



CITY OF SPRINGFIELD EMERGENCY MINOR HOME REPAIR PROGRAM INFORMATION

SERVICES OFFERED

The City of Springfield administers the Emergency Minor Home Repair Program which is designed to assist low-income homeowners by providing up to \$2,000 in a five year period for the following repairs:

1. Minor electrical, plumbing and heating repairs.
2. Repairs to roofs, foundations, siding, windows, doors, floors, ceilings and structural members.

Additional services are offered to handicapped households or tenants, which include the following:

1. Modification of dwelling for occupancy by a disabled homeowner or tenant.
2. Installation of smoke detectors.

ELIGIBILITY REQUIREMENTS

1. The applicant must be an Owner Occupant of the house that needs repairs, or may be a renter if the owner of the property agrees to work for the purpose of modifications of the unit for occupancy by a disabled tenant.
2. The home must be located within the Springfield City Limits.
3. The applicant must be 18 years of age or over and meet income guidelines established by law.

VERIFICATION OF INCOME

We are required to determine the eligibility of persons who apply for services. A part of that process includes verification of household income of applicants. Please complete and sign the enclosed application, Consent of Disclosure form, and attach any substantiating documents of income from each source.

Documents of income may include pay slips, check stubs, notes from persons for whom you have worked, award letters from Social Security (or other programs such as student financial aid, vocation rehabilitation, Veterans Administration, etc.), unemployment claim determination, copies of pension checks, etc.

You can obtain an award letter from the Social Security Administration by calling their toll free number: 1-800-772-1213.

Please note: **APPLICATIONS CANNOT BE PROCESSED WITHOUT VERIFICATION OF INCOME.**

Complete pages 2 through 4 of this application and return to:

**City of Springfield
Housing Programs Division
225 Fifth Street
Springfield, OR 97477**

For questions call 726-2358



**Application
CITY OF SPRINGFIELD
EMERGENCY MINOR
HOME REPAIR**



Address _____ **Zip** _____
Phone: _____

Provide the following information for each household member. List the primary contact person first:

NAME DISABLED	DATE OF BIRTH	SEX GROUP*	RACIAL/ETHNIC	IF HANDICAPPED OR DESCRIBE CONDITION
_____	___/___/___	___	_____	_____
_____	___/___/___	___	_____	_____
_____	___/___/___	___	_____	_____
_____	___/___/___	___	_____	_____
_____	___/___/___	___	_____	_____

* Note: this information is collected for statistical purposes only; completion is optional
 racial/ethnic group code: white, black, american indian/alaskan native, hispanic, asian/pacific islander

List all sources of income for all household members:

Name of household member	Source of income	Amount/month
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Dwelling Type: Manufactured Home () Single family () Duplex () Multi-family ()
 Dwelling is: Owned ()
 Rented () - Owner's Name _____ Phone _____
 Owner's
 Address _____

For Office Use Only	Client I.D. Number	For Office Use Only	Tax Account #
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Net Family Assets:

Net family assets include the equity on real property (other than the home in which you reside), savings, bonds, stocks, and other forms of capital investments. Do not include the value of personal property, such as furniture, family automobiles, etc.

Assets	Description or Location	Current Value
Cash in Banks		\$
		\$
		\$
Real Estate owned		\$
		\$
		\$
		\$
Cash Value Life Insurance		\$
		\$
Stocks, Bonds, Other Investments		\$
		\$
		\$
		\$
		\$
Total		\$

CONSENT OF DISCLOSURE

Pursuant to Public Law 93-579 (the Privacy Act of 1974), I have made the attached disclosures freely and voluntarily and with full knowledge that any and all information given to the City of Springfield shall be used solely for the purpose of determining my eligibility under the Emergency Minor Home Repair Program.

I hereby consent to the disclosure to the City of Springfield by the following named sources, person, and/or entities of any information pertaining to me which appears in my application for assistance under the Emergency Minor Home Repair Program, for the sole purpose of processing my application for assistance: (1) my employer or other sources necessary to verify my income; and (2) any other person or entity the City of Springfield may deem necessary or appropriate in processing my application.

By this consent, I shall hold the City of Springfield harmless for any liability that it may incur as a result of any disclosure made within the bounds of my consent and authorization.

I acknowledge receipt of a copy of this instrument, consisting of one page. I (we) also hereby attest to the truth of any of the information given for the sole purpose of making this application.

Note: It is not mandatory for a person to give his/her Social Security number. However, it will be to your advantage to comply with the request so that there will be no delaying the processing of your application.

Your Social Security Number will be used as an identifier for information collected from you to determine your initial eligibility or continuing eligibility to receive a program benefit. It may also be used for statistical purposes to improve program effectiveness.

Signature of Applicant

Date

Social Security Number

