



APPLICATION FOR ASSISTANCE

Agency (if applicable): _____

Contact Name: _____ Phone Number: _____

Last Name: _____ First: _____ M.I.: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

County _____ Phone: _____ Social Security #: _____

Gender: _____ Race: _____ Marital Status: _____ Birth Date: ____/____/____

Do you own the home in need of repairs? _____ Do you live in the home? _____ # Years in Residence: _____

Home Type: (Circle one) Mobile Condo Duplex Single-Family Number of People in Household _____

Do you or any member of your household own any other real estate? _____

Do you qualify for Medicaid? _____ May we contact other agencies on your behalf? _____

Have You previously applied for assistance from CROSS? _____ If yes, what year? _____

Is the homeowner or anyone else residing in the home a Military Veteran? _____

REQUIRED DOCUMENTATION

*In order to process your application, we need a copy of the following documents; **please do not mail originals to us.***

Proof of Ownership: Information proving you own the home in need of repairs, you live on 'heirs property,' or you have lifetime rights. For example: a copy of your deed, a will, or a county tax statement. In the case of a mobile home, please submit a copy of the title from the North Carolina Department of Motor Vehicles. In the case of lifetime rights, please submit a notarized document signed by the homeowner granting you rights to live on the property as long as you live.

Proof of Income: Information about your income and for all those living in the household. For example: a copy of your last income tax return or a pay stub from your employer. In the case of Social Security, SSI, or Disability income, please send a copy annual statement. These documents should match the list of sources you complete in the household Information section.

HOUSEHOLD INFORMATION

Please complete the following information for EACH household member, including yourself.

Name of Household Member	Relation to You	Birth Date	Gender	Age	Employment Status
	Self				

Please complete the following income information for EACH household member, including yourself. Include all salaries, Social Security, SSI, Disability, Veteran Benefits, Pensions, Child Support, Alimony, Unemployment, etc.

Name of Household Member	Sources of Income Salary, Social Security, SSI, Disability, etc	Monthly Income
		\$
		\$
		\$
		\$
		\$

Total Income for all Household members \$ _____

Please list any agencies (besides WARM) that you have contacted for assistance recently.

Agency Name	Date(s)	Contact Name	Type of Assistance Received/Denied

For Office Use Only	
Review Date: _____ Reviewed by: _____ Homeowner Verification: _____ Deed _____ Tax Statement _____ Other (Describe) _____	Background Check _____ Approved _____ Denied Date _____
Total Household Monthly Income _____ x12 equals \$ _____ (annual). Number of persons residing in the household is _____. Median income for a household of _____ person(s) according to income limits dated _____ is \$ _____ Median Income for _____ County. _____ Annual Income / _____ Median Income x 2= _____ The income of the above household as a percentage of the median is _____ %. Please reference HUD 20 _____ Income Requirements for (circle one) Washington — Bertie County.	

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I hereby certify that the information on this profile is correct and may be used for statistical reporting and may be furnished to other agencies that may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided.

If I am approved, I understand that **CROSS** reserves the right to halt the project at any time, for any reason.

Homeowner Signature

Date

Homeowner Signature

Date

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize **CROSS** to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my family.

I understand that the release of this information does not guarantee that assistance will be provided but that without the information, my case cannot be processed for consideration of **CROSS** services.

I understand confidential information may be collected from relatives, friends, acquaintances, coworkers, employers, other assistance agencies, and businesses with whom I have interacted. **CROSS** may release or receive information regarding my social and family history, my employment status, my finances, or any other information they deem necessary to review my application.

Homeowner Signature

Date

Homeowner Signature

Date

Homeowner Signature

Date

Homeowner Signature

Date

Physical Address _____ Town _____ Zip _____

DISCLAIMER

The execution of this Consent does not guarantee that the assistance you require or desire will be provided. This information may be given to one or more social agencies or their representative/s that may request it. **CROSS** cannot and does not decide whether or how any other agency may provide assistance to you.

PROJECT INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. What year was the house built? _____ Does the home contain asbestos materials? Y N

2. List any building materials and/or funds resources to help perform or pay for the work.

3. What family or friends do you have that can help perform or pay for the work?

4. Please check the repairs needed to make your home safe and secure.

Electrical Exterior Wall Window Repair Plumbing Sewage/Septic
 Int. Wall Stairs/Landing Roof Ramp Door
 Appliance Floor Repair Water Supply Heating/AC

Other (Please Specify

HEALTH AND SAFETY INFORMATION

1. How many colds or infections did residents have during the past year? _____

2. What is the monthly cost of healthcare, including medical visits and prescriptions? \$ _____

3. Describe any contagious diseases or conditions in the household. _____

4. Describe any respiratory illnesses or other types of chronic or terminal illnesses in the household.

5. Describe any falls, burns, or other accidents in the home over the past 12 months.

HOUSEHOLD INFORMATION

Must be completed. Use back of this sheet if necessary.

1. Please tell us more about your situation so we can understand what you are going through.

2. How is the condition of your home affecting you and any other residents?

3. How do you hope WARM's services will improve your situation?
