

HOME REPAIR APPLICATION

See the "Application Checklist" sheet for additional submittal requirements.

Return Home Repair Application & submittals to:

Dept. of Community Development 301 N. Broadway Moore, OK 73160 (Phone): 405-793-4571 cdbq@cityofmoore.com

APPLICATION CHECKLIST Please submit the relevant documents or items for your application review. Submit only the documents relevant to your household. ☐ Government-Issued ID Provide a valid identification issued by the government. ☐ Proof of Ownership A copy of the deed or a title abstract prepared by a licensed title company within the past six months. ☐ Federal Tax Return Most recent federal tax return, including all schedules and attachments. ☐ Income Statements Past two (2) months of Income Statements from stocks, bonds, royalties, certificates of deposit, money market funds, and other incomegenerating investments. ☐ Household Employment Payroll Past two (2) months of payroll stubs for all employed household members including the applicant and joint applicant who are employed. **■** Bank Statements Three (3) most recent months of checking and/or savings account statements. **☐** Mortgage Payment History Current pay history from the mortgage company including the original amount, current balance, monthly payment, and escrow payment. **☐** Home Insurance Policy Documentation showing your current home insurance coverage. ☐ Real Estate Income Information on real estate or property from which you collect income or in which you have an ownership interest. 10.

Income Assistance Statements Provide letters or statements for all household members receiving Social Security, Temporary Assistance for Needy Families, VA benefits, pensions, child support, alimony, interest income, or other sources. 11. Divorce Decrees If applicable. 12. Death Certificate Required if the deceased spouse's name is on the deed or title of the home. 13. Other Assistance Letters

If applicable.



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SECTION I - HOUSEHOLD INF	ORM	ATIC	N													
Property Address											1					
Property Address:					City:				State:		Zip Code:					
Applicant Information																
Applicant Name:					Social Security Number:											
Current Address:					City:				State:		Zip Code:					
Phone: Wor			Work	Vork Phone:			Email:									
Joint Applicant Information																
Applicant Name:						Social	Sec	curity Num	nber:				•			
Current Address:								City:			State:		Zip Code:			
Phone: Work				k Phone:			Email:									
Household Members Informat	tion	*All p	ersons	current	ly living in	the hous	seho	ld must be	identified	d.		T				
Name	Age	ge Social Securi			rity # Full-Time		nt	Race		Ethr	nicity	Relation to A		Applicant/Joint Ap		olicant
					Y	/ N										
					Y	/ N										
					Y	/ N										
						/ N										
						/ N										
SECTION II - HOUSEHOLD IN														(2)		
Self-Employed Household Mei	mber	S INT	ormat	ion *			elf-ei			de t						
Name Emp				2021 Self- Employment Income			2022 Self- Employment Income			2023 Self- Employment Income			2024 Anticipated ne Self-Employment			
				\$ \$ \$			\$	\$ \$ \$			\$ \$ \$		\$ \$ \$ \$			
							\$									
			\$													
				\$			\$				\$		\$			
Employed Household Member	c Inf	o rm a	tion	\$ 411 ==			\$ 		h a l d		\$	al a al &la a	.:	\$		
Employed Household Member	5 1111	OHIIIa			rsons curr										D F	
Name En			Emplo	Employer			Hourly Wage			Gross S		alary Total Annua		Income	Pay Fred	uency
									\$ \$			\$				
									\$		\$					
				\$ \$			\$		\$							
				\$ \$					\$							
Household Members Other In	come	Info	ormati	ch Di	ild support	, divider	nds,	ust be fully interest inc sistance for	disclosed ome, pe	nsio	n benefits	s, royaltie	es, Soci	al Securi	ity, Social S	Security
Name					Income Type				T	Total Monthly Amount						
Name				THEOTHE				. / F~			\$					
										4						
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OPPORTUNITY			<u>cabg@c</u>	<u>cityormoore.com</u>				
SECTION II - HOUSEHOLD INCOME IN	IFORMATION [CONTINUED]							
List of Accounts Information *Please id	lentify all accounts (checking, savings, brokerage re Three (3) months of account statements are requi		money market, etc.) held by the Applicant or Joint				
Account Name	Account Type		Current Balance					
			\$					
			\$					
			\$					
			\$					
SECTION III - PROPERTY FINANCIAL	STATUS							
Do both the Applicant and Joint Applicant's	s names appear on the title of the property?	O Yes	O No					
If no, which name is not listed on the title	of the property?	O Applicant O Joint Applicant O Both						
Is there a mortgage on the property?		O Yes O No						
If yes, please list mortgage company infor	mation:							
1 st Mortgage Name:								
Address:	City:	State:	Zip:					
2 nd Mortgage Name:		_						
Address:	City:	State:	Zip:					
Account Number:	Loan Balance: \$	_	Monthly Payment	: \$				
Are taxes and insurance included in the m	ortgage payment?	O Yes	O No					
Are all mortgage payments current?		O Yes	O No					
Do you have a conversion mortgage?		O Yes	O No					
Are there currently any real property liens	, judgments, or suits against you?	O Yes	O No					
Do you own any rental property?		O Yes	O No If yes,	complete the following:				
Address	City		State	Zip Code				
If yes, what is the current monthly total in	icome for all properties combined?	\$						
SECTION IV – ASSISTANCE RECEIVED		'						
Did you receive any other assistance for the		O Yes	O No If yes,	complete the following:				
Group Name Pro	Amount							
	\$							
		\$						
		\$						
SECTION V - CERTIFICATION		<u> </u>						
U.S.C TITLE 18, SEC. 1001, "Whoever, in any matter with	in the jurisdiction of any department or agency of the Uni							
	ises any false writing or document knowing the same to c ive (5) years, or both." <u>I have read and understand the fore</u>			uient statement or entry, shall be fined				
APPLICANT SIGNATURE:			DATE:					

APPLICANT SIGNATURE:

DATE: _____