



Appalachian Housing Partners

1051 Oak Ridge Turnpike, Room 203
PO Box 5953
Oak Ridge, TN 37831
Phone: 865-481-3837
Fax: 865-483-2697

Application for Service

**ALL INFORMATION MUST BE COMPLETE BEFORE A FILE CAN BE OPENED
AND A PROJECT CONSIDERED**

To apply for home repairs or a new home, you must provide the following information:

- Copy of photo ID
- Proof of Homeownership/Warrant Deed (for rehab)
- Proof of all household income
- Copy of last 2 month's bank statements

If you do not have a bank account, please sign here:

- Copy of last 2 year's income tax returns

If you do not file income tax, please sign here:

Name:	
Address:	
Phone Number: (please list 2)	
County You Live In:	



**"This institution is an equal opportunity provider."
"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law."**





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What type of assistance are you requesting? (Check all that apply)

- Minor Repair Home Rehabilitation Yard Enhancement New Home

Information on the Household

Total number of people in the household? _____ (You must include **everyone** that lives in the home.)

Please complete the following information for **EVERYONE** in the household:

NAME (Please list full names and list head of household first)	BIRTH DATE	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	MONTHLY INCOME (Please list the amount of income and where it comes from)
1.				
2.				
3.				
4.				
5.				
6.				

Is anyone in your home disabled? Yes No

If so, who? _____



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What year was your home built:	How many bedrooms:	How many bathrooms:
Do you currently have a lien against your home or property?	Do you rent out any rooms in your home to supplement your income?	Do you own any other property?

How long have you owned your home? _____

What repairs are needed in your home? Please list as many as you can in the space provided:

If you could receive assistance for only **one thing** in your home, what would be the most important thing to you to get fixed?

To the best of my knowledge, I certify the information provided to qualify for assistance is true and correct. I will comply with all program guidelines if my project is approved. *I am aware that providing false information on this application may automatically disqualify me for assistance.*

Applicant Signature/Date	Co-Applicant Signature/Date
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Photo Release

The ADFAC Appalachian Housing Partners Program must report to funding sources and other benefactors on a regular basis on how funds are spent and what projects are complete. Often there are requests for photographs of completed projects for the purpose of program publicity. I/We hereby authorize ADFAC to use my image for the purpose of reporting, publicity, on the ADFAC website, or for the purpose of publicity. I understand this is my expressed CONSENT.

Signature/Date:

Signature/Date:

Other Information you should know about the Appalachian Housing Partners:

For rehabilitation, all people living in the home must have access to all parts of the home.

**** We do not employ contractors****

We do not provide ongoing repair services to homeowners, once you are assisted, you must wait at least three (3) years to apply for additional services from the Housing Program.

Primary Applicant/Head of Household:

Sex/Gender: Male Female Other

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race: Asian American Indian Black or African American

 White Native Hawaiian/Pacific Islander Other (specify: _____)

Marital Status: Separated Divorced Married Single Widow(er)

I do not wish to furnish this information

Applicant/Head of Household Initials

Observation made by ADFAC
(to be checked only if applicant fails to provide information)

ADFAC Initials & Date of Observation

Send your completed application, along with other required information to the PO Box address listed at the top of page.



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