

GENERAL INFORMATION

MINOR HOME REPAIR ASSISTANCE PROGRAMS

**Volunteer Home Repair
Minor Home Repair and Paint
FHLB Community Rebuild and Restore Program**

- 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
\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050

Effective: July 1, 2020

- Applicants must own (or be purchasing) and occupy the house that is being repaired.
- City and County tax accounts must be current.
- Applicants must have a will. You are **NOT** required to provide a copy.
- 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 applicant may be accomplishable.
- Priority will be 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.
- 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.
- Interior repairs that disturb painted surfaces in houses built prior to 1978 are generally not permitted.
- Homes needing repairs that do not require a contractor may be selected for participation in a volunteer home repair program and 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, select the homes they will repair.





HOME REPAIR ASSISTANCE APPLICATION

10. Some advance work may have to be performed on the house by a professional contractor hired by the homeowner in order to get the house into a condition that permits the volunteers to perform their work. The Housing & Neighborhood Services Department may be able to finance some of this work.
11. 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 submit their written estimate with your application. **Estimates that include shingle replacement must include pricing for 30 year architectural shingles.** You are **NOT** required to submit repair estimates.
12. The FHLB home repair programs provide up to \$10,000.00 in the form of a 0% interest, \$0.00 monthly payment **FORGIVABLE** loan for interior and exterior repair. All contractors must be pre-approved by FHLB. This is a nationally competitive program and funding is limited. All applicants must be approved by FHLB before acceptance into the program.
13. Completing the application does not guarantee the application will be approved and the home repaired.
14. Applications will be processed on a first submitted first reviewed basis.
15. Applicants must submit all required documents (listed on Required Document Checklist) before the application can be processed.
16. Housing & Neighborhood Services will notify homeowners when an assistance determination has been made and, if the request is approved, which home repair program will be used to fund the repairs. Homeowners will be told whether or not their home has been selected by a volunteer group and if any repairs have to be made to the home in order for the volunteers to make their improvements.

City of Savannah, Housing & Neighborhood Services Department
Savannah Morning News Building, 2nd Floor
1375 Chatham Parkway, Savannah, GA 31405
912-651-6926

CONTACTS:

Volunteer Home Repair
Minor Home Repair
Community Rebuild and Restore
Dennise Campbell (912) 525-3100 ext. 2728

dcampbell@savannahga.gov



RETURN COMPLETED APPLICATIONS TO P.O. BOX 1027, SAVANNAH, GA 31402

Please complete and return this application and supporting documents to the Housing & Neighborhood Services Department, via mail to *Housing & Neighborhood Services Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.*

Applicant: _____ **Birthdate:** _____ **Social Security Number** _____

Military Status: Active duty military US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired?** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor Degree

Master's Degree Advanced Degree Prefer not to say

ETHNICITY Hispanic Non-Hispanic Prefer not to say **SEX** Female Male Prefer not to say

RACE American Indian Asian Black White Other Prefer not to say

Co-Applicant: _____ **Birthdate:** _____ **Social Security Number** _____

Military Status: Active duty US Veteran Spouse of deceased veteran NA

Did you or your deceased spouse serve in an overseas conflict? Yes No

Marital Status: Single Married Separated Divorced Widowed

Do you have a will? Yes No **Are you blind/visually impaired** Yes No **Are you disabled?** Yes No

Have you executed a power of attorney for someone to act on your behalf? Yes No

EDUCATION

Some High School High School Graduate (GED) Some College Bachelor Degree

Master's Degree Advanced Degree Prefer not to say

ETHNICITY Hispanic Non-Hispanic Prefer not to say **SEX** Female Male Prefer not to say

RACE American Indian Asian Black White Other Prefer not to say

House Address: _____ ZIP _____

Home Phone # _____ Cell Phone # _____ Number of years at Address _____



(OVER)



Email Address: _____ Alternate contact: _____

How did you hear about our programs? _____

Do you have a mortgage on the house? Yes No Mortgage Company Name _____

Is the house one story? Yes No Type of roof? Shingles Metal Other

Housing Problems Needing Correction: *Please rank in order of importance*

[] Roof– please describe damage _____	1 2 3 4 5
[] Exterior Paint– please describe damage _____	1 2 3 4 5
[] Electrical– please describe damage _____	1 2 3 4 5
[] Plumbing – please describe damage _____	1 2 3 4 5
[] Other – please describe damage _____	1 2 3 4 5

Were these problems cause by a Hurricane? Yes No Storm Name? _____

Did you file an insurance claim? Yes No Did you file for FEMA assistance? Yes No

Is there a child 6 years of younger residing at this residence, OR that spends 10 hours or more per week at this residence? Yes No Ages of Child(ren) _____

Please list all persons, including yourself, who live in your house and all current sources of income for each.

NAME/Social Security #	AGE	RELATIONSHIP	Income Amount	Income Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check the types of income you or anyone in your household currently receives:

Section 8 SSI SSDI Retirement VA Pension Family member’s assistance with expenses

Employer Unemployment Self-employment Uber/ Lyft Child Support

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 complete, true and correct. ***I also understand that it is against the law to knowingly present false information on this application.***
- Have read and understand the “General Information” section of this application.
- Understand applications are processed in the order received and/or severity of existing damage and that all the improvements I desire may not be accomplishable.
- Understand that if I am eligible for assistance it may be in the form of a grant and/or loan. Housing & Neighborhood Services staff will determine which program best suits my needs.
- Understand that I may be required to submit documents not listed on the “Required Documents Checklist.”
- Authorize the City of Savannah Housing & Neighborhood Services Department to verify this information, to include but not limited to obtaining and reviewing my/our credit report.

I hereby certify that I am: **(You Must Initial One)**
_____ US Citizen _____ Legal Alien

I hereby certify that I am: **(You Must Initial One)**
_____ US Citizen _____ Legal Alien

Applicant Signature

Co-Applicant Signature

Date

Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of federal agency.



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

Notification

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

Protect Your Family from Lead in Your Home

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**".

Date

Print Full Name of Homeowner

Signature of Homeowner



INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release to the City of Savannah, Housing & Neighborhood Services Department, and its assigns the following information for the purpose of verification:

1. Employment history (dates and title)
2. Income (hourly rate)
3. Banking, savings (loan information and ratings)
4. Mortgage company (loan information and ratings)
5. Student enrollment status
6. And any other information deemed necessary for the purpose of processing or re-verifying your credit file

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of this authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

Name	Name	Name
Signature	Signature	Signature
Social Security Number	Social Security Number	Social Security Number
Date	Date	Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (client), hereby authorize Georgia Legal Services Program (GLSP) to release to any staff person of Housing & Neighborhood Services, City of Savannah, any information regarding my application for Georgia Legal Services to assist me with the preparation and execution of a Last Will & Testament.

This information shall be limited to GLSP acknowledging that it has been contacted by me and/or that I have completed my Last Will & Testament. GLSP is specifically not authorized to release any information regarding the contents of my Last Will & Testament, not any other information it may have obtained in the course of its representation of me.

This release shall be effective upon my signature and shall remain in effect until I advise the above-named individual and/or entity, in writing, that it is no longer effective.

This the ____ day of _____, 20__.

Client Signature

Witness

Prepared by:
William K. Broker, Esq.
6602 Abercorn Street, Suite 203
Savannah, GA 31405
(833) 457-7529

Notice to Homeowners who receive Federal Housing Assistance

Flood Insurance Requirement

It is the property owner's responsibility to pay for and maintain flood insurance coverage on their home when their home is located on property within a Special Flood Hazard Area (SFHA). SFHAs are identified on the Flood Insurance Rate Map and labeled as Zone AE, Zone A, Zone AO, Zone AH, Zones A1-A30, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30.

If a property owner sells their home, the property owner must inform the new property owner that it is their responsibility to maintain flood insurance coverage on the home. Property owners may be denied FEMA disaster assistance if flood insurance is not maintained on the property.

If the undersigned property owner receives federal housing assistance from the City of Savannah Housing and Neighborhood Services Department, part of this assistance may be funding to help cover the cost of a flood insurance policy for one year. It is the property owner's responsibility to pay for additional years of flood insurance coverage. Coverage must be at least equal to the total cost of the assisted project or the maximum coverage limit of the National Flood Insurance Program, whichever is less.

The undersigned property owner has read, understands and will comply with this Notice.

Property Address:

Owner

Date

Owner
(If applicable)

Date



REQUIRED DOCUMENT CHECKLIST

Income-Related Documents – SUBMIT ALL THAT APPLY

All household members are required to submit income documents. Documentation not listed below may be required.

- Most recent pay stubs covering 60 days
 - 9 pay stubs (if paid weekly)
 - 5 pay stubs (if paid bi-weekly)
 - 4 pay stubs (if paid semi-monthly)
 - 2 pay stubs (if paid monthly)
- Current Year SSA and/or SSDI income verification letter
- Current Year VA income verification letter
- Current Year Pension check or letter
- Unemployment benefit letter
- Most recent filed tax return, if self employed
- Year to Date profit and loss statement, if self employed
- Most recent 12 month history of child support received
- Section 8 voucher
- Statement of financial assistance provided by family members who do not live with you

Miscellaneous Items – SUBMIT ALL THAT APPLY

- Signed Notification letter indicating receipt of “Protect Your Family from Lead in Your Home” pamphlet
- Copy of deed showing that you own or are purchasing the house
- Most recent mortgage statement
- Photo ID – Applicant
- Photo ID – Co-Applicant
- Marriage License, if your name changed after you purchased the house
- Divorce Decree, if your name changed after you purchased the house
- Copy of paid City and County Tax receipts for current year
- Copy of executed power of attorney for someone to act on your behalf (If applicable)
- Copy of flood insurance policy (If applicable)
- Information Disclosure Authorization signed by household members age 18 or older

Other forms that may be required

- DD214 or equivalent (*we can help you obtain this document if necessary*)
- Orders showing current duty station, if active duty
- Documentation showing service in an overseas military intervention, if applicable
- Death certificate
- Marriage License
- Copy of most recent 2 months bank statements for all account – all pages – all household members
- Documentation not listed above

**Failure to provide all of the above requested information
can result in a processing delay!!**