

Repair Affair Application Form

Date: _____

Please check the program that applies



Repair Affair



Emergency Repairs

Referred By _____

Homeowner Information

Name of homeowner _____

Is Homeowner 62 yrs. old or older? yes no

Address _____ Zip _____ Phone _____

Name(s) on home deed _____

Ages and relationships of other residents _____

Disabilities _____

Has the property been denied/deemed infeasible by LFUCG Community Development's Rehab Program? (circle one) YES NO

Have you received a "Notice and Order" for from the Division of Code Enforcement? _____

Income Information (Current proof of income must accompany this application. You must send a statement verifying the income for anyone living in the home who is 18 years old or older (i.e. social security statement, check stub or copy of a check).

Annual Income _____ Sources _____

Other resident's annual income _____ Sources _____

Asset Information

Please list other property owned _____

Other assets _____

Information on Local Relatives

Name of local family member _____ Phone _____

Complete this section for REPARE AFFAIR (See page 2 for signature)

Information on Repairs Needed

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Gutters | <input type="checkbox"/> Tuckpointing |
| <input type="checkbox"/> Caulking | <input type="checkbox"/> Window Glazing | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Install Storm Windows (<i>purchased by owner</i>) | |
| <input type="checkbox"/> Soffits | <input type="checkbox"/> Other _____ | |

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Complete this section for **EMERGENCY REPAIRS**.

Plumbing Roof
 Heating Other _____

(Please describe)

Note: The maximum cost of emergency repairs is \$1,000 per household, except for furnace replacement. The maximum cost for furnace replacement is \$2500.

Family/Household Size	1 Person	2 People	3 People	4 People
Maximum Income for Repair Affair	\$35,550	\$40,650	\$45,700	\$50,800
Maximum Income for Emergency Repair Program	\$22,250	\$25,400	\$28,600	\$31,750

In order to qualify for either the Repair Affair or Emergency Program, at least one of the owner/occupants of the dwelling to be repaired must be 62 years of age or older.

Please complete the application and sign below.

Signature

Signature

Return signed application along with proof of income to:

**Realtor Community Housing
Foundation
2250 Regency Road
Lexington, KY 40503**

Phone: 859/276-2693
Fax: 859/277-0286

REALTOR COMMUNITY HOUSING FOUNDATION

CLIENT INFORMATION

CLIENT NAME: _____

ADDRESS OF WORK: _____

HOUSEHOLD SIZE: _____

RACE/NATIONAL ORIGIN OF PERSONS:

- | | |
|---|--|
| _____ WHITE | _____ AMERICAN INDIAN or ALASKA NATIVE and WHITE |
| _____ BLACK or AFRICAN-AMERICAN | _____ BLACK or AFRICAN-AMERICAN and WHITE |
| _____ ASIAN | _____ ASIAN and WHITE |
| _____ AMERICAN INDIAN or ALASKAN NATIVE | _____ AMERICAN INDIAN or ALASKA NATIVE and BLACK or AFRICAN AMERICAN |
| _____ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER | |

ETHNIC CATEGORIES: HISPANIC OR LATINO? _____ YES OR _____ NO

SEX OF PERSONS: _____ FEMALE _____ MALE

OCCUPIED BY ELDERLY (62 OR OLDER): _____ YES OR _____ NO

FEMALE HEAD OF HOUSEHOLD: _____

ANY PARTICIPANTS WITH A DISABILITY? _____ YES OR _____ NO

UNIT MADE ACCESSIBLE(RAMP, GRAB BARS, ETC.): _____ YES OR _____ NO

IF YES, IS UNIT OCCUPIED BY HOMEOWNER _____ OR RENTER? _____

HOUSEHOLD INCOME: _____

- | | | |
|-------------------------------|------------------------|--------------------------|
| _____ LESS THEN 30% OF MEDIAN | _____ 50-60% OF MEDIAN | _____ OVER 80% OF MEDIAN |
| _____ 30-50% OF MEDIAN | _____ 60-80% OF MEDIAN | |

PROGRAM: _____ EMERGENCY REPAIR (LIMIT \$500 PER YEAR)
_____ REPAIR AFFAIR _____ RAMP
_____ EMERGENCY REPAIR-FURNACE (LIMIT \$2,500)

*NOTE: MAXIMUM AMOUNT PER UNIT \$4,999

TOTAL BILLS ATTACHED: _____

Use this form for anyone living in the home who is 18 yrs old or older and does not have an Lexington Fayette Urban County Government income



DIVISION OF COMMUNITY DEVELOPMENT 200 East Main Street • Lexington, Kentucky 40507

CERTIFICATION OF ZERO INCOME

I do hereby certify that I do not individually receive income or monetary funds from any source including, but not limited to, income from wages, public assistance, social security, pensions, benefits, child support and/or alimony.

Printed Name

Signature

Date

Telephone Number

STATE OF KENTUCKY

SS:

COUNTY OF FAYETTE

The foregoing was subscribed, sworn to and acknowledge before me this day of _____, 20_____, by _____.

Notary Public, State At Large, Kentucky

My Commission Expires: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make wilful, false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

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