

**Historic Athens
2019-2020 Hands on Athens Project Application**

Name of Homeowner(s): _____

Address: _____ Zip: _____

Mailing Address, if different from above: _____

Telephone: _____ (Daytime) _____ (Evening)

1. Have you applied for/received assistance from any other program? If so, which one: _____

2. Have you received assistance from HOA before? _____ Yes _____ No

3. Do you own your home? (Check one) _____ Yes _____ No If yes, how many years? _____

4. Did you **purchase** your home or did you **inherit** your home? (Check one) __ Purchased / __ Inherited

5. If you **inherited** your home, from whom did you inherit it? _____

6. Are you the sole owner of your home? _____ Yes _____ No

7. Please provide a copy of the property deed or will documenting the name of the property owner(s).
If you are not the sole owner of your home, please also list the names of the other owners below:

8. Do you reside in your home? _____ Yes _____ No

9. What year was your home built? _____

10. Do you and your family plan to stay in your home? _____ Yes _____ No

11. What is your monthly mortgage payment, if applicable? _____

12. Are you or your family willing to help with the HOA project as you are able? Some examples might be providing beverages for volunteers, painting, or cleaning. _____ Yes _____ No

13. Describe the repairs and/or maintenance you need or would like to have done to your home (examples- painting, weather stripping, window repair, landscaping, porch repairs, structural repairs, roofing, handicapped access). You may attach additional sheets if necessary.

14. Please list the name, age, income, and role* of all persons living in your home. ** *Please list what role each resident plays in your home. These could include parent, child, childcare provider, elderly care provider, full-time student, employed full-time, etc. Provide a photocopy of occupants' state-issued Driver's License or ID.*

Name	Age	Monthly Income*	Disabled? Yes or No	Role**	Verified Annual Income (to be completed by HOA Admin.)

*Household yearly income must be equal to or less than the following amounts based on the number of people in your family: **1 person = \$36,300, 2 persons = \$41,450, 3 persons = \$46,650, 4 persons = \$51,800, 5 persons = \$55,950, 6 persons = \$60,100, 7 persons = \$64,250, 8 persons = \$68,400**

Applicant's Signature

Co-Applicant's Signature

Note: *Hands on Athens will confirm the information recorded by the applicant to the best of the program's ability. Historic Athens will not be held responsible should an applicant falsify information.*

Please provide us with the following materials:

Confirmation of your monthly income, such as a recent Social Security statement, unemployment benefits, disability income, or other public assistance.

A copy of your deed and monthly mortgage payment.

A copy of your driver's license or ID.

Call Hands on Athens at 706-353-1801 if you need us to make copies of documents.

Historic Athens Hands on Athens

AUTHORITY TO RELEASE INFORMATION TO HISTORIC ATHENS

To Whom It May Concern:

I hereby authorize Historic Athens, and/or its committee, Hands on Athens through its authorized representative bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my income and/or medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Foundation.

I, hereby release you, as the custodian of such records, from any and all liability because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the address indicated below.

I understand that my application for Hands on Athens funding may be subject to verification through a comprehensive background investigation. Falsification and/or misrepresentation of the facts during any phase of the application process may be grounds for termination of the application.

Name: _____

Signature: _____

Social Security #: _____

Name: _____

Signature: _____

Social Security #: _____

Date: _____

Telephone: _____

Address: _____

City, State, Zip: _____

Please return application to: Hands on Athens, 489 Prince Avenue, Athens, GA 30601

This section to be completed by the HOA Administrator:

-Annual gross income: _____

-Applicant is in the following category: ☐ Less than 40% of median family income
☐ Between 40% and 60% of median family income
☐ Between 60% and 80% of median family income
☐ 81% or higher of median family income (**DISQUALIFIED**)

Office Use Only

Date Received _____

Date Reviewed _____

Date of Site Visit: _____

Accepted: _____

Not Accepted: _____

Date of Notification: _____

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