

# REHABILITATION ASSISTANCE APPLICATION

Shelby County Government  
Department of Housing  
1075 Mullins Station Road  
Memphis, TN 38134

Phone: (901) 222-7605 Fax: (901) 222-7621

To prevent delay in processing application, the following items **must be submitted** with the application:

         **PROOF OF INCOME FOR EACH PERSON IN HOUSEHOLD OVER 18**

Employed: (6) six most recent check stubs or employer printout  
SS, SSI, Retirement, Pension: Award letter.

         **PROOF OF CURRENT MORTGAGE**

Most recent statement which shows next due date, last payment, escrow and late charges (if applicable)

         **PROOF OF CURRENT HOMEOWNERS INSURANCE**

Copy of policy which shows current coverage dates

## APPLICANT INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Co-Applicant \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Married? Yes No Female Head of Household? Yes No Minority Household? Yes No

Number in Household \_\_\_\_\_ Number of children (6) and under \_\_\_\_\_ Ethnic Class \_\_\_\_\_

Race \_\_\_\_\_ Are any household members in need of handicapped accessories? Yes No

If yes, please list those needs \_\_\_\_\_

Have you received government rehabilitation work in the past ten (10) years? Yes No

Is your home paid for? Yes No How did you hear about program? \_\_\_\_\_

## HOUSEHOLD INFORMATION (OTHERS LIVING IN HOME)

1. Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

2. Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

3. Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid
4. Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid
5. Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
 Is this household member (Please circle all that apply) Working Student Disabled On Medicaid

Please list nearest relative, not living with you:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### EMPLOYMENT INFORMATION

Name of Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

If less than two years, list previous employer \_\_\_\_\_

Co-Applicant Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

If less than two years, list previous employer \_\_\_\_\_

### INCOME INFORMATION

GROSS EARNED INCOME <small>(Includes commissions, tips and bonuses)</small>	Applicant	\$ _____	Co-Applicant	\$ _____
ALIMONY / CHILD SUPPORT	Applicant	\$ _____	Co-Applicant	\$ _____
WELFARE	Applicant	\$ _____	Co-Applicant	\$ _____
SOCIAL SECURITY	Applicant	\$ _____	Co-Applicant	\$ _____
SSI	Applicant	\$ _____	Co-Applicant	\$ _____
AFDC	Applicant	\$ _____	Co-Applicant	\$ _____
DISABILITY	Applicant	\$ _____	Co-Applicant	\$ _____
PENSION	Applicant	\$ _____	Co-Applicant	\$ _____
RETIREMENT	Applicant	\$ _____	Co-Applicant	\$ _____
UNEMPLOYMENT / WORK COMP	Applicant	\$ _____	Co-Applicant	\$ _____
NET BUSINESS INCOME	Applicant	\$ _____	Co-Applicant	\$ _____
INTEREST FROM PERSONAL PROPERTY	Applicant	\$ _____	Co-Applicant	\$ _____

INCOME INFORMATION

Interest from Bank Accounts (Proof – Tax Statement)

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_ Last Year's Interest \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \_\_\_\_\_ Last Year's Interest \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

Other Asset Information (Proof – Statement)

Stocks, Bonds Etc. \_\_\_\_\_

Cash Value of Trust \_\_\_\_\_

Cash Value of Life Insurance Policy \_\_\_\_\_

IRAs / Retirement Account \_\_\_\_\_

Other Asset Information (Proof – Must Be Approved)

Equity in real Estate  
(Excluding primary home) \_\_\_\_\_

Lump Sum Receipts  
(Inheritance, Capital Gains, Lottery) \_\_\_\_\_

Personal Property  
Held for Investment \_\_\_\_\_

Assets Disposed of less  
than Market Value in  
Past two years \_\_\_\_\_

CREDIT INFORMATION

Have you or your spouse / co-applicant claimed Bankruptcy or Wage Earner in the past?    Yes    No

Year \_\_\_\_\_ If under Wage Earner when will debt be paid off? \_\_\_\_\_

Have you or your co-applicant had any judgments against you in the past?    Yes    No

Have you or your co-applicant had any repossession's in the past?    Yes    No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Creditor	Monthly Payment	Balance
----------	-----------------	---------

Rent \_\_\_\_\_

Auto \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

I / We, give permission to the Department of Housing to share and / or secure any information necessary to process my application for the Shelby County Rehabilitation Program. I / We understand that this information will be shared and / or secured on a professional basis only, while protecting my right to confidentiality. I / We am / are authorizing Shelby County Department of Housing to contact any person or organization required to process my application and to share information in my case record.

I / We certify to the best of my / our knowledge that all of the information provided by me / us is true and correct. I / We also authorize the verification of any and all information for the purpose of certification and for assistance, and do \_\_\_\_\_ do not \_\_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I / We seek additional services. I / We understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is subject to prosecution under applicable criminal law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>DOCUMENTS SUBMITTED:</b>	<b>OTHER:</b>	<b>DEBT RATIO:</b> _____
__ Income	# in Household _____	
__ Current Mortgage	Household Income _____	
__ Current Homeowners	Income Limits % _____	

**INCOME CALCULATIONS**

**NOTES**

## Rehabilitation Assistance Program Data Questionnaire Disclosure Form

Applicant(s) Name(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

1. Ethnic Categories	Head of Household Name: _____ Check Appropriate Box ↓	Co-Applicant Name: _____ Check Appropriate Box ↓
Hispanic or Latino		
Not Hispanic or Latino		

2. Racial Categories* Select All that Apply	Head of Household Check Appropriate Box ↓	Co-Applicant Check Appropriate Box ↓
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other		

\*Definitions of these categories may be found on the reverse side or next page.

Signature Date Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

**General Instructions:** This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.** The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

A. The two ethnic categories you should choose from are defined below. **You should check one of the two categories.**

**1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

B. The five racial categories to choose from are defined below: **You should check as many as apply to you.**

**1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.