



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

## HEALTHY HOUSING INITIATIVE

### About the Healthy Housing Initiative Program

Neighborhood Housing Services of Birmingham, Inc. is accepting applications for the Healthy Housing Initiative which will provide FREE home repair assistance to qualified homeowners within the Jefferson County area. If you own and occupy single family dwelling, and meet all the other qualifications, you may qualify for assistance.

### Eligible Applicants

- Applicants may not have received a previous grant or assistance within the last 5 years.
- Total household income may not exceed 80% area median income.
- Must be homeowner's primary residence
- Property cannot be in foreclosure
- Must be Single Family Home & Resident of State

1 Person Household	\$40,950
2 Person Household	\$46,800
3 Person Household	\$52,650
4 Person Household	\$58,500
5 Person Household	\$63,200
6 Person Household	\$67,900
7 Person Household	\$72,550

### Eligible Repairs Include:

- Weatherization (energy efficiency)
- Minor Plumbing Repair
- Roofing I Gutters
- Heating Ventilation and Air Conditioning
- Other home improvements



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### CHECKLIST

*Please return all required documents and information with the application.  
Check off documents as you complete them.*

### DOCUMENT TYPES

- **Most recent Proof of Income:** **Must be for current year and for each person listed on the application**
  - Social Security Income / Retirement / Pension – *Must be dated with the current year*
  - Employment – *Please submit 30 days of paystubs*
  - *If you need a new award letter from SSA, call (866) 592-3734 and they will mail it.*
- **Copy of Driver License or State ID** – Cannot be expired
- **Proof of Homeowner Insurance or a reason of denial from an insurance agent**
- **Copy of Deed showing ownership**– *obtain from local courthouse*
  - *NHSB can find this in some cases. Call us if you cannot locate it.*
- **Copy of Mortgage Statement** – *If applicable*
- **Copy of two most recent Bank Statement (60 days)**
- **Copy of most recent Utility Bills**
  - *This includes electricity, gas(if applicable), and water*
- **Copy of previous year Federal Income Tax Return** - *If applicable*
- **If spouse or another person is listed on deed, please provide the appropriate document below:**
  - *Copy of Marriage License, Divorce Decree, Copy of Last Will and Testament, Death Certificate*

**Applications are currently being accepted indefinitely and based on first come, first served basis. All required information must be returned.**

#### Please note:

Submission of application for Healthy Housing Initiative does not constitute an approval for services being provided. Each application will be reviewed, and those homeowners selected for rehabilitation services will be contacted by mail or by phone.

**Please return the completed application, Checklist and all the required documentation to:**

Neighborhood Housing Services of Birmingham, Inc.

601 19th Street North

Birmingham. AL 35203



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## APPLICATION

### Applicant

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: (Circle One)

Single Married Separated Widowed

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Type of Income: (Circle One)

Social Security Disability Other: \_\_\_\_\_

### Co-Applicant

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: (Circle One)

Single Married Separated Widowed

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Type of Income: (Circle One)

Social Security Disability Other: \_\_\_\_\_

### All Members Living in Household

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Home Repair Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \$ \_\_\_\_\_



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### 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.

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**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.

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**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.



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### 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.

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Applicant

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Date

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Co-Applicant

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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.

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Applicant

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Date

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Co-Applicant

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Date