



# CDBG HOMEOWNER REPAIR PROGRAM

Date: \_\_\_\_\_, 2020

PLEASE PRINT. RESPOND TO ALL QUESTIONS WITH AN ANSWER OR N/A (NOT APPLICABLE).

## HOUSEHOLD INFORMATION:

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_, Covington, KY 410\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Other: \_\_\_\_\_

Elderly (Head of Household):  Yes  No Disabled (Head of Household):  Yes  No

Ethnicity (Please Check **Only One**):  Hispanic/Latino  Not Hispanic/Latino

Race (Please Check **One or More**):  American Indian/Alaskan Native  Asian

Black/African American  Native Hawaiian/Other Pacific Islander  White

Other \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Co-Applicant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

## Additional Household Members

Name	Age/Date of Birth	Relationship	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**EMPLOYMENT INFORMATION:**

Place of Employment – Head of Household

Place of Employment – Co-Applicant

\_\_\_\_\_

\_\_\_\_\_

Annual Salary: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

How long have you worked at this job? \_\_\_\_\_

How long have you worked at this job? \_\_\_\_\_

**OTHER INCOME INFORMATION (INCLUDE ALL HOUSEHOLD MEMBERS):**  
(REFER TO HOMEOWNER REHAB PROGRAM GUIDELINES FOR INCOME INCLUSIONS/EXCLUSIONS)

Social Security: Monthly \$ \_\_\_\_\_

Welfare (AFDC): Monthly \$ \_\_\_\_\_

V.A. Benefits: Monthly \$ \_\_\_\_\_

Worker's Compensation: Monthly \$ \_\_\_\_\_

Interest/Dividend: Monthly \$ \_\_\_\_\_

Rental Income: Monthly \$ \_\_\_\_\_

Other Income Source: \_\_\_\_\_

Monthly \$ \_\_\_\_\_

Source: \_\_\_\_\_

Monthly \$ \_\_\_\_\_

**ASSET INFORMATION (INCLUDE ALL HOUSEHOLD MEMBERS):**  
(REFER TO HOMEOWNER REHAB PROGRAM GUIDELINES FOR ASSET INCLUSIONS/EXCLUSIONS)

Asset

Amount/Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPAIR REQUEST:**  
(DESCRIBE REPAIR. MUST BE LISTED UNDER SECTION II PART 3a OF GUIDELINES.)

Electrical System: \_\_\_\_\_



Plumbing: \_\_\_\_\_

Heating System: \_\_\_\_\_

Roofing/Gutters: \_\_\_\_\_

How did you hear about this program?

- City Staff     Press Release     City Website     Other Internet     Word of Mouth  
 Local Agency \_\_\_\_\_     Other \_\_\_\_\_

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of verification related to my/our application for financial assistance. I/We understand that any willful misstatements will be grounds for disqualification. I/We hereby acknowledge receipt of the Homeowner Repair Program Guidelines and agree to comply with procedures and requirements specified therein.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT.** U.S.C. Title 18, Sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Additional Adult Household Member Signature

\_\_\_\_\_  
Additional Adult Household Member Signature

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For Office Use Only:  
CDBG Income Calculation:



# CDBG Program Eligibility Release Form

City of Covington – Neighborhood Services Department  
20 West Pike Street  
Covington, KY 41011

**Purpose:** Your signature on this CDBG Program Eligibility Release Form authorizes the above-named organization to obtain information from a third party relative to your eligibility and participation in the **CDBG Homeowner Repair Program**.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG Program and the amount of assistance necessary using CDBG funds. This information will be used to establish level of benefit on the CDBG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the Housing and Community Development Act of 1974.

**NOTE:** This General Consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.

**Information Covered:** Please initial below to authorize verification of income, assets, and credit report. Inquiries may be made about items initialed by applicant(s).

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Credit Report	X	

**Authorization:** I authorize the above-named CDBG Participating Jurisdiction and HUD to obtain information about me that is pertinent to eligibility for participation in the CDBG Program. I acknowledge that: 1) A photocopy of this form is as valid as the original. 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me). 3) I have the right to copy information from this file and to request correction of information I believe inaccurate. 4) Borrower(s) will sign this form and cooperate with the owner in this process.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



# Good Standing Certification

Pursuant to Ordinance O-11-06, applicants and affiliated persons and/or entities for this program must not have made or filed pending adverse claims against the City in the form of settlement demands and/or lawsuits; nor shall they be delinquent in their obligations to pay loans, fines, liens, or other obligations owed to the City of Covington (“the City”). No person or entity will be denied federal public or assisted housing agency benefits or programs administered by the City as a result of this policy.

Any appeal of decision to reject an application because the applicant is not in “good standing” may be made to the City of Covington Board of City Commissioners (“the City Commission”) within 30 days of the final action of city staff to deny the application. The applicant may appeal the City Commission’s decision to the Kenton District Court within 30 days of the final action of City Commission.

I have read this statement and acknowledge that I am currently in good standing with the City and I further acknowledge that the City may disallow or discontinue my participation should I violate the requirements of Ordinance O-11-06.

\_\_\_\_\_  
Applicant Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_, Covington, KY 410\_\_\_\_\_  
Address





## CDBG Homeowner Repair Program 2020-2021

Documents required for all household members to apply (all household members 18 or older must sign the application and provide documentation). Please bring in original or certified copies of the following:

- State or Federal identification (driver's license, state ID, etc.)
- Deed to property (recorded)
- Death Certificate for deceased person named on Deed
- Homeowner's insurance declaration page which shows amount of coverage and yearly cost for coverage
- 2019 Federal income tax return
- Two (2) months of pay stubs from employer
- Documentation of any other forms of income (Benefits, Pensions, Social Security, Disability, Unemployment, Retirement, etc.)
- Six (6) months of bank statements (checking)
- One (1) month of bank statement (savings)
- Documentation of any other cash assets (stocks, bonds, CD's, pensions, IRA's, 401K's, life insurance policy with a cash value, etc.)
- Mortgage statement which shows balance owed and monthly payment required
- Equity (rental property, capital investment)
- Lump sums (inheritances, capital gains, lottery winnings, insurance settlements, etc.)

For questions regarding this Program, contact the Neighborhood Services Department at 859-292-2124 or visit our website at [www.covingtonky.gov](http://www.covingtonky.gov)

