



**67 North Main Street
Madisonville, Kentucky 42431
(270) 824-2101**

In cooperation with

World Changers Madisonville, KY

2022 MINOR HOME REPAIR PROGRAM General Information

1. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
2. House must be safe and manageable for volunteers to work on. Volunteer organizations are responsible for selecting houses from a pool of program applicants.
3. Repairs are generally limited to basic home improvements and painting that can be accomplished by unskilled and semi-skilled volunteers. These repairs will be made on the outside of the homes not inside. Not all of the improvements desired by the homeowner may be able to be accomplished.
4. Home owners must release volunteer organizations and the City of Madisonville, Kentucky from any and all liability associated with work performed on the house.
5. Completing the application does not guarantee that an application will be approved and a house selected. Applications will be reviewed on a first-submitted first-reviewed basis. Applicants will be required to submit proof of ownership, and evidence that City and County taxes have been paid.
6. Home owners will be notified whether or not their house has been selected by a volunteer group. They will also be notified of any improvements that would have to be made to the house in order for the volunteers to make their improvements. Some advance work may have to be performed on the house by a professional contractor(s) hired by the homeowner in order to get the house into a condition that permits the volunteers to perform their work.

City of Madisonville
Homeowner Rehabilitation Application
“WORLD CHANGERS” June 27- July 2, 2022

DIRECTIONS

- ❑ Complete and return entire application
- ❑ Provide proof of all household income
 - If employed*** – Paystubs covering last 8 weeks
 - If Social Security and/or Supplementary Security*** – 2021 statement of benefits
 - If Pension*** –2021 statement of benefits and/or most recent check stub
 - If Unemployment*** – Current statement of unemployment benefits
- ❑ Provide copy of deed to property
- ❑ Provide copy of homeowner’s insurance

Program Information:

To participate in the program, applicants must meet the following, but not limited to:

- **Own and reside in their home;**
- **Have incomes not exceeding allowable limits established by HUD;**
- **Have paid all City and County property taxes (unless you are Homestead Exempt);**
- **Have and maintain homeowner’s insurance;**
- **Home not in a state of disrepair**
- **Criminal background check**

**City of Madisonville
Homeowner Rehabilitation Application
"WORLD CHANGERS" June 27 - July 2, 2022**

COMPLETE APPLICATION AND RETURN WITH THE FOLLOWING DOCUMENTATION:

- PROOF OF ALL HOUSEHOLD INCOME**
- COPY OF DEED TO PROPERTY**
- COPY OF HOMEOWNER'S INSURANCE**
- COPY OF PICTURE IDENTIFICATION OF APPLICANT & OR CO-APPLICANT**

I. PROPERTY OWNER INFORMATION

| | | | |
|--|--------------------------------|--|--|
| Applicant: | | Co-Applicant: | |
| Social Security # | | Social Security # | |
| Property Address: | | Home Phone Number: | |
| _____ | | Cell Phone Number: | |
| MADISONVILLE, KY 42431 | | | |
| Are any of the persons living in the household disabled and/or need accessible accommodations? YES / NO | If yes, how many? _____ | Total number of persons living in home? _____ | |

| LIST INFORMATION ON <u>ALL</u> PERSONS RESIDING IN HOME - INCLUDING APPLICANT(S) | | | | |
|---|-----|-----|-------------------|--------------------------|
| <i>(Additional occupants may be listed on back of this page)</i> | | | | |
| First & Last Name | Age | Sex | Social Security # | Relation to Applicant(s) |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

Is any member of the household employed by the City of Madisonville or related to a City of Madisonville employee or elected official and/or the awarded contractor responsible for housing improvements?

YES / NO If "YES", please identify relationship below:

| | |
|---|--|
| <p>Is this home owner occupied? () Yes () No</p> <p>Do you have a mortgage on home? () Yes () No Mortgage Company _____</p> <p>If you have a mortgage are you current on all payments and taxes? () Yes () No – If no explain:</p> <p>_____</p> | |
| <p>INSURANCE INFORMATION</p> <p><i>(A copy of homeowner's insurance must be attached)</i></p> | |
| <p>Name of Agent: _____ Phone Number: _____</p> | |

II. APPLICANT INCOME DATA - ALL HOUSEHOLD INCOME MUST BE LISTED
(Additional space is provided on back of this page.)

| |
|------------------------|
| Applicant Name: |
|------------------------|

| | |
|-------------------------|--|
| If Employed: | |
| Name of Employer | |
| Employer Address | |
| Employer Phone # | |

| INCOME SOURCE | MONTHLY AMOUNT |
|--------------------------------------|-----------------------|
| Employment | \$ |
| Social Security | \$ |
| Supplementary Security Income | \$ |
| AFDC | \$ |
| Pension | \$ |
| Unemployment Ins. | \$ |
| Other | \$ |

| |
|---------------------------|
| Co-Applicant Name: |
|---------------------------|

| | |
|-------------------------|--|
| If Employed: | |
| Name of Employer | |
| Employer Address | |
| Employer Phone # | |

| INCOME SOURCE | MONTHLY AMOUNT |
|--------------------------------------|-----------------------|
| Employment | \$ |
| Social Security | \$ |
| Supplementary Security Income | \$ |
| AFDC | \$ |
| Pension | \$ |
| Unemployment Ins. | \$ |
| Other | \$ |

II. APPLICANT INCOME DATA – ALL HOUSEHOLD INCOME MUST BE LISTED
(Additional income may be listed on back of this page)

APPLICANT AUTHORIZATION AND CERTIFICATIONS

I/We certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith to obtain exterior rehabilitation assistance.

I/We understand that any information, including, but not limited to, income and social security numbers, provided in this application may be given to other State and Local agencies in order to coordinate rehabilitation and financial assistance. A copy of the City of Madisonville Information Security – Protection of Personal Information Policy will be made available upon request.

I/We understand that submission of this application does not automatically qualify me for assistance under this program.

WARNING: Section 1001 of Title 18, United States Code provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations, or uses any false writing or document knowing the same to contain a false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or bonded.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Witness

Date

PHOTO AND VIDEO RELEASE

I/We hereby acknowledge by signing below, agree to allow the World Changers and/or the City of Madisonville, Kentucky to video tape and photograph me and/or members of my household for possible publication on the City of Madisonville’s web site; the local newspaper, The Madisonville Messenger; and any other agency as the City deems appropriate during this exterior rehabilitation event on my home.

Signature of Applicant

Date

Signature of Co-Applicant

Date

