



Thank you for your interest in the Kingsport Alliance for Housing Revitalization (KAHR) Program. Please be sure to complete all of the questions on both the application and dwelling survey and sign both documents.

The KAHR Program is a federally funded program and qualification for the program is based on income eligibility. Repairs that are eligible under this program must be posing a serious threat to health, safety and welfare of the home or affecting the immediate livability of the home. Mobile Homes are not eligible for KAHR program, mobile and modular homes on a permanent foundation are eligible.

The items listed on your application will be evaluated to determine if they are eligible for repair under the guidelines of the program. Applications will be processed in the order that they are received. Funding is awarded on a first come, first serve basis and emergency repairs are our highest priority. Qualification for the program is based on gross annual household income, properties must be owner-occupied and meet all property eligibility requirements.

Please provide the following information with your application as this will expedite the processing of your application:

Proof of Income: (for ALL adult household members, 18 years and older)

- Pay Stubs from current job(s) or Letter from employer regarding pay – **3 most recent months**
- Retirement and/or Disability Income Statements, if applicable
- Savings & Checking Statements – **3 most recent months**
- Tax Forms (if self-employed the recent year with attachments) i.e. 1040 tax forms – **Most recent**
- Social Security, AFDC, Workman's Comp, Unemployment, etc. Statement indicating income from all government assistance – **Must be dated within past 6 months**
- Bonds, Stocks, Annuities and Other Investment Forms, if applicable
- Alimony and/or Child Support Checks – **Most Recent**

Proof of Home Ownership:

- Copy of Recorded Warranty Deed or other proof of ownership
- Receipt of Paid Property Taxes – **Most Recent Year**

Other:

- Copy of Homeowner's Insurance Policy

Please note that your application will not be processed and assistance will not be granted until the above information has been received and you have been qualified for the program. If all required documentation is not received within 30 days of application submission, your application will be determined ineligible.

If you have any questions, please feel free to contact the Community Development Office at (423)224-2877 or email JessicaMcMurray@KingsportTN.gov

Kingsport Alliance for Housing Revitalization PROGRAM APPLICATION

Please PRINT and complete ALL pages 1-8 of this application in its entirety. Please note that assistance is based on first come, first serve basis and priority of emergency at the discretion of the Program Staff. Your application may be placed on a waiting list in accordance to priority.

Date: _____

Personal Information

Applicant Name: _____ Date of Birth: _____

Applicant Social Security #: _____ - _____ - _____ Email Address: _____

Are you a U.S. Citizen? YES NO, if no, can you provide proof of citizenship? _____

Co-Applicant Name: _____ Date of Birth: _____

Co-Applicant Social Security #: _____ - _____ - _____ Email Address: _____

Are you a U.S. Citizen? YES NO, if no, can you provide proof of citizenship? _____

Address: _____
(Number) (Street) (City): (State): (Zip):

Phone #: _____ Alternate Phone #: _____

Marital Status: Single Married Divorced Widow/Widower

Other Household Members:

Please list the names, relationships, social security numbers and dates of birth of all other household members:

Name:	Relationship:	Social Security #:	Date of Birth:
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			



Is anyone in your household handicapped or disabled? YES NO

If YES, WHO and what is the nature of the condition?

Is anyone over 18 a full time student? YES NO

If YES, Identify person(s) and provide proof of full time enrollment.

Have you received assistance in the past from the City of Kingsport for Home Repairs? YES NO

If "Yes," please give the year, amount and type of assistance:

Are you employed by or a relative of any employee or member of the Board of Mayor and Aldermen of the City of Kingsport? YES NO

If "Yes," please list names, relationship, department and dates of employment.

Names: Relationship: Department: Dates:

Summary of Household

1. Size of household: _____

2. Number of Elderly Household Members (62 and older): _____

3. Number of Handicapped or Disabled: _____

4. Female Headed Household: YES NO

5. Number of Persons 18 years old or younger: _____

Income

Please list the names, sources of gross income (before taxes) (i.e. – wages, SS/SSI, alimony, child support) of all household members:

Name: _____ Source: _____ Amount per Month: \$ _____

Name: _____ Source: _____ Amount per Month: \$ _____

Name: _____ Source: _____ Amount per Month: \$ _____

Name: _____ Source: _____ Amount per Month: \$ _____

Name: _____ Source: _____ Amount per Month: \$ _____



Checking, Saving Accounts

Please list the names, banking location and account # of all household members:

Name on Account	Bank Name/ Location	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Assets

Please list other assets from all sources all household members (i.e. – stocks, bonds, etc.)

Do you own any other real estate property? YES NO

If "Yes," please list address:

Certification

Please certify you understand the following program guidelines by checking "YES" on the line next to the statement. (If you cannot agree to each of the following guidelines you may not qualify for assistance)

1. I understand I must prove ownership by providing a copy of the deed. YES NO
2. I understand I must provide proof of homeowner insurance. YES NO
3. I understand I must provide proof that property taxes are paid up to date. YES NO
4. I agree to allow inspection of the property by the City of Kingsport whenever the Inspector determines that such inspection is necessary. YES NO
5. Upon completion of the repair, I agree to maintain the property in a clean, neat and sanitary condition. YES NO
6. I have alternative housing during the time period of the rehabilitation project should it be necessary. YES NO
7. I agree to permit the contractor to use, at no cost, reasonable existing utilities such as gas, water and electricity which are necessary to the performance and completion of the work. YES NO



- 8. I understand I must cooperate fully with the City of Kingsport and the Contractor to ensure that the rehabilitation work will be carried out promptly. YES NO
- 9. I understand I must maintain the condition of a rehabilitated home after the rehabilitation is complete. YES NO
- 10. I have owned and occupied the home listed above for 1 or more years prior to applying for assistance. YES NO
- 11. I understand the City of Kingsport **may** obtain a title and credit report to verify qualification and hereby give my consent to do so. YES NO
- 12. I understand the City of Kingsport may utilize photographs taken in connection with my participation in the KAHR Program in marketing materials to promote the programs. I hereby give consent to the City of Kingsport to utilize my property and pictures of my property to promote the KAHR Program. YES NO
- 13. I understand that the KAHR Program is not an entitlement program. The City reserves the right to delay, postpone or deny participation in any of the programs for 5 years. At all times, participation requires adherence to the terms of the Construction Contract, Program Guidelines, Code of Conduct, applicable Federal Program regulations and any other Program documents. YES NO

To the best of my knowledge, I certify that the information in this application for federal assistance through the Kingsport Alliance for Housing Revitalization Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the Kingsport Alliance for Housing Revitalization Program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____



THE FOLLOWING INFORMATION IS GATHERED ONLY TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:

Applicant:	Co-Applicant:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other Multi-Racial	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other Multi-Racial
Gender (Sex): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Gender (Sex): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

How did you hear about the program?

Please send this completed application and structure survey with required back-up documentation to:

***City of Kingsport
 Community Development
 Attn: Jessica McMurray
 201 W. Market Street
 Kingsport, TN 37660***

Completed application and Dwelling Structure Survey will not be accepted without the required back-up documentation.



Kingsport Alliance for Housing Revitalization Dwelling Structure Survey

Name: _____ Date: _____

I am applying for assistance for (please check one box):

- Emergency Repair
 Minor Rehabilitation
 R.A.M.P – Ramp Access Made Possible
 Allow program staff to determine the program best suited for my needs based on Dwelling Survey

1. Single Family Home
 Mobile Home
 Modular
 Other Clarify: _____

2. Check all that apply:
 Basement
 One-Story
 Two-Story
 Three-Story

3. Total number of rooms in house: _____ Bedrooms: _____ Bathrooms: _____

4. Approximate year built: _____

5. Property Value: _____

6. Date occupancy began: _____

7. Tax Parcel #: _____

8. Is your home on a permanent foundation?
 YES NO

9. Do you operate a business out of your home?
 YES NO

If "Yes," please give name and nature of business:

10. Do you rent out any portion of your home?
 YES NO

11. Are you still making payments on your home?
 YES NO

If, yes:

Name of Lender/Financing through: _____

Name of Lender/ Financing Contact: _____

Lender/Financing Phone: _____

Approximate Balance Due: \$ _____

12. Name of electric service provider: _____

13. Water supply to the house?
 None
 Public Water
 Well Spring
 Cistern

If public water, please provide the name of the service provider: _____

14. Wastewater system?
 Septic
 Pit
 City Sewer
 Other, please clarify: _____



What repairs do you think are needed? (Check all that apply)

Area	Description of work needed	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floors	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insulation	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior Walls	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interior Walls	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ceilings	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roof	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Porch/Steps	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating/Cooling	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other General Comments: _____

Historic Comments

Do you believe that your property may be eligible for listing in the National Register of Historic Places? Yes No No Opinion

Do you believe that properties adjacent to or across the street from yours may be eligible for listing in the National Register of Historic Places? Yes No No Opinion

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____



Official Use Only:

FAMILY INCOME CALCULATION

Name: _____ Date: _____

All information should come from Home Rehabilitation Program Application

- 1. Number in Household _____
- 2. Number with Income _____
- 3. Number without Income _____

80% Area Median Income Limits for Kingsport-Bristol-Bristol, TN-VA MSA: \$_____.
(Based on family size)

Show totals from Income Calculations and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than \$5,000, multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income:	Totals from Program Application:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

3. Calculate Total Household Gross Annual Income:

0-30% AMI - _____ 31-50% AMI - _____ 51-80% AMI - _____

Completed by: _____

