

OPERATION CARE
A Program of Thomasville Landmarks, Inc.

APPLICATION COVER PAGE

Name: _____

Property Address: _____

City/State/Zip: _____

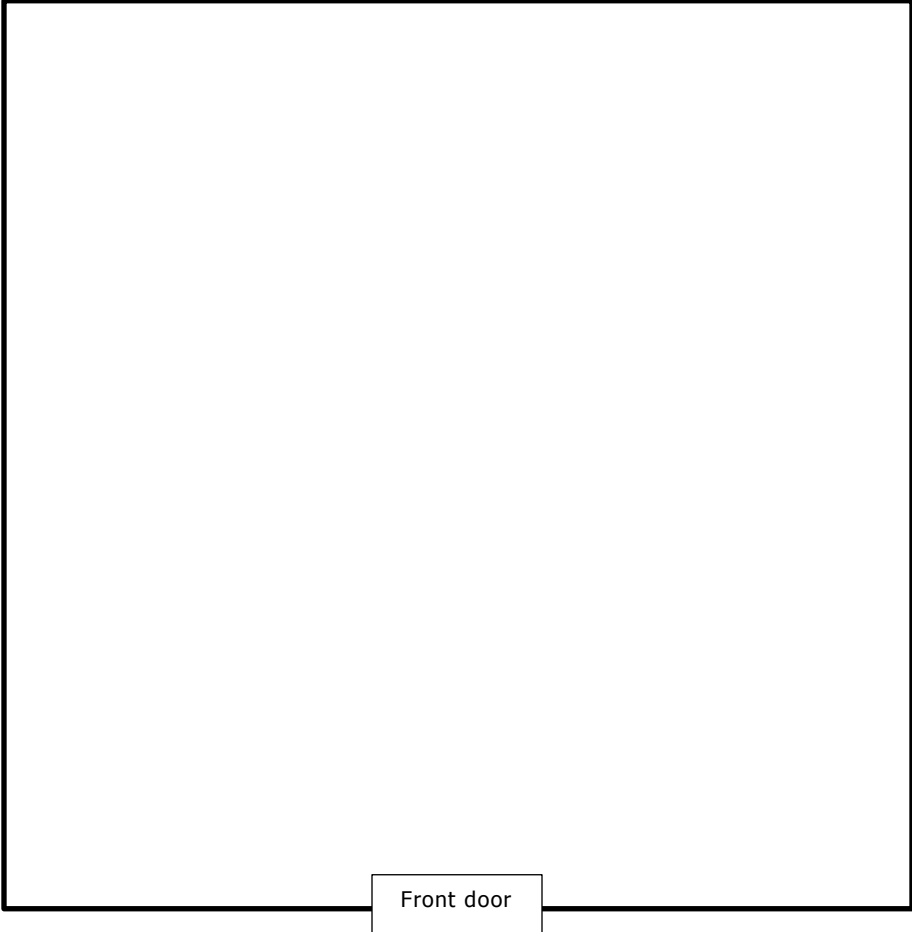
Phone: _____

Date: _____

Are You: _____ Over 60 Years of Age
_____ Disabled

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR HOUSE:
Year your home was built:
Number of Bedrooms:
Number of Bathrooms:
Utilities: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> City Water <input type="checkbox"/> Water Well <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank
Air Conditioning: <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit
PLEASE DESCRIBE THE REPAIRS NEEDED IN DETAIL:
<input type="checkbox"/> Exterior Paint <input type="checkbox"/> Window Glazing <input type="checkbox"/> Wood Repair/Replacement (describe below)
<input type="checkbox"/> Porch Repair (describe below) <input type="checkbox"/> Weatherstripping
<input type="checkbox"/> Other If so, describe:
Does your house have original windows? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your house have vinyl/replacement siding? Yes <input type="checkbox"/> No <input type="checkbox"/>
PLEASE DESCRIBE HOW THESE REPAIRS WILL BETTER YOUR QUALITY OF LIFE:

Look at your house from above it, and draw where you need repairs:



Road

The information collected in this application will be used to determine eligibility. Thomasville Landmarks, Inc. will not disclose any information in this application without your consent except as required by law.

Previous Rehabilitation:	Has your home been repaired in the past with funding from a City, County, State or Federal Grant? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please provide the date and cost:
	Date: _____ Cost: _____

1. PROPERTY INFORMATION

Address of Property (Street, City, State, & Zip Code)	Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO
How many years? _____	
Mailing Address, if different from Property Address above:	

2. APPLICANTS INFORMATION

HEAD OF HOUSEHOLD	SPOUSE OR CO-APPLICANT
Name _____	Name _____
Date of Birth _____	Date of Birth _____
SSN _____	SSN _____
TDL or ID # _____	TDL or ID # _____
Marital Status _____	Marital Status _____
No. of Dependents _____	No. of Dependents _____
Home Phone _____	Home Phone _____

REFERENCE NAME:		
Address: _____	Phone: _____	
City: _____	State: _____	Zip Code: _____
Relationship (select one): <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Employer		

3. EMPLOYMENT INFORMATION

Self-Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Self-Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
Current Employer Address _____	Current Employer Address _____
City/State/Zip _____	City/State/Zip _____
Earnings \$ _____	Earnings \$ _____
Pay Period _____	Pay Period _____
Job Title/Position: _____	Job Title/Position: _____
Work Phone: _____	How long at this job? _____
Work Phone: _____	How long at this job? _____

OTHER INCOME				OTHER INCOME FOR SPOUSE OR CO-APPLICANT		
Other Income \$ _____				Other Income \$ _____		
SSA \$	SSI \$	PENSION \$	CHILD SUPPORT \$	RENT \$	OTHER \$	TOTAL \$

4. HOUSEHOLD COMPOSITION
(Please list all household members including dependents)

Name	Date of Birth	Relationship	Social Security No.	Sex

5. MORTGAGE INFORMATION

Name(s) that appears on the Title-Deed _____
Mortgage Company Name _____
Street Address _____
City/State/Zip _____
Original Mortgage Amount \$ _____
Approximate Balance \$ _____
Account Number _____
Monthly Mortgage Payment \$ _____
Are Taxes and Insurance included? YES NO
Is your mortgage current? YES NO

6. INSURANCE INFORMATION

Is the property in the 100-year Flood Plain? YES NO
Do you have flood insurance? YES NO
Do you have property insurance? YES NO
Insurance Company Name _____
Address _____
City/State/Zip _____
Amount of Premium \$ _____ Coverage Amount \$ _____
Agent's Name Expiration Date of Policy _____
Telephone Number _____

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$ _____	\$ _____	\$ _____	Mortgage	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____	Car Payment	\$ _____
Social Security or Railroad Retirement	\$ _____	\$ _____	\$ _____	Average Credit Card Payment	\$ _____
SSI	\$ _____	\$ _____	\$ _____	Insurance	\$ _____
Disability	\$ _____	\$ _____	\$ _____	Child Care	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	School Lunch	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	Alimony/Child Support	\$ _____
Other	\$ _____	\$ _____	\$ _____	Student Loan	\$ _____
				Groceries	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	TOTAL	\$ _____

<p>1. Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.</p> <p>3. Please attach copies of last month's bills.</p>	<p>2. List additional household members over 18 who receive income:</p> <table border="0"> <thead> <tr> <th>NAME</th> <th>AGE</th> <th>MONTHLY WAGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	NAME	AGE	MONTHLY WAGE	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
NAME	AGE	MONTHLY WAGE											
_____	_____	\$ _____											
_____	_____	\$ _____											
_____	_____	\$ _____											

8. ASSETS
(List Checking and Savings Accounts Below)

Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:															
Account #: _____ Balance: \$ _____	Account #: _____ Balance: \$ _____															
Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:															
Account #: _____ Balance: \$ _____	Account #: _____ Balance: \$ _____															
Do you own a: Stove Refrigerator Washer Dryer	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> </table>		YES	NO	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	YES	NO														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

9. DEBT
(TO WHOM DO YOU AND THE CO-APPLICANT OWE MONEY?)

	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
Car	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Furniture	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Credit Card	\$ _____	\$ _____	Alimony/Child Support	\$ _____	/month
	\$ _____	\$ _____	Job-related Expenses	\$ _____	/month
	Mos. left to pay: _____				
Medical	\$ _____	\$ _____	(Child Care, Union Dues, etc.)	\$ _____	/month
	Mos. left to pay: _____		Column 2: Subtotal of Payments	\$ _____	/month
			Column 1: Subtotal of Payments	\$ _____	/month
Column 1: Subtotal of Payments	\$ _____	/month	Total Monthly Expenses	\$ _____	/month

10. ACKNOWLEDGEMENT OF NOTICES

Initial Below As an applicant for and potential recipient of home repair assistance from Thomasville Landmarks, I/we understand and agree to the following:

_____ **Contractor House Access:** I/we acknowledge and agree that if approved for assistance contractors shall have access to my/our home and property for preparation of bids so that they may obtain necessary information about my/our home and the needed repairs.

_____ **Credit Check and Verifications:** I/we understand and agree that Thomasville Landmarks, Inc. will verify all information contained in this application and check my/our credit through a national credit bureau.

_____ **Federal Equal Credit Opportunity Act:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, age, sex, marital status, whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color, religion, sex, or national origin. The Federal Agency which administers compliance with this law is the Comptroller of the Currency, Consumer Affairs Division, Washington, DC 20219.

_____ **House Evaluation:** I/we understand that Thomasville Landmarks will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that Thomasville Landmark's has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Operation CARE Program.

_____ **Lead Paint Poisoning:** The pamphlet entitled "**Protect Your Family From Lead in Your Home**" was provided to me/us with this application and I/we hereby confirm receipt of this notice.

_____ **Photo Release:** As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by Thomasville Landmark's.

_____ **Right to Financial Privacy Act:** This is to notify you, as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the rehabilitation loan or grant for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without your consent except as required or permitted by law.

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant	Co-Applicant
A. Do you have any debt because of a court decision against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you had property foreclosed on in the past 7 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Are you currently involved in a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Are you paying alimony or child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **A** through **E**, however, please explain on a separate sheet of paper.

12. CERTIFICATION AND AGREEMENT BY APPLICANT(S)

I/We, the undersigned, specifically acknowledge and agree that:

1. All forms and copies of documents obtained by Thomasville Landmarks to complete this application for assistance are the property of Thomasville Landmarks;
2. Verification and re-verification of any information contained in the application may be made at any time by the County, either directly or through a credit reporting agency, from any source named in this application in any of the material facts which I/we have represented herein should it change prior to signing contracts.

Certification: I/We certify that the information provided in this application and all information furnished in support of this application are given for the purpose of obtaining financial assistance under the Thomasville Landmarks Operation C.A.R.E. and are true and correct as the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the County, its agents, successors, and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application. I/We understand that any willful misstatement of material facts will be grounds for disqualification for assistance. I/We further certify that I am/we are the owner(s) and occupant(s) of the property to be repaired, and upon completion of all repairs, I/we will occupy/re-occupy this property.

Signature of applicant:

Date

Signature of co-applicant:

Date

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Please check the appropriate box for your Ethnicity and Race:

APPLICANT	CO-APPLICANT
<input type="radio"/> I do not wish to furnish this information	<input type="radio"/> I do not wish to furnish this information
<p>Race/National Origin:</p> <p>___ American Indian or Alaskan Native</p> <p>___ Native Hawaiian or Other Pacific Islander</p> <p>___ Black/African American</p> <p>___ Caucasian</p> <p>___ Asian</p> <p>___ American Indian or Alaskan Native AND Caucasian</p> <p>___ Asian AND Caucasian</p> <p>___ Black/African American AND Caucasian</p> <p>___ American Indian or Alaskan Native AND Black/African American</p> <p>___ Other(specify)</p> <p>Ethnicity:</p> <p>___ Hispanic ___ Non-Hispanic</p> <p>Sex:</p> <p>___ Female ___ Male</p> <p>Birthdate: ___/___/___</p> <p>Marital Status:</p> <p>___ Married</p> <p>___ Separated</p> <p>___ Unmarried (Inc. single, divorced, widowed)</p>	<p>Race/National Origin:</p> <p>___ American Indian or Alaskan Native</p> <p>___ Native Hawaiian or Other Pacific Islander</p> <p>___ Black/African American</p> <p>___ Caucasian</p> <p>___ Asian</p> <p>___ American Indian or Alaskan Native AND Caucasian</p> <p>___ Asian AND Caucasian</p> <p>___ Black/African American AND Caucasian</p> <p>___ American Indian or Alaskan Native AND Black/African American</p> <p>___ Other(specify)</p> <p>Ethnicity:</p> <p>___ Hispanic ___ Non-Hispanic</p> <p>Sex:</p> <p>___ Female ___ Male</p> <p>Birthdate: ___/___/___</p> <p>Marital Status:</p> <p>___ Married</p> <p>___ Separated</p> <p>___ Unmarried (Inc. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature Date
	Interviewer's Phone Number