



129 W. Fowlkes St. Ste. 124  
 Franklin, TN 37064  
 615.790.5556  
 615.595.1215  
 chpwc.org

## OWNER-OCCUPIED REHABILITATION PROGRAM APPLICATION

### Purpose:

Community Housing Partnership of Williamson County (CHP) assists individuals who own their own home with emergency and restoration repairs. All applicants must income-qualify and meet all program requirements. Repairs have included HVAC systems, roofs, accessibility ramps, light carpentry, electrical and plumbing work.

CHP uses a variety of funding sources for this program, including but not limited to: City of Franklin, Williamson County, United Way and USDA. Many times, additional funds from StarFish, GNRC, and potentially the applicant are required to complete the project.

### Please answer the following:

1. Is the home the Applicant's primary residence?     YES                       NO
2. Is the home owned by the Applicant?             YES                       NO
3. Is the home located in Williamson County?       YES                       NO

### Please fill out the following table:

#### Eligible Applicant Information

CHOOSE the number that represents how many people live in your household:

**FAMILY SIZE**            1            2            3            4            5            6            7            8

CHECK either ABOVE or BELOW in row "INCOME LIMIT" that represents your gross household income:

ABOVE								
<b>INCOME LIMIT</b>	<b>\$46,100</b>	<b>\$52,700</b>	<b>\$59,300</b>	<b>\$65,850</b>	<b>\$71,150</b>	<b>\$76,400</b>	<b>\$81,700</b>	<b>\$86,950</b>
BELOW								

### What happens after I apply?

1. If additional information or documentation is necessary to complete your application, you will be notified by a staff member.
2. If you are deemed eligible for the program, you will be notified and provided with a 'Program Procedure' brochure that outlines the Rehabilitation process.
3. If you are deemed ineligible for the program, you will be notified and given an explanation.

***This program depends on the availability of grants received from Federal and State funding sources. It can take 2 – 3 weeks to determine eligibility and available funding. Please allow up to 10 days for a site visit to be conducted after submission. Submitting this application does not guarantee assistance. Contact Tyler Robinson at 615.790.5556 x4684, or [tyler@chpwc.org](mailto:tyler@chpwc.org)***



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DATE: \_\_\_\_\_

**SECTION 1: PROPERTY INFORMATION**

<b>PROPERTY ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>YEAR HOME WAS BUILT (approx):</b>		<b>DO YOU RESIDE IN HOME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>STRUCTURE TYPE:</b>	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> DUPLEX

**SECTION 2: APPLICANT INFORMATION**

<b>HEAD OF HOUSEHOLD'S NAME:</b>			
<b>PHONE NUMBER:</b>		<b>EMAIL:</b>	
<b>SOCIAL SECURITY #:</b>		<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>PLACE OF EMPLOYMENT:</b>			
<b>DISABILITIES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>HAVE YOU RECEIVED COMMUNITY HOUSING PARTNERSHIP ASSISTANCE BEFORE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IS THE HEAD OF THE HOUSEHOLD AGE 62 OR OLDER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>MARITAL STATUS:</b>	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED
<b>SEX (optional):</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> OTHER
<b>ETHNICITIES (optional):</b>	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC/LATINO
<input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN	<input type="checkbox"/> OTHER

<b>SPOUSE OR CO-HEAD'S NAME:</b>			
<b>PHONE NUMBER:</b>		<b>EMAIL:</b>	
<b>SOCIAL SECURITY #:</b>		<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>PLACE OF EMPLOYMENT:</b>			
<b>DISABILITIES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>HAVE YOU RECEIVED COMMUNITY HOUSING PARTNERSHIP ASSISTANCE BEFORE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			



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**SECTION 3: HOUSEHOLD INCOME**

<b>HEAD OF HOUSEHOLD MONTHLY GROSS INCOME</b>	<b>SPOUSE/CO-HEAD MONTHLY GROSS INCOME</b>
EMPLOYMENT: \$	EMPLOYMENT: \$
SOCIAL SECURITY (SSI): \$	SOCIAL SECURITY (SSI): \$
SOCIAL SECURITY DISABILITY (SSDI): \$	SOCIAL SECURITY DISABILITY (SSDI): \$
CHILD SUPPORT: \$	CHILD SUPPORT: \$
ALIMONY: \$	ALIMONY: \$
FOOD STAMPS: \$	FOOD STAMPS: \$
MONTHLY MORTGAGE PAYMENT: \$	MONTHLY MORTGAGE PAYMENT: \$
CHECKING ACCOUNT BALANCE: \$	CHECKING ACCOUNT BALANCE: \$
SAVINGS ACCOUNT BALANCE: \$	SAVINGS ACCOUNT BALANCE: \$
RETIREMENT AMOUNT (401K, IRA, MONEY MARKET, STOCKS, BONDS, ETC.): \$	RETIREMENT AMOUNT (401K, IRA, MONEY MARKET, STOCKS, BONDS, ETC.): \$

**LIST ALL PERSONS LIVING WITHIN HOUSEHOLD AND THEIR INCOME BESIDES HEAD OF HOUSEHOLD AND CO-HEAD/SPOUSE**

<b>NAME:</b>	<b>AGE:</b>	<b>SOURCE OF INCOME:</b>	<b>GROSS MONTHLY INCOME:</b>
			\$
			\$
			\$
			\$

**PRIVACY STATEMENT:** Community Housing Partnership of Williamson County (CHP) agrees to keep this entire application confidential. CHP is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. CHP is authorized to use the enclosed information, to verify its accuracy, and determine the applicant's and co-applicant's eligibility under our guidelines (the applicant and co-applicant must be a low to moderate income individual or family). The information submitted in this application may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purpose; to persons involved in judicial or administrative proceeding; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services. Any pictures taken of me, my family, my house, and/or property may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purposes; to persons involved in judicial or administrative proceedings; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services.





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**SECTION 6: ACKNOWLEDGEMENTS**

*I do hereby certify that all information contained herein is complete, true, and correct to the best of my knowledge. I give Community Housing Partnership the authorization to verify any of this information, including, but not limited to, a credit check, an employment verification, a disability verification, and a criminal background screening.*

**\*\*PLEASE READ BELOW ITEMS CAREFULLY AND CHECK FOR ACKNOWLEDGEMENTS\*\***

- I certify that I am the OWNER AND OCCUPANT of the property.
- I understand that submitting this application does not guarantee assistance.
- I understand that there may be a 2 – 3 week waitlist for this program before my application is processed.
- I understand that incomplete applications will not be processed until all required documents are submitted.

HEAD OF HOUSEHOLD'S SIGNATURE	DATE
SPOUSE/CO-HEAD'S SIGNATURE	DATE
CHP STAFF MEMBER'S SIGNATURE	DATE

**FOR CHP OFFICE USE ONLY:**

**FUNDING SOURCE** (check which source of funding will be utilized dependent on location, age, disability, and history)

- CDBG (City of Franklin – disabled or elderly population)
- USDA (USDA rural zone – all population)
- WILLIAMSON COUNTY – UNITED WAY (WC – all population)
- WILLIAMSON COUNTY – GENERAL (WC – all population)
- OTHER (Rotary, Westminster, etc.)

**ELIGIBLE:**

- YES
- NO

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