



## HOUSING REPAIR ASSISTANCE PROGRAM APPLICATION

**Housing Repair Program  
Community Services Division  
City of Auburn  
25 West Main  
Auburn WA 98001**

**For more information  
call: (253) 931-3099**

HOUSEHOLD INFORMATION					
Name of Applicant:		Date of application:			
Home Phone:		Work Phone:			
Name of Property Owner:					
Street Address:			City/Zip		
Type of ownership verification (deed, tax bill, etc): Attach copy of proof of ownership.					
INFORMATION ON DWELLING					
In what year was this home built?			How long have you lived in this home?		
Type of Structure (i.e. Single Family; Townhouse; Condo; Mobile Home; Manufactured Home):			Name of mobile home community:		
Is this home on a septic system? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
DEMOGRAPHIC INFORMATION					
Age:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Female headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anybody living in the household a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anybody who lives in the home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnicity</b> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan Native		<b>Age of Head of Household</b> <input type="checkbox"/> Under 60 <input type="checkbox"/> 60 – 74 <input type="checkbox"/> 75 and over		<b>Number Living in Household</b> <input type="checkbox"/> Adults _____ <input type="checkbox"/> Children _____	
REPAIRS					
Type of Housing Repair Requested: <input type="checkbox"/> Emergency Home Repairs <input type="checkbox"/> Accessibility <input type="checkbox"/> General Repairs <input type="checkbox"/> Code Compliance <input type="checkbox"/> Weatherization					
Please list the repairs that you want this grant to fund in order of priority:					

## MEMBERS OF THE HOUSEHOLD

Names and ages of all living in dwelling, including applicant: {use additional paper if necessary}

Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____
Name: _____	Birthdate: _____	Age: _____

## INCOME VERIFICATION

**18 and older:** Please attach documentation of ALL sources of income for all members of the household who are 18 years and older, including most recent Federal Tax Return, paychecks for the last two months, OR statements of monthly unemployment benefits, Social Security, retirement or private pensions.

\$ \_\_\_\_\_

**Assets for the entire household:** Please attach copies of three most recent statements of the applicant's banking, savings and/or investment account(s), particularly showing deposits made. It is not necessary to disclose social security numbers or bank account numbers. The statement must contain the name and address of the applicant.

\$ \_\_\_\_\_

**Proof of Home Ownership:** Documents proving home ownership can include property tax assessments, deeds, mortgages, promissory notes, or real estate contracts. For mobile homes please include copies of the title or registration certificate.

\$ \_\_\_\_\_

## INCOME LIMITS

If your Adjusted Gross income is less than the amount shown for the family size listed on the left, you may qualify for the Home Repair Program (2019 Income Guidelines for HUD Programs).

Household Size	Annual Income	
1 Person	\$41,800	
2 Person	\$47,800	
3 Person	\$53,750	
4 Person	\$59,700	
5 Person	\$64,500	
6 Person	\$69,300	
7 Person	\$74,050	
8 Person	\$78,850	

**TERMS AND CONDITIONS OF THE GRANT**

<b>Initials</b>	<b>Your initials acknowledge that you understand and agree to the following:</b>
	Auburn's Housing Repair Program is a voluntary program. The applicant is not obligated to accept the assistance offered and may reject the grant. Eligible applicants will be taken on a first-come, first-serve basis, according to the priority system established by the City.
	Should a project be determined to not be feasible due to a lack of funding or failure to meet any of the program's eligibility criteria or the applicant refuses the assistance offered; the applicant understands the City retains the right to reject the application.
	Auburn's Housing Repair Grant has a term of 180 days (6 months) and may be extended to no more than 18 months. Following the termination of the grant, the applicant is not eligible to apply for another Housing Repair Grant for 5 years from when they were accepted into the program. In other words, an applicant is eligible for only one grant every five (5) years.
	With the prior-approval of the Program Administrator, additional work may be added to the grant provided that (1) the work is an eligible activity, (2) the total amount expended does not exceed the original grant award, and (3) the amended term of the grant is no more than a total of eighteen (18) months from the approval date of the application.
	The grant applicant agrees to allow the City, or its designee, inspect the property.
	The grant applicant agrees that the property will meet the City of Auburn's Building Codes and Housing Quality Standards. All rehabilitation work (improvements) must comply with currently approved building codes.
	The applicant agrees to notify the Auburn's Housing Repair Program of any material change in the Applicant's financial condition, ownership of property or other circumstances that may affect the Applicant's eligibility for a Housing Repair Grant.

**AGREEMENT**

I/We, the undersigned, hereby certify that the above statements are correct and accurate at the time of execution of this application and understand that any persons giving false information will be subject to a penalty of perjury. It is hereby acknowledged that a minimum Housing Code inspection is required before I/We receive approval for a repair grant or loan, and that additional inspections may be required to determine cost estimates of eligible repairs. I/We also authorize the City of Auburn to confirm the above information by securing verification of income from the issuing sources(s) and/or employers, and verification of ownership from title reports or motor vehicle ownership records.

I/We, authorize the City or its representative to inspect my property before and after the work is done. The City of Auburn will issue payment once contracted tasks have been completed and satisfaction of the job(s) have been reached between contracted parties involved.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the City of Auburn, Housing Repair Program at (253) 931-3099.

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Approval/Rejection Date: \_\_\_\_\_

Major Repair  Minor Repair Priority: 1  2  3  4

Grant Amount: \_\_\_\_\_ Program Administrator: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_