



Affordable Housing Program

1051 Oak Ridge Turnpike, Room 203
 Post Office Box 5953
 Oak Ridge, TN 37831
 Phone: 865-481-3837
 Fax: 865-481-3822

Application For Service

To apply for home repairs, you must provide the following information:

- Completed and signed application
- Copy of the last paid Property tax bill
- Copy of last 6 months bank statements
- Proof of Homeownership (if applying for rehab)
- Proof of all household income

If you do not have a bank account, please sign here to verify no bank statements:

- Copy of last 2 years income tax returns

If you do not file income tax returns, please sign here to indicate you do not file tax returns:

**ALL INFORMATION MUST BE COMPLETE BEFORE A FILE CAN BE OPENED
 AND A PROJECT CONSIDERED.**

What type of assistance are you requesting from the ADFAC Affordable Housing Program?

- Emergency Repair
- Home Rehabilitation
- New Home
- Yard Enhancement
- Volunteer Only

Date of Application: _____ . County you currently live in: _____.

<u>Name</u>	
<u>Address:</u>	
<u>Phone Number:</u> (please list 2)	
<u>Total in Household:</u>	<u>How long have you lived at this address:</u>

If you are applying for Home rehab – please answer the following:

What year was your built:	How many bedrooms:	How many bathrooms:
Do you currently have a lien against your home or property?	Do you rent out any rooms in your home to supplement your income?	Do you own any other property?

What repairs are needed in your home?





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Please complete the following information for everyone in the household:

NAME (Please list full names and list the head of household first)	BIRTH DATE	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	MONTHLY INCOME (Please list the amount of income and where it comes from)

To the best of my knowledge, I certify the information contained in this application for assistance from the ADFAC Affordable Housing Program is true and correct. I will comply with all program guidelines if my project is approved. I also certify I am aware that providing false information on this application may automatically disqualify me for assistance.

Applicant Signature/Date	Co-Applicant Signature/Date
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Information you should know regarding the Affordable Housing Program:

Affordable Housing Program cannot respond to any request until a complete application is received.

For rehabilitation, the person applying for assistance must own the home and have lived there for at least one year. Part of the project is granted (FREE) and the other Part is repaid at a 3% interest loan that must be paid back to the agency. ADFAC will place a lien over your property. ADFAC applies for a variety of funding sources, so areas of assistance may vary from year to year. For new home construction, applicants must be willing to complete at least 10 hours each of homebuyer education and sweat equity. If you own property and wish to construct on that property, you must be willing to have a lien placed on that property.

Borrower Signature Authorization

This allows ADFAC Affordable Housing Program to complete an credit check, verification of rent, deposit and employment. All of these are required for any project that may have a low interest loan associated with it. This notice is required by the Right to Financial Privacy Act of 1978, that ADFAC has a right to assess financial records in consideration or administration of assistance to you. Financial records will be available to ADFAC, but will not be released or disclosed to any other agency without your expressed consent, except as required or permitted by law.

I/We hereby authorize ADFAC Affordable Housing Program to verify my past and present employment earnings, bak account and any other asset account that are needed to process my rehabilitation/mortgage loan application. I hereby further authorize ADFAC to order a consumer credit report and verify other credit information, including past and present rental and mortgage accounts necessary to process my rehabilitation or mortgage application.

Applicant Signature/Date: _____.

Co-Applicant Signature/Date: _____.

The following questions are Optional: Is the primary applicant: Male Female
 Ethnicity: Asian Hispanic Black or African American White, not Hispanic American Indian
Native Hawaiian or Other Pacific Islander Other(please Specify)
 Marital Status: Divorced Married Separated Single Widow(er)

Send your completed application to: ADFAC Affordable Housing Program, PO Box 5953, Oak Ridge, TN 37831.