

**Dungannon Development Commission, Inc.**  
**Project HELP (Housing Enterprise for Low Income People) Home Repair Application**

Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Phone:	E-mail:	

**List all Occupants of the household:**

Occupant	Relationship	Social Security Number	Student	Age	Source of Income/ Employer Name	Anticipated Annual Income
1.	(Self)					
2.						
3.						
4.						
5.						
6.						

Total number of people in household:
Total amount of annual income:

Is anyone in the household Hispanic or Latino?  Yes  No Race:  White  Black/African American  American Indian or Alaskan Native  Asian  Other

Are all people living in your household United State Citizens?  Yes  No If no, who? \_\_\_\_\_

Is anyone in your household disabled?  Yes  No If yes, who? \_\_\_\_\_

Does any household member receive Food Stamps?  Yes  No If yes , who? \_\_\_\_\_

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Dungannon Development Commission, Inc. within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise on my behalf through the program. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. My Signature authorizes the Dungannon Development Commission, Inc. to obtain any verification needed to establish my eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. My Signature authorizes that I understand the following: *By participating in Dungannon Development Commission, Inc.'s Project HELP Program, I agree to release Dungannon Development Commission, Inc. as well as any third parties from any liability resulting in/from the condition of the work done to my home and do further agree to indemnify and hold the Dungannon Development Commission, Inc. and any third party free and harmless against all and any liabilities, damages, losses, claims, causes of action, law suits in equity of any obligation whatsoever arising out of, or attributed to, any action of the Agency or any personnel employed by the Agency in connection with its Project HELP. I also Agree that I will pay the 10% fee for materials expense.(You will be charged 10% of the total materials cost for your project. However, your cost will not exceed \$100.00). By signing below you agree to the above statements and terms as stated.*

**Applicants Signature or Mark and Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last Name:	First Name:	Phone:
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*Present Housing Conditions:*

**Do you own or rent your home?**  Own  Rent

**Which do you live in?**  House  Trailer

What color is your home? \_\_\_\_\_ Number of Bedrooms in your home? \_\_\_\_\_

Which of the following do you have?  Running Water  Privy/Outhouse  Septic  Sewer  Well  Electricity provided by a meter base

Have you had home repairs done for you in the past?  Yes  No If yes, in what year and what organization did them (Ex. DDC, RADA, ASP)? \_\_\_\_\_

Can you or anyone in your family help do the repairs to your DDC HELP partnership home?  Yes  No If yes, who will assist? \_\_\_\_\_

Directions to your home: **From the Dungannon Post Office** (Use both road numbers and landmarks so that we can accurately find your home.)

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**Give Details Of The Repairs That Is Needed To Your Home Below:**

(If more space is needed, use the back of this sheet or attach another.)

Carpentry  Plumbing  Masonry

**Outside:**

Roof: \_\_\_\_\_

**If you need roof repairs, what is your roof is made of?**  Shingles  Tin

Walls: \_\_\_\_\_

**If you need repairs to the outside walls, what is on the outside walls of your house?** \_\_\_\_\_

Porch: \_\_\_\_\_

Door: \_\_\_\_\_

Other: \_\_\_\_\_

**Inside:**

Living Room: \_\_\_\_\_

Kitchen: \_\_\_\_\_

Bathroom: \_\_\_\_\_

Bedroom: \_\_\_\_\_

Hall: \_\_\_\_\_

Other: \_\_\_\_\_

## ***RENTAL INFORMATION***

*(Only complete this section if you rent)*

*Fill in the following information about your landlord:*

Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Phone:	E-mail:	

What is the estimated rent you pay each month:  Up to \$100  \$101-\$200  \$201-\$300  \$301-\$400  \$401-\$500  More than \$500

Do you live in a Section 8 Rental Assisted home?  Yes  No If yes, what is the total rent on the house (what you pay + rental assistance)? \$\_\_\_\_\_

# LANDLORD INFORMATION

*(Landlord must complete this section if you rent)*

*The following information must be completed by landlord:*

Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Phone:	E-mail:	

What is the estimated rent you receive from the applicant each month:  Up to \$100  \$101-\$200  \$201-\$300  \$301-\$400  \$401-\$500  More than \$500  
 Do you receive Section 8 Rental Assisted for the applicants unit?  Yes  No If yes, what is the total rent on the house (what you pay + rental assistance)? \$ \_\_\_\_\_

**Completed the following information for you the landlord's household not the renters house hold: List all Occupants of the household in the:**

Occupant	Relationship	Social Security Number	Student	Age	Source of Income/ Employer Name	Anticipated Annual Income
1.	(Self)					
2.						
3.						
4.						
5.						
6.						

Total number of people in household:
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**Applicants Signature or Mark and Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Owner Agreement

### Agreement by owner and/or Tenant:

The undersigned hereby certifies that s/he is the owner of the property located at \_\_\_\_\_ (street address, P.O. Box, locality), and does hereby authorize the Dungannon Development Commission, Inc. (Local Administrator) to make repairs and improvement as necessary to the said property for the purpose of the HELP Program

Owner and/or tenant hereby release and agree to indemnify and hold harmless D.D.C., its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant agrees to provide D.D.C. and Local Administrator, access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certify that s/he intends to occupy the property for at least one (1) year after the date of the HELP Program work is completed.

Owner and/or tenant agrees that the quality of the installation of the materials can not be guaranteed beyond a period of thirty (30) days.

Owner and/or tenant understand that s/he may request information as to the specific HELP program work to be done to the property prior to signing this agreement, and agrees to the work to be performed as determined by D.D.C. and the Local Administrator.

### Additional, Agreements by the Landlord:

In consideration for the D.D.C. Help program to be performed on the property, the Landlord hereby agrees to the following:

Landlord shall contribute \_\_\_\_\_ toward the cost of the D.D.C. HELP programs improvements.

Landlord shall not raise the rent for the period of \_\_\_\_\_ or terminate the lease with reason demonstrably related to matters other than the D.D.C. HELP program provided on behalf of the tenant.

Special Agreements: \_\_\_\_\_

Owner/Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dungannon Development Commission, Inc.

Representative Signature: \_\_\_\_\_