

C-SCDC

# Rehabilitation Program

Make sure to turn in all documents required or your  
application will not be accepted

Check the appropriate box

Arkansas Assistance

or

Oklahoma Assistance

Name:

Phone: \_\_\_\_\_

The Homeownership and Asset Development Center  
4831 Armour St, PO Box 4069  
Fort Smith, AR 72914  
Phone: 479-785-2303 Fax: 479-784-9029

**Application for HOME Rehabilitation Program**

Dear Applicant,

We are a non-profit organization seeking to make improvements in the lives of low-income families and individuals and help them become more self-sufficient.

You had expressed an interest in having your home rehabilitated through government grants our agency has to offer. We have several grants with different qualifications. To apply and qualify for these grants, you must have your name on the Warranty Deed and be resident at the home. Please review the attached income to see if you qualify based on income requirements.

If you feel you meet the enclosed guidelines, please complete the application forms and return them to us with the required documentation. **We can only add completed applications to our waiting list when we have received all the required documentation.**

**\*ATTENTION\***

Have you received any type of assistance from CSCDC? If yes please list all service(s) you received and when.

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We ask that you please be patient while we help as many families as possible and in the meantime, please call us at 479-785-2303 if you have any further questions.

Sincerely,

Homeownership & Asset Development Center  
Enclosures

## Low Income Guidelines

Number in Household	Income Limits
1	\$27,900
2	\$31,900
3	\$35,900
4	\$39,850
5	\$43,750
6	\$46,250
7	\$49,450
8	\$52,650

Please enclose the following items with your applications:

1. Evidence of all sources of income  
(Pay stubs, Social Security Award Letter, Child Support, Etc all on official letter heads)
2. Copy of Warranty Deed and/or Title to Mobile Home (must provide deed to the land if in mobile home)
3. Death Certificate of the one that has passed who may still be on the deed, if applicable.
4. Copy of every one of the age of 18 I.D's (Drivers License/State ID)

**Please ensure that you have signed and returned the following documents:**

1. Home Repair Application
2. Home Preservation Grant Application
3. Housing Disclosures
4. Owner Certificates Form
5. Pre-Renovation form

# Home Repair Application—Homeowners Only

For assistance please call C-SCDC 785-2303 x122

**PLEASE PRINT LEGIBLE AND COMPLETE ENTIRE APPLICATION**

Homeowner Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Length of Time Occupied Home \_\_\_\_\_ Ownership since \_\_\_\_\_ Owed on home: \$ \_\_\_\_\_

Property Address: \_\_\_\_\_

Is this your primary residence? Yes No has your home been weatherized by our agency? Yes No

Please list all household members below (including yourself) and type of income received:

Name	Disabled or Elderly	Race	Social Security #	Relationship	Date of Birth	Education Completed	Income Source (ex. Child support, SS, employment) Evidence of Income MUST be included with this app.
			- -				
			- -				
			- -				
			- -				
			- -				
			- -				
			- -				
			- -				
			- -				

Is there anyone in the household a VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_

I/we certify that \_\_\_\_\_ persons reside in our residence. \_\_\_\_\_ Persons are over the age of 18.

Please tell us about your **"emergency need"** for home repairs: \_\_\_\_\_

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

What other repairs are needed? \_\_\_\_\_

\_\_\_\_\_

What is the condition of?

Roof \_\_\_\_\_ Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_ Heat/Air \_\_\_\_\_

Do you have a disability that is causing mobility impairment? \_\_\_\_\_

Do you need accessibility features added to your home? If so, what? \_\_\_\_\_

\_\_\_\_\_

Homeowner Signature

Date

Phone

Crawford-Sebastian Community Development Council, Inc  
1617 S Zero St  
Fort Smith, AR 72901  
479-785-2303 x-122

If your mailing address is different than you residential address  
please include it as well

MAILING ADDRESS (if applicable):

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Please provide two phone numbers where you can be reached and IF  
you change your phone number, contact us ASAP.

PRIMARY PHONE: \_\_\_\_\_

ALTERNATE PHONE #: \_\_\_\_\_  
(IF YOU HAVE ONE)

This information is necessary to keep your application up to date.

Thank you.

HUD Housing Counseling Program  
(There is no fee for this class)

I, \_\_\_\_\_ understand that in order for me to be eligible for any home repairs or rehabilitation, I am required to attend a go over a Home Maintenance training checklist to be determined at the time of my scheduled write up.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Crawford-Sebastian Community Development Council, Inc.**

Fort Smith, AR 72901

Ph: 479-785-2303 Fax 479-784-9029

## **Housing Counseling Disclosure—HOME Rehabilitation**

**Crawford-Sebastian Community Development Council, Inc. is a non-profit HUD approved housing counseling agency. We have several different home rehabilitation programs. Qualifications vary by program. The home must have health or safety issues and/or need accessibility modifications. Once you have completed the application and it appears you may income qualify, we will place you on a waiting list. Once your name comes up on the list, we will visit your property to determine which program might be best for you. If you are in a very substandard home and are interested in discussing a reconstruct, please note that on your application.**

**All programs require that we file a deed restriction on your property. Depending upon the amount of assistance, the restriction could stay on your property for 5-20 years as follows:**

**Receive less than \$15,000 Assistance (most common is \$5000): 5 year restriction**

**\$15,000 plus: 10 year restriction**

**Reconstruct: 20 year restriction**

**You can sell your home before the restriction period is up, but you may have to pay back a portion of your assistance. These restrictions are in place to make sure that you do not profit from the assistance you are receiving. CSCDC charges fees that will be added to the amount of your deed restriction. These fees are never greater than 15% of the assistance amount. Fees are added to your grant amount/restrictions (or loan in the case of a reconstruct). Once we determine what work needs to be done, you will be able to decide if you still want to do this program based off of the work that we have deemed necessary. Call the office to get a copy of your work write up after the inspector has been out to your home. Please note, some homes are not able to be rehabilitated because the cost would not be feasible and the home would still be in too poor of condition once the work was done.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Equal Opportunity Employer**



## HOMEOWNER CERTIFICATION

I certify that I am the owner and have given my permission to allow work on the property listed above in accordance with the following provisions:

1. Repairs as shown on my work description
2. Such other particulars as may be attached to this agreement.

I also release Crawford-Sebastian Community Development Council Inc and ADFA of all liability during rehabilitation of my home, and grant permission for photographs and information to be used to document housing improvement success stories via the news media. This includes permission to inspect utility billing records before and subsequent to housing improvement work performed for the sole purpose of obtaining data to evaluate the energy conserving effectiveness of the work done, and directs the pertinent utility and fuel companies to make records available to the above mentioned HOME recipient/sub-recipient.

By my signature below, I certify that I have read and/or been informed of the above agreements and fully understand all provisions. I certify that I will not sell or transfer the title to my home per the terms of the executed Note and Mortgage after construction is completed, unless I/we shall repay all or a portion of the funds provided pursuant to any associated loan agreements. I/we understand that the residence being rehabilitated is our primary residence and must remain our primary residence through the affordability period outlined in the note and mortgage. I/we were instructed and fully understand the terms of the note and mortgage. I/we were informed of our right to cancel the rehabilitation of our residence prior to any construction being initiated.

I certify that I will participate in a homeowner-training program, if required.

In addition, I certify that the information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

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

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



**PRIVACY POLICY AND PRACTICES OF  
Crawford-Sebastian Community Development Council, Inc  
Home Ownership and Asset Development Center**

We at Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

**Information We Collect**

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

**Information We Disclose**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

**To Whom Do We Disclose**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

**Confidentiality and Security**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

**PRIVACY POLICY AND PRACTICES OF Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center**

**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

**PRIVACY CHOICES FORM**

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

- Box 1** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.
- Box 2** - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have checked any of the boxes above,  
please mail this form in a stamped envelope  
to:

**Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center PO Box 180070, Fort Smith, AR 72918**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

## Pre-Renovation Form

This form is used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair and painting regulations.

### Occupant Confirmation

#### Pamphlet Receipt:

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

#### Owner-occupant Opt-out Acknowledgment

- (A) I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here and that this property is not a child occupied residence.

**Note:** a child resides in the primary residence of his or her custodial parents, legal guardian, foster parent or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.

**Note:** A child occupied facility is a pre-1978 building visited regularly by the same child, under the age of 6, on at least two different days within the week for at least 3 hours each days, provided that the visit totals 60 hours annually.

If box A is checked, check either box B or box C, but NOT BOTH:

- (B) I request that the renovation firm use the lead-safe work practice required by EPA's Renovation, Repair and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA's renovation, Repair, and Painting Rule.

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Printed name of owner-occupant

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Signature

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Date

## Miscellaneous Attestation Form

Please use this form when there is a person under the age of 18 in the household with no income or when there is a person that is a single parent or parent with a different last name of a child under 18, but there is no child support received. Please also come by the agency with the specific person with no income to sign and have notarized a "no income" form. If you are not local; call us and we will mail one out to you. the agency to

- I, \_\_\_\_\_, certify that I have no income from any source.
  
- I, \_\_\_\_\_, certify that I have a child(ren) under the age of 18 but receive no child support.- You will need to provide proof of no child support!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date