



PLEASE DO NOT SEPARATE THE APPLICATION!!

SEND ALL FORMS BACK and ALL REQUESTED DOCUMENTS ON THE NEXT PAGE!

THANK YOU FOR YOUR INTEREST IN THE EMERGENCY HOME REPAIR PROGRAM. This application will be used to help us to determine your eligibility for services.

- ❖ **All information requested on the next page must be sent in. If not, your packet will be returned to you to complete. Be sure to read it all!**

If you are eligible for services the following will occur:

- You will be notified that your household is eligible
- **Your application will be placed in order (based on the date all documentation was received) with the other applications that have been approved.**
- **At the time, your application comes up for service, we will notify you and schedule an appointment at that time**

*Unfortunately, we have an enormous list of approved clients waiting for emergency services so it might **be numerous months before we get to your repair.***

If your repairs must be performed immediately, you may want to find assistance through other sources due to the high volume of applicants with emergency repairs and the numerous months before we will be able to assist you.

ENCLOSED YOU WILL FIND AN APPLICATION AND FORMS. PLEASE TAKE A MOMENT TO COMPLETE. WHEN YOU RETURN THE APPLICATION BACK TO US, PLEASE PROVIDE THE REQUESTED INFORMATION AS LISTED ON THE NEXT PAGE (CHECKLIST).

You will be **NOTIFIED BY MAIL** of your eligibility status. Please allow 30 days for us to notify you of our eligibility.

- ❖ **If you do not submit the requested information listed on the attached checklist, your application will be returned to you.** We cannot verify your income for you or pull information from a prior application so be sure to complete the application and submit all documentation.

THANK YOU.

NEW GUIDELINES FOR FISCAL YEAR 2009 - 2010

Y N CIRCLE "Y" FOR YES OR "N" FOR NO

Y N **COMPLETED APPLICATION:** PLEASE BE SURE TO SIGN AND DATE THE APPLICATION. COMPLETE ALL BLANKS. **IF YOU CIRCLE YES, PROVIDE BACKUP PROOF FOR OUR FILES!**

***INCOME VERIFICATION:** YOU MUST SUBMIT ALL HOUSEHOLD INCOME DOCUMENTATION WHETHER THAT PERSON (S) CONTRIBUTES TO THE HOUSEHOLD EXPENSE OR NOT. IF YOUR HOUSEHOLD RECEIVES THE FOLLOWING, WE NEED THE FOLLOWING DOCUMENTATION:

Y N **SOCIAL SECURITY INCOME OR SOCIAL SECURITY SUPPLEMENT INCOME (SSI):** THE LETTER YOU RECEIVED AT THE BEGINNING OF THE YEAR FROM THE SOCIAL SECURITY OFFICE SHOWING YOUR 2010 AMOUNT. IF YOU DO NOT HAVE THAT LETTER THEN YOU MUST CONTACT SOCIAL SECURITY OFFICE AND REQUEST A LETTER SHOWING YOUR MONTHLY AMOUNT FOR **2010**.

Y N **VETERANS BENEFIT:** THE LETTER YOU RECEIVED FROM THE DEPARTMENT OF VETERANS AFFAIRS SHOWING YOUR **2010** AMOUNT. A COPY OF YOUR LATEST CHECK OR A COPY OF YOUR LATEST BANK STATEMENT. IF YOU OBTAIN A COPY OF THE STATEMENT FROM YOUR BANK IT MUST INCLUDE YOUR NAME, THE BANKS NAME, THE TYPE OF DEPOSIT (VA) AND THE DATE OF THE DEPOSIT.

Y N **MONTHLY RETIREMENT OR PENSIONS BENEFITS:** LETTER FROM THE COMPANY OR THE CHECK STUB SHOWING YOUR GROSS MONTHLY AMOUNT FOR **2010**.

Y N **INTEREST/DIVIDENDS:** VERIFICATION OF INTEREST/DIVIDENDS RECEIVED THE **30** DAYS FROM DATE OF APPLICATION.

Y N **SEE**ATTACHMENT A** CHECKING ACCOUNT AND SAVINGS ACCOUNT:** TAKE THIS FORM TO YOUR BANK OR SAVINGS AND CHECKING INSTITUTION.

Y N **WAGES: SEE*ATTACHMENT B**:** TAKE THIS FORM TO YOUR EMPLOYER

Y N **CHILD SUPPORT:** STATEMENT FROM SOURCE PROVIDING CHILD SUPPORT VERIFYING THE **PAST 30 DAYS** FROM DATE OF APPLICATION.

Y N **ZERO INCOME VERIFICATION STATEMENT FORM AND STATEMENT OF SUPORT FORM (THESE FORMS ARE THE LAST 2 FORMS IN YOUR APPLICATION PACKET):** THESE ARE TO BE COMPLETED ONLY FOR THE PERSON(S) IN THE HOUSEHOLD 18 OR OVER AND HAVE HAD NO INCOME 30 DAYS FROM THE DATE OF THE APPLICATION. NOTE: THE ZERO INCOME VERIFICATION STATEMENT FORM IS TO BE COMPLETED BY SOMEONE WHO IS NOT RESIDING IN THE HOUSEHOLD AND IS NOT RELATED.

Y N **ALL OTHER INCOME OR ASSESTS NOT LISTED ABOVE:** DOCUMENTATION FROM THE SOURCE YOU RECEIVE THE INCOME FROM SHOWING THE GROSS AMOUNT RECEIVED 30 DAYS PRIOR TO THE DATE OF APPLICATION.

***HOME OWNERSHIP VERIFICATION: PLEASE DO NOT SUBMIT MORTGAGE PAPERS**

Y N IF YOU RESIDE IN A HOUSE, WE NEED A COPY OF THE DEED THAT IS IN YOUR NAME. IF THE DEED IS NOT IN YOUR NAME THEN YOU MUST SUBMIT LEGAL DOCUMENTATION THAT THE RESIDENCE BELONGS TO YOU

Y N IF YOU RESIDE IN A MOBILE HOME, WE NEED A COPY OF THE MOBILE HOME TITLE THAT IS IN YOUR NAME. WE MUST HAVE THE TITLE. WE CAN NOT USE A BILL OF SALE OR MORTGAGE PAPERS. IF THE TITLE IS NOT IN YOUR NAME PLEASE CONTACT THE LOCAL DEPARTMENT OF MOTOR VEHICLES FOR ASSISTANCE IT GETTING THE TITLE IN YOUR NAME. IF YOU OWN THE PROPERTY THE MOBILE HOME IS LOCATED ON, PLEASE PROVIDE A COPY OF THAT DEED. REMEMBER WE STILL NEED A COPY OF THE TITLE IN YOUR NAME.

EMERGENCY REPAIR CHECKLIST

APPLICANT NAME: _____

ADDRESS: _____ **CITY/ZIPCODE** _____

The purpose of the Emergency Home Repair Program is to remove conditions that constitute an imminent threat to the health and/or safety of the residents of substandard housing structures. It is not the intent of this program to rehabilitate homes.

CAC will perform emergency repairs for single family homes, including mobile or manufactured homes, within the City of Knoxville that has been inspected by the grant program staff or their designated representative and classified as having conditions that present an imminent threat to health and/or safety as defined below: **Please number in order the repairs your home needs. If your home does not need the repair please enter N/A on the line.**

_____ Repair or replacement of an electrical system determined a serious fire hazard or an electrical shock hazard.
Comments: _____

_____ Repair or Replacement of a heating and/or air system or space heater, that is not repairable and has been determined to be a hazard or will not operate.: Comments: _____

_____ Correction of roof leak. Repairs will be made to existing systems if determined feasible. Comments: _____

_____ The replacement of dilapidated steps, landings and/or porches, and handrails/guardrails, if condition significantly increases possibility of injury or eliminates a means of egress. Comments: _____

_____ The replacement of sewer line under structure or from house to street if waste is being emitted creating a health hazard, or water lines that are leaking or badly corroding and the grant program staff or their designated representative determines that the condition could affect structural components, or health and safety of occupant.
Comments: _____

_____ Repair, replacement or additional support of a floor system that has been determined structurally deficient as determined by the grant program staff or their designated representative or other city inspectors. If the condition of the floor covering is such that an eminent safety hazard exists, the grant program staff or their designated representative may recommend repair, or replacement. Comment: _____

_____ Repair or replacement of foundation wall or crawl space piers when condition renders structure unsafe.
Comments: _____

_____ Handicap accessibility items such as ramps, entrance modifications, grab bars, handicap toilet, and any other items of need.
Comment: _____

_____ Surface water that infiltrates the envelope of the home and could affect the structural integrity of the building or cause health and safety concerns for the occupants. Comment: _____

_____ A window or door condition that may constitute an imminent threat to health and safety of the occupant.
Comment: _____

N/A Any condition as determined by grant program staff or their designated representative and applicable city inspections personnel which renders a structure and property conditions dangerous or injurious to the health or safety of the occupants.
Other: _____

NOTE: IF the item listed in other is not an approved repair per program regulations, we will not be able to address the repair.



EMERGENCY HOME REPAIR PROGRAM

RELEASE OF INFORMATION

I, _____, hereby authorize Knoxville / Knox County CAC to share information from my Emergency Home Repair application with other agencies and/or programs within Knoxville / Knox County CAC from which I seek additional services:

(Applicant Signature)

(Date)

HOMEOWNER AUTHORIZED AGENT CERTIFICATION

I, _____, allow work on the dwelling unit in which I applied on behalf of in accordance with the following provisions:

1. Allow inspection of house inside and out;
2. Allow installation of materials as authorized;
3. Allow supervision of installation;
4. Allow follow-up inspection of work; and
5. Such other particulars as may be attached to this agreement.

(Applicant Signature)

(Date)



EMERGENCY HOME REPAIR PROGRAM

CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Protect Your Family From Lead In Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received the pamphlet before the work began.

(Recipient Signature)

(Date Received)

(Recipient Printed Name)

(Address)

(Address)

Office Use Only

Pamphlet was _____ **hand delivered** _____ **mailed**

Date hand delivered or date mailed: _____

By whom: CAC HOUSING

(Certification Worker Signature)

(Date)



****PLEASE HAVE THE PERSON THAT HELPS YOU WITH FOOD , RENT, UTILITIES, ETC., TO COMPLETE THIS FORM. THIS CAN BE ANYONE.**

EMERGENCY HOME REPAIR PROGRAM

STATEMENT OF SUPPORT

Applicant Name: _____

Date: _____

I, _____, do hereby certify that during the

the period of _____ to _____ that I provided the following

support to _____.

_____ Food _____ Clothing _____ Rent

_____ **Gifts** (Specify) _____

_____ **Other** (Specify) _____

**(Signature of Applicant or Support Person)

(Date)

(Relationship)

(Address)

(Telephone)

Gifts are contributions of cash, goods or services for basic necessities, which are made without any commitment for repayment.



EMERGENCY HOME REPAIR PROGRAM

ZERO INCOME VERIFICATION STATEMENT

Applicant's Name: _____

Date: _____

I, _____,
(*Name of Person who can verify applicant or household member has had no income for 30 days)

verify that _____,
(Applicant or Household Member's name that has not had income for 30 days)

has not worked or had any means of visible income in his/her household during the past 30 days.

**Verifier's Signature

**Relation to Applicant

Address _____

****Please Note: This form is
to be signed by someone
other than a family member.**

Phone: _____

Examples would be a friend,
Pastor or Church Member, or
Social Worker.

For Office Use Only

Staff: _____ Date: _____



Knoxville-Knox County Community Action Committee

Customer Grievance Procedures

CAC is a public agency serving the poor and disadvantaged people of our community through the operation of federal, state, and locally funded programs. CAC's goal is to provide as many effective programs and as much assistance as possible to the disadvantaged of our community. A dedicated staff strives to plan and implement programs aimed at meeting the short-term and emergency needs of the poor as well as developing their eventual self-sufficiency and economic independence.

Any customer who feels he/she has been discriminated against, treated unfairly, or who disagrees with the application of a policy to him/her as a program participant, may file a grievance. Complaints and grievances shall be given prompt and fair consideration according to the procedures outlined below. No adverse action will be taken against any individual for participating in the grievance procedure, either as a complainant, a representative, or a witness.

Grievance Procedures

Unless another procedure is set forth for a specific program, the following mechanism shall be used for the processing of client complaints, and grievances:

Any customer having a complaint or grievance shall first inform the staff person serving him/her and their program director. The program director will meet with the client on an informal basis, review the complaint, and attempt to adjust the matter satisfactorily. Program Director for Housing Services is:

Jason Estes, Director

Housing Rehabilitation & Construction Services

Phone : 244-3080

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Any customer who feels he/she has been discriminated against and whose complaint has not been resolved at the program level should contact the CAC Title VI Coordinator (Personnel Director) or the CAC Executive Director at the L.T. Ross Building/2247 Western Avenue; mailing address: CAC/P.O. Box 51650 / Knoxville, TN 37950-1650; or by telephone: 865-546-3500.

X

Customer Signature

LT Ross Building • 2247 Western Avenue (lower level) • Knoxville, TN 37921
Mailing address: PO Box 51650 • Knoxville, TN 37950-1650 • Phone (865) 244-3080
Fax (865) 544-1647 • PACE-10 (865) 637-9073 • www.knoxcac.org



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CLIENT COPY – KEEP FOR YOUR RECORDS