



CHATTANOOGA NEIGHBORHOOD SERVICES DEPARTMENT



**The Front Porch Alliance**  
 in partnership with  
**The City of Chattanooga**  
**Department of Neighborhood Services and Community Development**  
 and  
**Office of Faith-Based Initiatives**  
**HOME REPAIR APPLICATION**

This is an application for assistance. It holds no obligations. All information will be verified prior to an applicant being placed on our waiting list for consideration. All applicants must meet established selection criteria.

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

**A. PERSONAL INFORMATION**

Head of Household: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widow/Widower

Name of Spouse: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Are either you or your spouse handicapped or disabled?     YES     NO  
 If YES, what is the nature of the condition? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?     YES     NO  
 If YES, please explain \_\_\_\_\_

Whom should we contact in an emergency?  
 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**B. PRESENT HOUSING INFORMATION**

How long have you lived at your present address? \_\_\_\_\_

What year was your home built? \_\_\_\_\_ Square footage: \_\_\_\_\_

Number of stories: \_\_\_\_\_

Do you have a mortgage on your home?  YES  NO

Mortgage company: \_\_\_\_\_

In which community is your home located? \_\_\_\_\_

**Verification of Ownership of Property**

Property in the name of \_\_\_\_\_

Tax receipt number \_\_\_\_\_ for the year of \_\_\_\_\_.

(or) Deed (Recorded in the Hamilton Co. Registrar of Deeds Office)

Book # \_\_\_\_\_ Page \_\_\_\_\_

**Please attach a copy of the verification of ownership (deed or tax receipt).**

Are your property taxes current through December 2005? \_\_\_\_\_

Do you intend to sell your property within the next three years? \_\_\_\_\_

**C. OTHER ASSISTANCE**

Have you submitted an application or sought assistance from any other home repair assistance program this year?  YES  NO

If yes, please state organization and whether there is a pending application \_\_\_\_\_

Have you had repairs made to your property in the last 5 years by any organization (World Changers, Chattanooga Neighborhood Enterprise, Widows Harvest, etc)?

YES  NO

If yes, when and by whom? \_\_\_\_\_

**D. REPAIRS/IMPROVEMENTS DESIRED**

Please identify the repairs needed on your house.\*\* List work desired in order of priority need. Be sure to include both interior and exterior work needed.

**Exterior**

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**Interior**

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***\*\*This project is not designed to address electrical or faulty wiring problems or major repair needs, including any sewer work or certain above ground work.***

**E. EMPLOYMENT AND INCOME INFORMATION**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Pay: \_\_\_\_\_ per \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Pay: \_\_\_\_\_ per \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

List all persons, beginning with yourself, who live in your house, and their age, sex, relationship to you; for persons 18 years old or older, their gross annual employment/benefit income; their source(s) of income (i.e. employment, SS, SSI, pension, etc); and social security number. **Please remember to attach copies of check stubs for the past two months or eligibility letters from Social Security or the Department of Human Services or other verification of income.**

	Name	Relationship	Age	Sex	Income	Source of Income	Social Security #
Applicant							

Number in Household \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

**F. CERTIFICATION AND AGREEMENT**

I certify that all the information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive home repairs. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

\_\_\_\_\_  
Applicant

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

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

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

**RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:**

Vanessa A. Jackson  
 Department of Neighborhood Services  
 1110 Market Street  
 Suite 333B Warehouse Row  
 Chattanooga, TN 37402  
 (423) 425-3741

NRC: \_\_\_\_\_

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