



HOUSING TRUST FUND MANUFACTURED HOUSING HOME REPLACEMENT APPLICATION

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widow/Widower

ALL persons living with you	Relationship	Age	Sex

Is anyone in your household handicapped or disabled? YES NO

Is anyone in your household a veteran? YES NO

If YES, WHO and what is the nature of the condition? _____

B. SUMMARY OF HOUSEHOLD

1. Size of household: _____
2. Number of Household Members 60 or older: _____
3. Number of Handicapped or Disabled: _____
4. Number of Persons 18 years old or younger: _____

C. CURRENT MANUFACTURED HOME

1. How long have you owned your manufactured home (years/months) _____
2. Type of manufactured home: Single Section Multi-Section
Year/Model: _____
3. Total number of rooms in home: _____
Number of bedrooms: _____ Number of bathrooms: _____
4. Electrical service to home? Yes No
5. Water supply to home? City Water Well Water
6. Sewer supply to home? City Sewer Septic System
7. Ownership of the land? Own Rent
8. Was the home destroyed by a natural disaster? Yes No

If YES, please check the disaster:

- Earthquake
 Fire
 Flood
 Tornado
 Other _____

If YES, are you currently registered with the long term recovery organization in your area? And/or are you currently under disaster case management?

- Yes No

9. Please provide a list of all other organizations, church groups or volunteers for which you have received housing assistance either through cash assistance or provided home repairs.

Organization/Agency Name: _____

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Organization/Agency Name: _____

Organization/Agency Name: _____

Cash or Repairs Provided: _____

10. Areas of Damage and Repairs Requested. Please be specific.

Check	Area of Damage	Repairs Requested
	FOUNDATION	
	ANCHORING	
	SKIRTING	
	ROOF	
	WINDOWS	
	EXTERIOR DOORS	
	EXTERIOR WALLS	
	CEILINGS	
	INTERIOR DOORS	
	INTERIOR WALLS	
	FLOORS	
	ELECTRICAL	
	PLUMBING	
	ROOM MOST IN NEED OF REPAIR	

D. INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name _____ Age _____ Sex _____

Last 4 digits Social Security # _____ Do you receive Food Stamps? Yes ___ No ___

1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES. Attach 60 days most recent pay stubs:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, TANF, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or copies of 2 recent check stubs.

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach of TN Child Support Enforcement System printout, bank statements.

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE) Attach IRS 1099 forms, bank statements, deeds.

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. IF YOU RECEIVE NO INCOME ... WRITE "NO INCOME" IN THE BOX BELOW:

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I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all Manufactured Housing Replacement Program policies and rules. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony which can lead to a minimum imprisonment of 6 years up to a maximum of 30 years.

Signature: _____ Date: _____

E. FINANCIAL OBLIGATIONS

List all financial obligations (debts), including the liability for payment of alimony, child support, utilities, insurance, etc. You must provide complete and detailed information including the name of creditors and what type of loan or debt it is (i.e. Creditor; Bank Name; Type: Car Payment) and balances. This information will be verified.

Creditor Name	Type of Obligation (Debt/Expenses)	Monthly Payment	Total Balance (of Debt/Expenses)
	Home Loan		
	Homeowner's Insurance		
	Electrical		
	Water/Sewer		
	Cable/Satellite/Internet		
	Telephone/Cell Phone		
	Credit Card		
	Credit Card		
	Credit Card		
	Personal Loan		
	Personal Loan		
	Car Payments		
	Car Insurance		
	Life Insurance		
	Medical Payments		
	Medical Payments		
	Alimony Payments		
	Child Support Payments		
	Other Debt		
	Other Debt		
	Other Debt		
TOTAL MONTHLY OBLIGATIONS (DEBT/EXPENSES):			\$

F. CERTIFICATION

I certify that the information in this application for assistance through the THDA Manufactured Home Replacement Program is true and correct. To the best of my knowledge, the financial obligation information listed in this application is true and correct. I hereby give my consent for the Tennessee Manufactured Housing Foundation to obtain income verification reports on each household member and a credit bureau report on the applicant/head of household and other occupants. I further certify that the address listed is my principal residence. I will comply with the Program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony which can lead to a minimum of 6 years imprisonment up to a maximum of 30 years..

I further understand that an incomplete application will be rejected without further review.

Applicant

Date

Applicant

Date

Please submit the following with this application:

1. Copy of warranty deed or 99-year leasehold for ownership of the land
2. Copy of the front and back of title to the manufactured home
3. Copy of paycheck stub, benefit verification or benefit check or employer verification documenting current income for each member of the household.
4. Copy of property tax receipts.

Please provide driving directions to the property location:

— Internal Use Only —

FAMILY INCOME CALCULATION

All information should come from Individual Income Calculation Sheets

- 1. Number in Household _____
- Number with Income _____
- Number without Income _____

- 2. Income Limits for _____ County. Dated _____

Show totals from Individual Income Calculations pages and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than \$5,000, multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income):

Totals from Individual Income Calculation sheets

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 3. Calculate Total Household Gross Annual Income:

HOUSEHOLD INCOME LEVEL

- Over 60% of area median
- 50% to 60% of area median
- 30% to 50% of area median
- Below 30% of area median

\$ _____