



Christmas In Action - Spartanburg

PO Box 5852, Spartanburg, SC 29304

Phone (864) 576-7101

OFFICE USE ONLY	03.2023 UPDATE
Date Received:	
Date Initially Processed:	
Homeowner Verification:	
Property Location:	
Tax Assessment:	
Income Verified:	
SOR Review:	
COMPLST:	
VL Date:	
Other	

HOMEOWNER APPLICATION

This program is for elderly, disabled, and otherwise disadvantaged homeowners in Spartanburg County living in a single family, owner occupied residence.

Program qualifications for consideration include but are not limited to: a) Applicant must be the homeowner of the property needing repairs, b) Property taxes must be currently paid, c) The dwelling cannot be a mobile home, d) The homeowner must consider the home their primary residence.

Please complete and return this Homeowner Application to Christmas In Action Spartanburg along with the following documents:

- Income Documents** – Submit copies of your most recent pay stubs (3 months), or if you receive unemployment benefits, social security compensation, disability, food stamps, child support or alimony by court order and/or retirement, inheritance, you must present a current letter or statement from the agency stating the specific amount you receive monthly. Documents must be provided for all household members over the age of 18 years old.
- Bank Statements** – Please provide copies of your most recent bank statements (2 months) for all accounts (checking and savings) in your name. Bank statements must be provided for all household members over the age of 18 years old.
- Photo Identification** – A copy of photo identification is needed for all household members over the age of 18 years old.

HOMEOWNER INFORMATION

Homeowner Name (Resident #1) _____
Last First Middle

Birth Date _____ / ____ / ____
Month Date Year Age Marital Status: Single Married Widow/Widower
Circle One

Address _____
House # Street City State Zip Code

Telephone _____ - _____ Cell _____ Disabled? Yes No

Disabilities: _____

Employer (If you are currently employed) _____

Are you a Veteran? Yes / No If yes, which Branch of the Service? _____
(A copy of a DD214 needed to be considered for specially funded projects)

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Last First Middle

Address _____
House # Street Name City State Zip Code

Telephone Number _____
Home Mobile Work

REFERRAL INFORMATION

Referring Agency: _____

Contact Name: _____ Phone _____

RESIDENCE INFORMATION

Length of time in present home: _____ Age of residence: _____

Jurisdiction: City / County (Circle One) Do you have Homeowners Insurance? Yes / No
If so, name of company: _____

Description of home: (i.e., single story, mobile home, etc). _____

OTHER RESIDENTS LIVING IN THE HOUSEHOLD

Resident #2 _____ Disabilities _____
Last First Age
Birth Date ____ / ____ / ____ Employed or Student? Yes No
Month Date Year If so, where? _____
Relationship to Homeowner: _____

Resident #3 _____ Disabilities _____
Last First Age
Birth Date ____ / ____ / ____ Employed or Student? Yes No
Month Date Year If so, where? _____
Relationship to Homeowner: _____

Resident #4 _____ Disabilities _____
Last First Age
Birth Date ____ / ____ / ____ Employed or Student? Yes No
Month Date Year If so, where? _____
Relationship to Homeowner: _____

MINORS VISITING THE HOME

(City of Spartanburg Residents ONLY)

YES or NO (Circle One)
Are there any children (under the age of 6) who regularly visit the home? This could include grandchildren, nieces and nephews, neighbors, children you babysit, etc.

If so, you may be eligible for additional community home repair services upon referral.

INCOME VERIFICATION

Please provide the following information for all residents living in the household.

Income Source (Per Month)	<u>Homeowner</u> (Resident #1)	<u>Resident #2</u>	<u>Resident #3</u>	<u>Resident #4</u>
Salary/Wages <i>(from job)</i>	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
SSI Benefits	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
AFDC <i>(Aid to Families with Dependent Children)</i>	\$	\$	\$	\$
TANF <i>(Temporary Assistance for Needy Families)</i>	\$	\$	\$	\$
LIHAEP <i>(Energy Assistance Program)</i>	\$	\$	\$	\$
SNAP <i>(Food Stamps)</i>	\$	\$	\$	\$
Other Income <i>(Side jobs, family member support, etc.)</i>				
Total Income (Monthly)	\$	\$	\$	\$

HOMEOWNER / APPLICANT REPAIR WISH LIST:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Have you ever applied before with Christmas In Action Spartanburg? YES or NO / If yes, when? _____

Has Christmas In Action requested that you reapply for their services or update your application? YES or NO

Have you ever received repair assistance from Christmas In Action Spartanburg? YES or NO / If yes, when? _____
What repairs were made to your home at that time?

Have you received assistance with home repairs from other agencies or organizations? YES or NO
If yes, when? _____ Name of agency/organization: _____

What repairs were made to your home?

DISCLOSURE/CERTIFICATION

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge, and inquiries may be made to verify the statements made herein. I/We further certify that the property address contained herein is my/our principal place of residency and I/we request a review of the property for consideration of assistance through the program for which this Application is made. I/We further understand that in order to maintain the viability of this program, the program administrators may request a health, safety, and legal review of the property while considering this Application.

I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation. I/We do understand that information may be shared with staff, board members, and personnel from grant funding entities to help determine eligibility and services.

I/We understand that Christmas In Action Spartanburg reserves the right to revoke assistance if it determines an Applicant has knowingly misrepresented his/her financial condition, number of residents in the household, or any other information necessary to determine financial status for purposes of this Application. I/We also understand that if it is determined that Applicant knowingly misrepresented any information on this Application resulting in a revocation of assistance, I/we may be required to reimburse Christmas In Action Spartanburg for any expenses and costs provided and received under this housing rehabilitation program.

Furthermore, I/we understand that Christmas In Action Spartanburg reserves the right to extend or deny assistance to applicant for other administrative, legal or philanthropic reasons. Christmas In Action Spartanburg will not deny or extend assistance on the basis of race, creed, color, sex, age, religion, sexual orientation or national origin.

I/We understand that completing this Application does not mean automatic selection and houses chosen for rehabilitation will be determined on needs, scope criteria, and funding. I/We understand that if my/our house is selected that I/we and/or any residents of the home that are able bodied are expected to help the volunteers accomplish the repairs to my/our home.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date