

# MINOR HOME REPAIR & PAINT PROGRAM

## General Information

1. Homeowner household income must be at or below limits shown in table below. Household refers to the number of persons living in the house.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$36,350	\$41,550	\$46,750	\$51,900	\$56,100	\$60,250	\$64,400	\$68,550

As of April 1, 2017

2. Homeowners must own (or be purchasing) and occupy the house that is being repaired. City and County tax accounts must be current.
3. Repairs are generally limited to correcting one or two problems related to roofs, exterior surfaces, and structure, electrical or plumbing. This is not a major renovation program. Not all of the improvements desired by the homeowner may be accomplishable.
4. Priority is given to making exterior building envelope improvements, correcting emergency and life safety problems, and correcting problems that have been cited as property maintenance and/or housing code violations.
5. Priority may also be given to the elderly, disabled, first time participants, and/or participants with houses located in areas that are being targeted for revitalization by the City.
6. Interior repairs that disturb painted surfaces in houses built prior to 1978 are generally not permitted.
7. Homeowners with house repairs that do not require a contractor may be referred for participation in a volunteer home repair program. Houses must be safe and manageable for volunteers to work on. Homeowners must release volunteer organizations and the City of Savannah from any and all liability associated with work performed on the house. Volunteer organizations, not the City, are responsible for selecting houses.
8. If it is necessary to hire a contractor to make repairs, homeowners, not the City, hire private contractors to make repairs. If you know of one or more contractors you would like to get pricing from, please let the Housing Department know ASAP.
9. Completing the application does not guarantee that an application will be approved and their house repaired. Applications will be reviewed on a first-submitted first-reviewed basis.
10. Applicants are required to submit the following documents:
  - **Copy of your deed showing that you own or are purchasing the house**
  - **Copy of current income for ALL household members**
    - **Current Year SSI and/or SSA income verification letter,**
    - **Current Year Pension checks or letter**
    - **Current Year VA Awards letter**
    - **Most recent paycheck stubs**
      - 9 paycheck stubs (if paid weekly)**
      - 5 paycheck stubs (if paid bi-weekly)**
      - 4 paycheck stubs (if paid semi-monthly)**
      - 2 paycheck stubs (if paid monthly)**
  - **Current Mortgage Statement (if applicable)**
  - **Copy of ALL pages of your two (2) most recent account statements for ALL asset accounts and ALL household members**
  - **Copy of Picture Identification of applicant & co-applicant**
  - **Signed Notification Letter indicating receipt of the pamphlet entitled “Protect Your Family from Lead in Your Home”**
11. Homeowners will be notified by the Housing Department 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. The Housing Department may be able to help finance some of this work.

Thank you for showing interest in the  
**MINOR HOME REPAIR & PAINTING PROGRAM**  
 City of Savannah Bureau of Public Development  
 Department of Housing  
 10 E Bay Street  
 Savannah, Georgia  
 912-651-6926  
 912-651-6853 - FAX  
[www.savannahga.gov](http://www.savannahga.gov)



**MINOR HOME  
REPAIR & PAINT PROGRAM APPLICATION**

Please complete and deliver this application to the **Housing Department, 10 E. Bay Street** or mail this application to **Housing Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.**

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

House Address \_\_\_\_\_ ZIP \_\_\_\_\_ Neighborhood \_\_\_\_\_

Telephone # \_\_\_\_\_ (Cell #) \_\_\_\_\_ Number of years at Address above \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Is there a child 6 years of age or younger residing at this residence, OR that spends 10 hours or more per week at this residence? \_\_\_\_\_ YES \_\_\_\_\_ NO Ages of Child (ren) \_\_\_\_\_**

Housing Problems Needing Correction:	Priority
[ ] Roof- <i>please describe damage</i> _____	1 2 3 4 5
[ ] Exterior Paint- <i>please describe damage</i> _____	1 2 3 4 5
[ ] Electrical- <i>please describe damage</i> _____	1 2 3 4 5
[ ] Plumbing - <i>please describe damage</i> _____	1 2 3 4 5
[ ] Other - <i>please describe damage</i> _____	1 2 3 4 5

Do you have a mortgage on home? [ ] Yes [ ] No Mortgage Company \_\_\_\_\_

Is Your House [ ] One-Story [ ] Two-Story Do you have a Metal Roof [ ] Yes [ ] No

Marital Status: [ ] Married [ ] Separated [ ] Unmarried [ ] Widowed [ ] Divorced Birthdate: \_\_\_\_\_

**Have you executed a power of attorney for someone to act on your behalf? [ ] NO [ ] Yes**  
*If yes, please provide submit a copy with your completed application.*

**Are you Active Military, Veteran or Spouse of Deceased Veteran [ ] Yes [ ] No**

**Are you blind or visually impaired? [ ] Yes [ ] No**

List all persons, beginning with yourself, who live in your house; their age; their relationship to you; their gross annual income (employment or benefit income); the income source (i.e. employment, SS, SSI, pension; etc.); and their social security number.

Use an additional sheet of paper if necessary. **Total Household Size** \_\_\_\_\_

_____	_____	<u>SELF</u>	\$ _____	_____	_____
<b>Applicant Name</b>	Age		Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #
_____	_____	_____	\$ _____	_____	_____
Name of family member	Age	Relationship	Income	Source Income	Social Security #

I the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **"PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME"**
- Certify that all information reported in and submitted with this Application is true and correct. *The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application.*
- Authorize the City of Savannah Housing Department to verify this information, to include but not limited to obtaining and reviewing my/our credit report(s).
- Have read and understood the "General Information" section of this application that is listed on the next page.
- Understand applications are processed in the order received and/or by severity of existing damage.

I hereby certify that I am: (YOU MUST INITIAL ONE)  
\_\_\_\_\_ US Citizen /or/ \_\_\_\_\_ legal alien

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

**Demographic Information Optional**  
(Circle appropriate choices on each line)  
Race: Black/White/American Indian/Asian/Other  
Sex: Male/Female  
Hispanic /non-Hispanic

**Education (Circle appropriate choices)**  
Some High School      High School Graduate(GED)  
Some College          Bachelor Degree  
Masters Degree        Advanced Degree  
Prefer Not To Say      Don't Know

I hereby certify that I am: (YOU MUST INITIAL ONE)  
\_\_\_\_\_ US Citizen /or/ \_\_\_\_\_ legal alien

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

**Demographic Information Optional**  
(Circle appropriate choices on each line)  
Race: Black/White/American Indian/Asian/Other  
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Hispanic /non-Hispanic

**Education (Circle appropriate choices)**  
Some High School      High School Graduate(GED)  
Some College          Bachelor Degree  
Masters Degree        Advanced Degree  
Prefer Not To Say      Don't Know

**Failure to provide required information can result in application processing delay and/or denial!!!**



U.S. Department of Housing and Urban Development  
U.S. Environmental Protection Agency  
U.S. Consumer Product Safety Commission

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To: Owners, Tenants & Purchasers  
Of Housing Constructed **before 1978**

# Notification

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## Protect Your Family from Lead in Your Home

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If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, "**Protect Your Family from Lead in Your Home**".

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Date

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Print Full Name of Homeowner

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Signature of Homeowner