

Applicant***Summary of Monthly Bills***

Mortgage / Rent: \$ _____
 Utilities: \$ _____
 Car Payment: \$ _____
 Insurance: \$ _____
 Child Care: \$ _____
 School Lunch: \$ _____
 Student Loans: \$ _____
 Alimony / Child Support: \$ _____
 Credit Card Payments: \$ _____

Co-Applicant***Summary of Monthly Bills***

Mortgage / Rent: \$ _____
 Utilities: \$ _____
 Car Payment: \$ _____
 Insurance: \$ _____
 Child Care: \$ _____
 School Lunch: \$ _____
 Student Loans: \$ _____
 Alimony / Child Support: \$ _____
 Credit Card Payments: \$ _____

Applicant***Employment Information***

Employer's Name: _____

Address: _____
 City: _____
 State: _____ Zip: _____

Work Phone: _____
 Type of Business: _____

Years Employed: _____
 Monthly wages: _____

Co-Applicant***Employment Information***

Employer's Name: _____

Address: _____
 City: _____
 State: _____ Zip: _____

Work Phone: _____
 Type of Business: _____

Years Employed: _____
 Monthly wages: _____

Applicant***Monthly Income***

Employment Income \$ _____
 Food Stamps: \$ _____
 Social Security: \$ _____
 Disability: \$ _____
 Alimony: \$ _____
 Child support: \$ _____
 Unemployment: \$ _____

Co-Applicant***Monthly Income***

Employment Income \$ _____
 Food Stamps: \$ _____
 Social Security: \$ _____
 Disability: \$ _____
 Alimony: \$ _____
 Child support: \$ _____
 Unemployment: \$ _____



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

HEALTHY HOUSING INITIATIVE

ACKNOWLEDGEMENT OF NOTICE

As an applicant for and potential recipient of home repair assistance from **Neighborhood Housing Services of Birmingham, Inc.** I/we understand and agree to the following **(please initial)**:

Verification Check: I/we understand and agree that NHSB will verify all information contained in this application and check for eligibility.

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 applicants 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.

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 financial institution has a right of access to financial records held by any rehabilitation loan or grant for which you have applied. Financial records involving your transaction will be available at NHSB and other agencies if requested (i.e. Housing and Urban Development, City of Birmingham) 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.

House Evaluation: I/we understand that NHSB 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 NHSB

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 Home Repair Program.

Work Scope Preparation: If approved for assistance after evaluation, contractors shall have access to my/our home and property so that they may obtain necessary information about my/our home and needed repairs.

Media Release: As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs and videos will be taken of my/our home, before, during and after the repair assistance is provided, and that such photos and videos may be shared with other agencies such as City of Birmingham and various media outlets.



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

HEALTHY HOUSING INITIATIVE

AUTHORIZATION TO RELEASE INFORMATION

Neighborhood Housing Services of Birmingham, Inc. Healthy Housing Initiative program works in partnership with other agencies that perform home repair for homeowners this includes General Contractors, Sub Contractors, Electricians, Plumbers, and other services entities. These other agencies are working in order to provide assistance to the homeowners and working on behalf of Neighborhood Housing Services of Birmingham, Inc.

I/we give Neighborhood Housing Services of Birmingham, Inc. permission to release my/our information to other agencies that will be working with NHSB that will be performing assistance on the Healthy Housing Initiative home repair program.

Applicant

Date

Co-Applicant

Date

CERTIFICATION

I understand that by submitting this application for assistance, I certify that I am the owner of the residence that I am requesting repair assistance, I also attest that I reside in the property and this property is not rented, sub-leased or owned by another individual(s). I am authorizing Neighborhood Housing Services of Birmingham, Inc. to evaluate my need for Home Repair assistance. I understand that all information on this application will be verified and all questions have been answered truthfully. If I am selected and the information cannot be verified or deemed not truthful, my application may be denied. I understand by submitting an application, this does not automatically approve me for the program nor to receive the services offered by the agency. Neighborhood Housing Services of Birmingham, Inc. screens all potential applicants and by completing this application, I am submitting myself and all persons listed subject to submitting to any documentation requested, if necessary.

Applicant

Date

Co-Applicant

Date