



**Universal Housing
Development Corporation**

MAIL TO: P. O. BOX 846, RUSSELLVILLE, AR 72811
OR RETURN IN PERSON TO: 301 EAST 3RD ST., RUSSELLVILLE, AR 72801
PHONE: 479-968-5001 OR 1-800-737-5013
FAX: 479-968-5002

APPLICATION FOR REPAIRS

NAME: _____ [] MALE [] FEMALE
(*HEAD OF HOUSEHOLD*) FIRST, MI, LAST

STREET
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS _____
(IF DIFFERENT FROM STREET ADDRESS)

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ YEARS

SOCIAL SECURITY #: _____ - _____ - _____ BIRTHDATE _____

HOME PHONE #: (_____) _____ - _____ CELL PHONE #: (_____) _____ - _____

RACE: (CHECK ONE)

- [] WHITE (not of Hispanic origin) [] BLACK (not of Hispanic origin)
[] HISPANIC [] AMERICAN INDIAN or ALASKAN NATIVE
[] ASIAN or PACIFIC ISLANDER [] OTHER _____

THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE GRANTEE IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL DEVELOPMENT, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE BEING COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE GRANTEE IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

HEAD OF HOUSEHOLD MARITAL STATUS: [] MARRIED [] SEPARATED
[] SINGLE [] DIVORCED [] WIDOWED

HEAD OF HOUSEHOLD EDUCATION (YEARS OF SCHOOL COMPLETED): _____

NOTE: PLEASE ATTACH A COPY OF YOUR PROPERTY DEED AS PROOF OF OWNERSHIP.

INDICATE PROPERTY OWNERSHIP STATUS:

- OWN YOUR HOME (NO MORTGAGE/MORTGAGE PAID IN FULL)
- OWN YOUR HOME (UNDER MORTGAGE)
- BUYING YOUR HOME (UNDER ESCROW)

IF UNDER MORTGAGE/ESCROW, HOW LONG HAVE YOU BEEN PAYING ON YOUR HOME? _____ YEARS

HOW MANY ACRES OF LAND DO YOU OWN? INCLUDE ANY/ALL REAL ESTATE PROPERTY, INCLUDING ANY LAND CO-OWNED WITH OTHER PERSON(S). _____ ACRES

DWELLING DESCRIPTION (CHECK ONE):

- BRICK WOOD FRAME MOBILE HOME

NOTE: MOBILE HOMES MUST BE ON A PERMANENT FOUNDATION TO BE ELIGIBLE FOR HOME REPAIR PROGRAMS.

APPROX. AGE OF HOUSE: _____ YRS.

NUMBER OF ROOMS (INCLUDING BATH): _____

WHAT TYPE OF "SEWER SYSTEM" IS THE HOUSE CONNECTED TO?

- CITY SEWER OUTSIDE SEPTIC TANK
- NO SEWER SYSTEM OTHER _____

WHAT TYPE OF FUEL IS USED TO HEAT THE HOUSE?

- ELECTRICITY BOTTLED GAS OR PROPANE
- WOOD NATURAL GAS NONE

CHECK ALL REPAIRS NEEDED ON THE HOUSE. (*ATTACH SHEETS IF ADDITIONAL SPACE IS NEEDED.*) **NOTE: KEEP IN MIND ANY "HEALTH OR SAFETY" HAZARDS WILL TAKE PRIORITY OVER OTHER REQUESTS.**

- SEWER SYSTEM PROBLEMS ELECTRICAL PROBLEMS
- BAD FLOORS BAD WINDOWS/DOORS
- PLUMBING PROBLEMS ROOF LEAKING
- LARGE HOLES IN SIDING INADEQUATE INSULATION
- HEAT/AIR SYSTEM OTHER (PLEASE EXPLAIN BELOW)

DIRECTIONS TO YOUR HOME:

PLEASE LIST NAME, ADDRESS, AND PHONE NUMBER OF PERSON ASSISTING WITH APPLICATION.

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OPTIONAL:

- I/WE HEREBY AUTHORIZE USDA UNIVERSAL HOUSING DEVELOPMENT CORPORATION TO RELEASE INFORMATION REGARDING MY APPLICATION FOR HOUSING ASSISTANCE TO THE INDIVIDUAL LISTED ABOVE.

I CERTIFY THAT I AM THE RESIDENT AND HOMEOWNER OF THE ABOVE MENTIONED PROPERTY AND HAVE GIVEN MY PERMISSION TO ALLOW WORK ON MY HOME IN ACCORDANCE WITH HOME REPAIR PROGRAM GUIDELINES. I FURTHER CERTIFY THAT ALL INFORMATION LISTED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(APPLICANT SIGNATURE) (DATE)

(CO-APPLICANT SIGNATURE) (DATE)

OFFICE USE ONLY

DATE RECEIVED: _____
 DROP BOX MAIL IN PERSON TIME RECEIVED: _____
ELIGIBLE: YES NO
REFERRED TO:
 RD 504 HPG FHLB SNAP OTHER NONE
LOGGED IN COUNSELOR MAX _____ (INITIAL)

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, WASHINGTON, D. C. 20250

