



Thank you for your interest in the Kingsport Alliance for Housing Revitalization (KAHR) Program. Please be sure to complete all of the questions on both the application and dwelling survey and sign both documents.

The KAHR Program is a federally funded program and qualification for the program is based on income eligibility. Repairs that are eligible under this program must be posing a serious threat to health, safety and welfare of the home or affecting the immediate livability of the home. Mobile Homes are not eligible for KAHR program, mobile and modular homes on a permanent foundation are eligible.

The items listed on your application will be evaluated to determine if they are eligible for repair under the guidelines of the program. Applications will be processed in the order that they are received. Funding is awarded on a first come, first serve basis and emergency repairs are our highest priority. Qualification for the program is based on gross annual household income, properties must be owner-occupied and meet all property eligibility requirements.

**Please provide the following information with your application as this will expedite the processing of your application:**

**Proof of Income: (for ALL adult household members, 18 years and older)**

- Pay Stubs from current job(s) or Letter from employer regarding pay – **3 most recent months**
- Retirement and/or Disability Income Statements, if applicable
- Savings & Checking Statements – **3 most recent months**
- Tax Forms (if self-employed the recent year with attachments) i.e. 1040 tax forms – **Most recent**
- Social Security, AFDC, Workman's Comp, Unemployment, etc. Statement indicating income from all government assistance – **Must be dated within past 6 months**
- Bonds, Stocks, Annuities and Other Investment Forms, if applicable
- Alimony and/or Child Support Checks – **Most Recent**
- Copy of Photo ID

**Proof of Home Ownership:**

- Copy of Recorded Warranty Deed or other proof of ownership
- Receipt of Paid Property Taxes – **Most Recent Year**

**Other:**

- Copy of Homeowner's Insurance Policy
- Copy of Photo Id
- Copy of Social Security Card

Please note that your application will not be processed and assistance will not be granted until the above information has been received and you have been qualified for the program. If all required documentation is not received within 30 days of application submission, your application will be determined ineligible.

If you have any questions, please feel free to contact the Community Development Office and speak with Michael Price at (423)224-2877 or email , [MichaelPrice@KingsportTN.gov](mailto:MichaelPrice@KingsportTN.gov)

# Kingsport Alliance for Housing Revitalization PROGRAM APPLICATION

Please PRINT and complete ALL pages 1-8 of this application in its entirety. Please note that assistance is based on first come, first serve basis and priority of emergency at the discretion of the Program Staff. Your application may be placed on a waiting list in accordance to priority.

Date: \_\_\_\_\_

## Personal Information

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Applicant Social Security #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO, if no, can you provide proof of citizenship? \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Co-Applicant Social Security #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO, if no, can you provide proof of citizenship? \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Number) (Street) (City): (State): (Zip):

**Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widow/Widower

### Other Household Members:

*Please list the names, relationships, social security numbers and dates of birth of all other household members:*

Name:	Relationship:	Social Security #:	Date of Birth:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____



Is anyone in your household handicapped or disabled?  YES  NO

If YES, WHO and what is the nature of the condition?

Is anyone over 18 a full time student?  YES  NO

If YES, Identify person(s) and provide proof of full time enrollment.

Have you received assistance in the past from the City of Kingsport for Home Repairs?  YES  NO

If "Yes," please give the year, amount and type of assistance:

Are you employed by or a relative of any employee or member of the Board of Mayor and Aldermen of the City of Kingsport?  YES  NO

If "Yes," please list names, relationship, department and dates of employment.

Names: Relationship: Department: Dates:

### Summary of Household

- 1. Size of household: \_\_\_\_\_
- 2. Number of Elderly Household Members (62 and older): \_\_\_\_\_
- 3. Number of Handicapped or Disabled: \_\_\_\_\_
- 4. Female Headed Household:  YES  NO
- 5. Number of Persons 18 years old or younger: \_\_\_\_\_

### Income

Please list the names, sources of gross income (before taxes) (i.e. – wages, SS/SSI, alimony, child support) of all household members:

Name: \_\_\_\_\_ Source: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Source: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Source: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Source: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Source: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_



### Checking, Saving Accounts

Please list the names, banking location and account # of all household members:

Name on Account	Bank Name/ Location	Account #
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

### Other Assets

Please list other assets from all sources all household members (i.e. – stocks, bonds, etc.)

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Do you own any other real estate property?  YES  NO

If "Yes," please list address:

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### Certification

Please certify you understand the following program guidelines by checking "YES" on the line next to the statement. (If you cannot agree to each of the following guidelines you may not qualify for assistance)

1. I understand I must prove ownership by providing a copy of the deed.  YES  NO
2. I understand I must provide proof of homeowner insurance.  YES  NO
3. I understand I must provide proof that property taxes are paid up to date.  YES  NO
4. I agree to allow inspection of the property by the City of Kingsport whenever the Inspector determines that such inspection is necessary.  YES  NO
5. Upon completion of the repair, I agree to maintain the property in a clean, neat and sanitary condition.  YES  NO
6. I have alternative housing during the time period of the rehabilitation project should it be necessary.  YES  NO
7. I agree to permit the contractor to use, at no cost, reasonable existing utilities such as gas, water and electricity which are Necessary to the performance and completion of the work.  YES  NO



- 8. I understand I must cooperate fully with the City of Kingsport and the Contractor to ensure that the rehabilitation work will be carried out promptly.  YES  NO
- 9. I understand I must maintain the condition of a rehabilitated home after the rehabilitation is complete.  YES  NO
- 10. I have owned and occupied the home listed above for 1 or more years prior to applying for assistance.  YES  NO
- 11. I understand the City of Kingsport **may** obtain a title and credit report to verify qualification and hereby give my consent to do so.  YES  NO
- 12. I understand the City of Kingsport may utilize photographs taken in connection with my participation in the KAHR Program in marketing materials to promote the programs. I hereby give consent to the City of Kingsport to utilize my property and pictures of my property to promote the KAHR Program.  YES  NO
- 13. I understand that the KAHR Program is not an entitlement program. The City reserves the right to delay, postpone or deny participation in any of the programs for 5 years. At all times, participation requires adherence to the terms of the Construction Contract, Program Guidelines, Code of Conduct, applicable Federal Program regulations and any other Program documents.  YES  NO

To the best of my knowledge, I certify that the information in this application for federal assistance through the Kingsport Alliance for Housing Revitalization Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the Kingsport Alliance for Housing Revitalization Program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**THE FOLLOWING INFORMATION IS GATHERED ONLY TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:**

<b>Applicant:</b>	<b>Co-Applicant:</b>
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other Multi-Racial	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other Multi-Racial
<b>Gender (Sex):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Gender (Sex):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

**How did you hear about the program?**

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**Please send this completed application and structure survey with required back-up documentation to:**

***City of Kingsport  
 Community Development  
 Attn: Michael Price  
 415 Board St 2<sup>nd</sup> floor  
 Kingsport, TN 37660***

**Completed application and Dwelling Structure Survey will not be accepted without the required back-up documentation.**



## Kingsport Alliance for Housing Revitalization Dwelling Structure Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am applying for assistance for (please check one box):

- Emergency Repair     
  Minor Rehabilitation     
  R.A.M.P – Ramp Access Made Possible  
 Allow program staff to determine the program best suited for my needs based on Dwelling Survey

1.  Single Family Home     
  Mobile Home     
  Modular     
  Other Clarify: \_\_\_\_\_

2. Check all that apply:   
  Basement   
  One-Story   
  Two-Story   
  Three-Story

3. Total number of rooms in house: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

4. Approximate year built: \_\_\_\_\_

5. Property Value: \_\_\_\_\_

6. Date occupancy began: \_\_\_\_\_

7. Tax Parcel #: \_\_\_\_\_

8. Is your home on a permanent foundation?       YES       NO

9. Do you operate a business out of your home?       YES       NO

If "Yes," please give name and nature of business:

\_\_\_\_\_

10. Do you rent out any portion of your home?       YES       NO

11. Are you still making payments on your home?       YES       NO

**If, yes:**

Name of Lender/Financing through: \_\_\_\_\_

Name of Lender/ Financing Contact: \_\_\_\_\_

Lender/Financing Phone: \_\_\_\_\_

Approximate Balance Due: \$ \_\_\_\_\_

12. Name of electric service provider: \_\_\_\_\_

13. Water supply to the house?   
  None   
  Public Water   
  Well Spring   
  Cistern

If public water, please provide the name of the service provider: \_\_\_\_\_

14. Wastewater system?   
  Septic   
  Pit   
  City Sewer   
  Other, please clarify: \_\_\_\_\_



**What repairs do you think are needed? (Check all that apply)**

Area	Description of work needed	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundation	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Siding	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floors	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insulation	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior Walls	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interior Walls	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ceilings	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roof	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Porch/Steps	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating/Cooling	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____	Emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Other General Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**Historic Comments**

Do you believe that your property may be eligible for listing in the National Register of Historic Places?  Yes  No  No Opinion

Do you believe that properties adjacent to or across the street from yours may be eligible for listing in the National Register of Historic Places?  Yes  No  No Opinion

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Official Use Only:**

**FAMILY INCOME CALCULATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

All information should come from Home Rehabilitation Program Application

- 1. Number in Household \_\_\_\_\_
- 2. Number with Income \_\_\_\_\_
- 3. Number without Income \_\_\_\_\_

80% Area Median Income Limits for Kingsport-Bristol-Bristol, TN-VA MSA: \$\_\_\_\_\_.  
(Based on family size)

Show totals from Income Calculations and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than \$5,000, multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income:

Totals from Program Application:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total \$ \_\_\_\_\_

3. Calculate Total Household Gross Annual Income:

0-30% AMI - \_\_\_\_\_ 31-50% AMI - \_\_\_\_\_ 51-80% AMI - \_\_\_\_\_

Completed by: \_\_\_\_\_

