



## **CITY OF SPRINGFIELD 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 \$5,000 in a five year period for the following repairs:

1. Minor electrical, plumbing and heating repairs.
2. Repairs to roofs, windows, doors and floors.

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

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

### **ELIGIBILITY REQUIREMENTS**

1. The applicant must be an Owner Occupant of the house that needs repairs.
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.
4. All homes built prior to January 1, 1978 may be subject to Federal Lead base paint regulations.
5. All properties will be verified through Lane County Tax Records. You may be required to provide additional proof of ownership.

### **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.

Complete pages 2 through 5 of this application and return to:

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

**For questions call 541-736-1039**

CITY OF SPRINGFIELD  
DEVELOPMENT AND PUBLIC WORKS

Emergency Home Repair Program  
225 North 5<sup>th</sup> St  
Springfield, OR 97477

INCOME VERIFICATION  
HOME REPAIR PROGRAM

As an applicant for the Home Repair Program it is necessary for you to submit verification forms concerning your gross annual income of all members residing within the household.

Indicate which of the following categories describes your income sources and attach appropriate information (more than one category may apply).

EMPLOYED

1. Income – Submit most recent pay stub, award letter from Social Security, unemployment claim determination, copies of pension checks, copy of bank statement, etc.
2. Rental Income – List address and rental income verification.
3. Business Income – Submit a complete signed and dated federal income tax return indicating operating expenses, business income, etc.

RETIRED

1. Social Security Income – Contact 1-800-772-1213 to receive social security benefit verification. Submit copy.
2. Pension and Veteran's Benefits – Submit written verification from each prospective agency.

ASSISTANCE

1. Alimony and Child Support Payments – Submit verification of amount received per month and divorce documents indicating alimony and support agreements.
2. Welfare and Other Assistance – Submit written verification from each prospective agency.

Please Note: **APPLICATIONS CANNOT BE PROCESSED WITHOUT VERIFICATION OF INCOME**



**Application  
CITY OF SPRINGFIELD  
HOME REPAIR PROGRAM**



**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please provide the following information for all persons residing in the beneficiary household (beneficiary of household is not limited to husband/wife and their minor children. It includes ALL persons residing in the household):**

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

\*Racial group code: White, Black/African American, American Indian/Alaskan Native, Asian, Hawaiian/Pacific Islander  
\* Ethnic group code: Hispanic, Non-Hispanic

**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 ( )  
Year Built: \_\_\_\_\_

Office Use Only:

Start Date:

Client ID Number:

**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.

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

**Describe the problem(s) you are having and the repair work that needs to be done:**


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.

**LEAD-BASED PAINT NOTIFICATION:** many houses and apartments built before 1978 have paint that contains lead (called lead-based paint). Lead from paint chips and dust can pose serious health hazards if not taken care of properly. Federal regulations require that persons renting, buying or renovating pre-1978 housing be provided information explaining these hazards. By my signature below I am acknowledging that I have received the pamphlet "Protect Your Family From Lead in Your Home" an EPA Handout.

**NOISE MITIGATION:** Springfield does not have a weatherization/noise mitigation program. Federal regulations require that persons renovating a home be provided with noise mitigation information. My signature below indicates that I have received the brochure "City of Springfield Home Repair Program" to fulfill this requirement.

*I certify the information contained in this application to be true and accurate, to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I understand that the City of Springfield will use this information I have provided to determine my household eligibility for the Home Repair Program.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail or deliver this application to:**      **City of Springfield**  
   **Housing Programs Division**  
   **225 Fifth Street**  
   **Springfield, OR 97477**      **For questions call 541-736-1039**