

**UINTAH BASIN ASSOCIATION OF GOVERNMENTS
SINGLE FAMILY REHAB APPLICATION
COMMUNITY DEVELOPMENT BLOCK GRANT**

****IMPORTANT****

THIS IS NOT AN EMERGENCY PROGRAM; APPLICATIONS ARE PROCESSED FOR PRE-APPROVAL AS THEY ARE RECEIVED, AND SCORED BY A RATING AND RANKING FOR COMPLETION AS FUNDING IS AVAILABLE.

- **HOME AND LAND MUST BE IN APPLICANT NAME.**
- **MOBILE HOMES BUILT PRIOR TO 1978 ARE INELIGIBLE.**
- **THIS IS A ONCE IN A LIFETIME PROGRAM.**
- **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**COMPLETE APPLICATIONS WILL MUST INCLUDE THE
FOLLOWING:**

- _____ Complete & Signed Application
- _____ Proof of Income, 60 Days prior to application. (Current year benefit letter(s), paystubs, 2 years tax returns for Self-Employment, zero income form etc.)
- _____ Bank Statements, 2 Months prior to application. (All pages) (This cannot be used as proof of income.)
- _____ Copy of Social Security Card(s) for ALL household members
- _____ Copy of Photo ID(s) for ADULT household members
- _____ Photos of areas needing repairs

If a loan is opted, a credit report fee will be collected

Completed applications may be received:

UBAOG – Attn: Kendra Hackford

330 E 100 S

Roosevelt, UT 84066

Email: kendrah@ubaog.org

435-722-4518



WE ARE AN EQUAL OPPURTUNITY AGENCY, ANY ACCOMMODATIONS INCLUDING AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES BY CALLING 435-722-4518 AT LEAST 3 DAYS PRIOR TO YOUR APPOINTMENT. INDIVIDUALS WITH SPEECH AND/OR HEARING IMPAIRMENTS MAY CALL THE RELAY UTAH BY DIALING 711, AND/OR SPANISH RELAY UTAH AT 1-888-346-3162 FOR ASSISTANCE.

Date Received: _____

Application Name: _____

**UINTAH BASIN ASSOCIATION OF GOVERNMENTS (UBAOG)
SINGLE FAMILY REHAB APPLICATION**

Applicant Name: _____ Address: _____

Do you own the Home? **Y N** Do you own the land: **Y N** City: _____ State: ____ Zip: _____

Phone Number: _____ Email: _____

I give permission to sign documents using E-Signature if needed: **Y N****THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY:**Marital Status: *Single* _____ *Married* _____ *Divorced* _____ *Widowed* _____ *Separated* _____Female Head of Household? **Y N****Household Composition: Please list all members living in the home beginning with applicant:**

	Full Name	Relationship	Date of Birth	Social Security #	Gender	Disabled
1					M F	Y N
2					M F	Y N
3					M F	Y N
4					M F	Y N
5					M F	Y N
6					M F	Y N
7					M F	Y N
8					M F	Y N

*****FAILURE TO LIST ALL PERSONS LIVING IN HOUSEHOLD, (INCLUDING NON-RELATIVES) WILL RESULT IN
TERMINATION OF APPLICATION*****

Do you currently have Homeowner's Insurance: **Y N**Have you applied for assistance with UBAOG in the past: **Y N** If so, what: _____Have you applied for HEAT assistance in the past: **Y N** If so, when: _____Have you applied for Weatherization Assistance in the past: **Y N** If so, when: _____Are you related to a UBAOG employee: **Y N** If so, who: _____Are you related to a Division of Workforce Service employee: **Y N** If so, who: _____

INCOME: *PLEASE NOTE: FAILURE TO REPORT ENTIRE HOUSEHOLD INCOME FROM ALL SOURCES WILL RESULT IN TERMINATION OF APPLICATION*

LIST YOUR OWN GROSS MONTHLY INCOME FOR THE FOLLOWING:

Salary / Wages \$ _____
State Financial Assistance (not including SNAP) \$ _____
Unemployment: \$ _____
Disability: \$ _____
Pension: \$ _____
Social Security Benefit: \$ _____
Alimony / Child Support: \$ _____
Other _____ \$ _____

LIST ALL OTHER INCOME IN THE HOUSEHOLD:

<u>Name</u>	<u>GROSS Monthly Amount</u>	<u>Source(s) of Income</u>
_____	_____	_____

Adult household members not receiving income, must fill out attached zero income form

HOUSING INFORMATION:

Type of home: (please circle) Stick Built Mobile Home Modular Other
Year of home: _____

How many bedrooms are in the home: 1 2 3 4 5 6

Are you willing to obtain a loan to assist with repairs: **Y** **N**

Have you declared bankruptcy within the last 7 years: **Y** **N**

Do you have any unpaid judgements: **Y** **N**

Is your home on a foundation: **Y** **N**

How did you learn about this program: _____

Describe the repairs you are seeking funding for:

The information provided above is true and complete to the best of my/our knowledge and belief. I consent to the disclosure of such information related to my/our application for financial assistance. The UBAOG reserves the right to verify information included in this application once it is accepted. I understand that any false or misleading information will be grounds for disqualification.

Applicant

Date

FOR OFFICE USE ONLY

Agency Intake Approval

Date

HPG

Agency Editor Approval

Date

FOR OFFICE USE ONLY

Application Name: _____

AUTHORITY TO VERIFY CREDIT INFORMATION

By signing this release, I hereby give Uintah Basin Association of Governments permission to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for a loan from the UBAOG. The UBAOG may make copies of this document for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant (please print)

Date

Social Security Number

Date of Birth

Applicant Signature

Current Address: _____

Previous Address: _____
(if moved within the last 3 years)

By signing this document, the client gives UBAOG permission to share information with other lending institutions that may be beneficial to the loan process.

FOR OFFICE USE ONLY
Application Name: _____

RACE AND ETHNIC DATA

THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY

_____ Applicant declined to answer the questions below

PLEASE SELECT ONE IN EACH SECTION:

RACE

_____ American Indian or Alaska Native

_____ Black or African American

_____ Caucasian

_____ Asian and White

_____ American Indian or Alaska Native and Black or African American

_____ Asian

_____ Native Hawaiian or other Pacific Islander

_____ American Indian or Alaska Native and White

_____ Black or African American and White

_____ Other _____

ETHNICITY

_____ Hispanic / Latino

_____ Not Hispanic / Latino

Signature

Date

FOR OFFICE USE ONLY

Application Name: _____



ASSOCIATION OF GOVERNMENTS

UINTAH BASIN ASSOCIATION OF GOVERNMENTS (UBAOG) PHOTO, AUDIO, & VIDEO AUTHORIZATION RELEASE FORM

I, Below Signed authorize Uintah Basin Association of Governments (UBAOG) and its affiliates, to use and publish to the general public, non-income specific information about the services applying for, in any manner or media now known or hereafter discovered, including via the internet; which may include and not be limited to our official website, Facebook, Instagram, Twitter and YouTube.

I understand that I may revoke this authorization at any time; my revocation must be submitted in writing to Uintah Basin Association of Governments.

Revocations can be mailed to:

Uintah Basin Association of Governments
Attn: Housing Department
330 East 100 South
Roosevelt, UT
84066

Print

Date

Signature

Housing Staff Signature: _____ Date: _____

330 East 100 South, Roosevelt, UT 84066
Phone: (435) 722-4518
Fax: (435) 722-4890

FOR OFFICE USE ONLY

Application Name: _____

CERTIFICATION OF ZERO INCOME

*To be completed by adult household members not receiving any income.

Name: _____
Address: _____
City: _____
State: _____
Zip code: _____

I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment
- Income from operation of a business of any kind
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment benefits
- Disability Supplement payments
- Oil or Mineral payments
- Periodic allowances such as but not limited to; alimony, child support or gifts received from persons not living in my household
- Sales from a self-employed resource (Avon, Mary Kay, Shaklee etc.)
- Any other source of income

Please check as applicable:

_____ I have no income of any kind at this point in time and do not anticipate income from any source within the next 12 months.

_____ I am not presently employed, but actively seeking employment.
Based upon my education background, skills, and past work experience and with adjustments to reflect circumstances anticipated within the next year, I anticipate earning \$_____ over the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of application.

Signature

Print

Date

FOR OFFICE USE ONLY

Application Name: _____