



Emergency Home Repair Program Application

Please complete this application and sign the last page. List the type of emergency you are experiencing. Please note that assistance is based on first-come first serve basis, and is under discretion of the Development Department.

Date _____

Owner _____

Home Phone _____

Co owner _____

Work Phone _____

Address _____

Email _____

Contact Person _____

Household Information

Beginning with yourself, list every person living in your household and the information requested.

First and Last Name	Social Security Number	Gross Monthly Income	Source of Income

Gross income is total before taxes or other items are deducted sources include employment, retirement, Social Security, SSI, VA Benefits, annuities, alimony, child support, regular contributions from family, rental income, or other regular payments.

The Applicant is:

White (non-minority)	
Negro / Black	
American Indian	
Spanish American	
Oriental	

NOTE: Minority group data is obtained for statistical purposes. Data will not be considered by any level of Federal official in determining the Applicant's eligibility.

Please explain a brief description of your emergency repair. Attach additional sheets if required
Heating / Air Conditioning
Plumbing
Roofing
Electrical
Other

If you have children under six years of age; have they ever been tested or subjected to Lead Based Paint Poisoning?

Yes () Positive _____ Negative _____ No ()

CERTIFICATION

I hereby certify that I own and occupy the home described above as my primary residence, that the above information is complete and true to the best of my knowledge, and I give the City of Marietta permission to verify the contents of this application and to facilitate the repairs of my home.

Applicant Signature Date

Co-Applicant Signature Date

Information needed for income verification and proof of home ownership

- Copy of property deed
- Most recent copy/receipt of paid property taxes
- Most recent Income Tax return W-2's
- Social Security Income Payment
- Unemployment Compensation Payment
- Other Sources of Income (Disability, Alimony, Child Support, Pension, etc.)
- Welfare Payments
- Food Stamps

Are you or any member of your family currently employed by the City of Marietta? _____

If so, please list the employee's name, department, and title:

(Employment by the City of Marietta does not automatically disqualify you from participation in this program.)

The Borrower certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan from the City of Marietta, Ohio, is true and complete to the best of the borrower's knowledge and belief. Verification may be obtained from any source named herein. The borrower has received a copy of the Terms and Conditions and agrees to abide by those requirements in connection with any loan that may be made by the Government pursuant to this application. Further, the borrower certifies that they have no assets from which to pay the cost of the requested repairs.

Signature & Date

Signature & Date

Penalty For False Or Fraudulent Statement U.A.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned no more than 5 years, or both."

The City of Marietta is an equal opportunity lender; and does not discriminate against persons with disabilities.

**Development Department
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740-373-2574 - fax
lisaforshey@mariettaoh.net**

(TO BE FILLED OUT BY THE CITY)

Recommendation on Application

Review of this application and supporting documents indicates that the application meets the requirements of the City of Marietta, Ohio, Emergency Repair Program.

Development Department Staff

Date

Action on Application

_____ The application is approved subject to available funds.

_____ The application is disapproved because

Approving Officer's Signature

Title

Date