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**

E

N

S

W

WHAT IS THE DISCRIPTION OF YOUR HOUSE

Example: white house with brown roof or white Hogan with red roof.

DISCRIPTION:

DRAW A FLOOR PLAN OF YOUR HOUSE:

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

FACTORS 1 and 2: Family size and annual Household Income		
Number of Family Members:	Income	Points
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.

FACTOR 3. OVERCROWDED LIVING CONDITIONS

Number of Rooms:	Number of Household Members:	Points
0	6 or more individuals	5
	5 individuals	4
	4 individuals.....	3
	3 individuals.....	2
	2 individuals	1
	1 individuals	0
1	6 or more individuals	5
	5 individuals	4
	4 individuals	3
	3 individuals	2
	2 individuals	1
	1 individuals	0
2	6 or more individuals	5
	5 individuals.....	4
	4 individuals.....	3
	3 individuals.....	2
	2 individuals.....	1
	1 individuals.....	0
3	6 or more individuals	5
	5 individuals.....	4
	4 individuals.....	3
	3 individuals.....	2
	2 individuals.....	1
	1 individuals.....	0
4	6 or more individuals.....	5
	5 individuals.....	4
	4 individuals.....	3
	3 individuals.....	2
	2 individuals.....	1
	1 individuals.....	0
5 or more	6 or more individuals.....	5
	5 individuals.....	4
	4 individuals.....	3
	3 individuals.....	2
	2 individuals.....	1
	1 individuals.....	0

Factor 4: Unsanitary or Unsafe Living Conditions	Points
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • House has no running water (plumbing), electricity, and heating system..... 	4
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Exterior siding deteriorating, uneven floors, cracked walls and/ or energy conservation measures needed such as insulation, storm windows, etc..... 	2
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • There are safe/ sanitary conditions..... 	0

Factor 5: elderly, handicapped/Disabled and/ or Veteran Status	Points
<ul style="list-style-type: none"> • Elderly, Disabled, and a Veteran..... 	5
<ul style="list-style-type: none"> • Elderly and a Veteran..... 	4
<ul style="list-style-type: none"> • Elderly and a Veteran..... 	3
<ul style="list-style-type: none"> • Disabled and a Veteran..... 	2
<ul style="list-style-type: none"> • Disabled and a Veteran..... 	1
<ul style="list-style-type: none"> • Elderly and Disabled..... 	0
<ul style="list-style-type: none"> • Elderly or Disabled or a Veteran..... 	
<ul style="list-style-type: none"> • Not elderly, not disabled and non-Veteran..... 	

**LOW MOUNTAIN CHAPTER
HOUSING DESCRETIONARY FUNDS**

Point Allocation Summary Sheet

Name of Applicant: _____

NO.: LMC-_____

Name of Co-Applicant: _____

Type of assistance requested by Category:

A- Minor Repairs

C- Partial Assistance

B- Major Repairs/ Addition

D- New Construction

Factor	Description	Points Allocated (0-5 pts)
1	Family Size	
2	Annual Household Income	
3	Overcrowded Living Conditions	
4	Unsanitary or Unsafe Living Conditions	
5	Elderly, Handicapped/ Disabled, and/ or Veteran Status	
TOTAL POINTS ALLOCATED:		

ASSESSED BY: _____

DATE: _____

Applicant is awarded. The awarded amount is \$ _____.

Applicant is awarded the amount of \$ _____, which is less than the
eligibility amount due to: _____.

Applicant is denied. Denial is due to: _____.

APPROVED BY: _____

DATE: _____