



ROOF REPAIR PROGRAM APPLICATION



APPLICANT INFORMATION

Applicant: _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SS#: _____

Co-Applicant: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SS#: _____

HOUSEHOLD INFORMATION

- Use LEGAL NAMES only.
- Provide the following information for **ALL** persons who are currently residing in the home.
- Include wages from employment, Social Security, VA benefits, child support, pensions, alimony, rental income, TANF, etc. for members 18 yrs. of age or older. Income verification is required to be submitted along with this application.

Name	Age	Race	Legally disabled <small>(Circle one)</small>	Social Security # <small>(Only last 4 digits)</small>	Relationship to applicant	Estimated Total Gross Income	Source of income
			Yes No			\$	
			Yes No			\$	
			Yes No			\$	
			Yes No			\$	
			Yes No			\$	
			Yes No			\$	

Have you received CDBG assistance from the City within the past five (5) years?

Yes

No

If yes, please list type and year: _____

STAFF USE ONLY	
Date received: _____	Received by: _____ <small>(Comm. Dev. Initials)</small>

Do any members of the household or an immediate family member (spouse, parent, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of the City of Rome, GA? Yes No

If yes, please indicate the household/family member name & position below:

Name: _____

Position: _____ Department: _____

ASSETS

Please list all assets and account balances/values. All information provided will be verified.

Type of Account	Applicant	Co-applicant	Other household member
	<i>List account balance or value</i>		
Checking account	\$	\$	\$
Savings account	\$	\$	\$
Credit Union	\$	\$	\$
Stocks & Bonds	\$	\$	\$
Mutual funds	\$	\$	\$
IRA account	\$	\$	\$
Employer pensions	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$

PROPERTY INFORMATION

Year structure was built: _____ Type of structure: _____

Do you have homeowner’s insurance? Yes No

If yes, please indicate the company & policy number below:

Company name: _____

Policy Number: _____ Policy expiration date: _____

Are property taxes current? Yes No

If no, please explain: _____

REMINDERS & PROGRAM INFORMATION

- Read the Roof Repair Program Guidelines thoroughly.
- Please keep in mind that not ALL your desired repairs are program eligible. This program only allows for roof rehabilitation of the home.
- This program does NOT cover extensive repairs. Staff will determine eligibility.
- Funding for this program is limited and based on a first come, first served basis for eligible applicants.
- Completion of an application does NOT constitute an approval for assistance.
- Demographic information is confidential and collected for reporting requirements only. The City of Rome and RRP does business in accordance with the Federal Fair Housing Law and Federal Equal Opportunity Act, and does not discriminate against any person because of race, color, gender, age, disability, religion, marital status, or national origin.

- Anyone involved in HUD and/or HUD Programs are subject to an audit and/or investigation. Clients making false claims to receive benefits and/or clients receiving benefits from more than one agency for the same claim/need can be reviewed by the OIG. Violators may be subjected to penalties under the law.

By signing below, I certify that I have received and read the Program Guidelines for the City of Rome Roof Repair Program. I understand that the information collected above will be used to determine eligibility for the above-mentioned program. I certify that the information provided above is true and complete to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. I further understand that false or fraudulent statements are subject to prosecution.

I consent to the disclosure of such information for purposes of verifying income and other information mortgage, taxes, and asset verifications, related to this application for financial assistance. I authorize the City of Rome, to obtain such information as they may require, to verify the statements made in this application.

All owners on the property deed must sign and date this application below:

Applicant signature

Date

Co-applicant signature

Date

Completed applications may be dropped off or sent to the following address:

City of Rome
Community Development Department
607 Broad St.
P.O. Box 1433
Rome, GA 30162

For questions or more information, please contact the Community Development Department at 706-236-4477.