

**HOMES ARE POSSIBLE, INC. (HAPI)**  
**Application for HAPI Home Rehab Program**  
**ESTIMATED GRANT AMOUNT REQUEST   \$5,000**

**APPLICANT INFORMATION**

Applicant #1

Applicant #2

Name _____			Name _____		
County: _____			County: _____		
Address _____	City _____	DOB(mm/dd/yyyy) _____	Address _____	City _____	DOB(mm/dd/yyyy) _____
Phone Number/Cell Phone _____			Phone Number/Cell Phone _____		
Married _____ Separated _____		Unmarried _____	Married _____ Separated _____		Unmarried _____
Number in Household _____		Legal Description of property _____			
Is this property under a Contract for Deed? _____		Is this a mobile home? _____		Is this a rental property? _____	
E-Mail Address _____					

**ANNUAL HOUSEHOLD INCOME**

Applicant #1

Applicant #2

\$ _____	\$ _____
Gross Income	Gross Income
Other	Other

**TOTAL HOUSEHOLD GROSS INCOME \*\* (Attachment: Copy of VOE, or last 2 months pay stubs with year-to-date on them, child support documentation, SSI or Soc. Sec. Award; and previous year's tax return (If self-employed – provide 2- yrs tax returns.)**

**HOMES MUST BE ON PERMANENT FOUNDATION - NO MOBILE HOMES**  
**MUST BE OWNER/OCCUPIED HOMES – NO RENTAL HOMES or APARTMENTS**  
**Grants funds can not be used by tenant or landlord for a rental unit. I/We hereby declare and state that my/our property is and will be maintained as an owner/occupied property and any grant funds will only be used to rehabilitate said owner/occupied property.**

**REHAB (IMPROVEMENTS) INFORMATION**

Type of work to be done: (These will be the only projects to be funded unless a written change order along with a written bid are submitted) \_\_\_\_\_

Estimated dollar amount toward rehab \$ \_\_\_\_\_. The need for assistance will be base on pre-inspection by HAPI. The **project will be inspected on completion and HAPI will be provided with documentation of the fees for rehab (labor, materials, etc.)**.  
**Acceptable rehab: Including but not limited to:** paint, floor covering, electrical upgrade, shingles, siding, new door locks, plumbing fixtures, towel bars, grab bars, handicapped accessible items, light fixtures, window blinds, windows, doors, furnace and/or ac installation, water heaters. **ALL REQUESTS MUST BE APPROVED BY HAPI PRIOR TO WORK BEING DONE.**  
**NOT acceptable: appliances, tools, landscaping, window coverings, water softeners luxury or recreational items.**  
 ALL requests MUST be approved by HAPI prior to work being done.





Homes are Possible, Inc. is an Equal Housing Opportunity Agency. "In accordance with Federal Law and US Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (800) 795-3271 (voice) or (202) 720-6382 (TTD). USDA is an equal opportunity provider, employer and Lender."

I hereby authorize any person, agency or institution to supply requested by HAPI, concerning me or my family and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by a duly authorized representative of HAPI. This authorization is given only in connection with its use by HAPI in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing to HAPI.

I understand that collateral contacts may be necessary to verify my wages, rent, income and other aspects of eligibility and hereby give permission for such contacts to provide the requested information. I hereby approve and allow HAPI and their representatives to enter the premise to perform the work regarding this application, which they deem necessary.

I hereby declare that this home is not scheduled for acquisition or clearance under any government program. I will disclose to HAPI if and when this should ever occur.

Privacy Act Information: This information will be used by this office to determine your eligibility for this program. Statements of home ownership, family size and income must be accurate, and-all other information must be given to the best of your knowledge. Information obtained from this and other forms may be used by FHLB to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. Should you decline to provide the information requested on this form your home will not be considered for assistance. No information on this application is made available to the general public. This is an equal opportunity program. Discrimination is prohibited by Federal Law.

I have furnished this application information to the best of my knowledge and by this signature approve and verify it. Any misrepresentation regarding this information may lead to the recapture of the total amount of funds allocated to each project. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_