



HOME REHAB APPLICATION

PERSONAL & HOUSEHOLD INFORMATION:

First & Last Name

Date of Birth (MM/DD/YYYY)

SSN

Address

City, State

Zip

Mailing Address (If different than above)

City, State

Zip

Home Phone

Cell Phone

Email Address

First & Last Name	D.O.B.	SSN <i>last 4</i>	Gender	Race	Disabled	Ethnicity	Health Insurance	Military

INCOME & NON-CASH BENEFITS:

Enter gross income for all types of income including wages, self-employment, alimony, SS, SSI, SSDI, BIA GA, EITC, TANF, Unemployment, Worker’s Comp., retirement, pensions, annuities, dividends, rental income, tribal lease or per-capita payments, child support, and non-cash benefits (SNAP, WIC, LIHEAP, HUD-ASH, Housing Choice Voucher). Enter income for all members of the household. *Verification must be provided for all income reported.*

Person with Income	Work Status <i>(FT, PT, Unempl., Retired)</i>	Type of Income & Frequency <i>(Weekly, Bi-Wkly, Monthly, etc.)</i>	Gross Amount
			\$
			\$
			\$
			\$
			\$



## HOME INFORMATION:

**A. Type of Home**

\_\_\_\_\_ **House**      Year Built \_\_\_\_\_      Permanent Basement? \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ **Mobile Home**      Serial/Title Number \_\_\_\_\_

\_\_\_\_\_ **Apartment**

**B. Home Details**

Do you own/are buying the home?	Yes	No	If yes, purchased from: _____			
Is this a contract for deed?	Yes	No	Has this home been weatherized?	Yes	No	
Is the residence for sale?	Yes	No	If yes, who did the weatherization? _____			
Home is insured?	Yes	No	Type of heat:	Natural Gas	Propane	Fuel Oil
Located in a flood zone?	Yes	No		Electric	Coal.	Wood      Kerosene
Check any problem areas in your home:			What type of siding do you have?			
Plumbing	Roofing		Vinyl	Wood	Stucco	Masonite
Electrical	Siding		Steel	Other _____		
Heating	Other _____					
The home has unhealthy conditions relating to:						
Lead-based paint	Sewage Fumes	Mold/Mildew	Chemicals/Smoke Fumes			
Asbestos	None	Other: _____				

**If you own the home, please attach a copy of the real estate tax notice and deed to the property.**

*If you are renting, please fill out the following.*

Name of Landlord: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_



To complete your application, review all information shown below, select who is completing the application and sign below.

- I understand that it is my responsibility to provide proof of income and other requested information needed to determine eligibility for the program and that failure to provide this information will result in my application being denied.
- I understand that if I receive assistance which I am not entitled to as a result of providing false information; I must repay the cost of that assistance.
- I understand that if I move, I must report the change of address to ROCS within 10 days of the move and that failure to do so will result in the closure of my case.
- I authorize ROCS to make any necessary contacts to verify any aspect of eligibility.
- I authorize any person, agency or institution to supply information requested by ROCS concerning me or my family and to allow reproduction of records in their possession pertaining to me or my family by a duly authorized representative of ROCS.
- I authorize ROCS to monitor the work done to my home to ensure quality work.
- I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Office of Energy Assistance for the purposes of program evaluation, reporting and analysis.

**By my signature, I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and alien status I provided for all people in my home and I give my consent for any person, agency, or institution to supply information to ROCS about myself, my family and all other adult household members residing in the home and to allow inspection and copying of records about myself, my family and all other adult household members residing in the home by any representative of the Agency. I also authorize the ROCS to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one.**

A responsible household member or an individual who is knowledgeable about the household circumstances and is authorized by the applicant to act on behalf of the applicant must sign this form. Please tell us who completed and is signing the form:

I am the applicant.

I am the Guardian/Conservator for the applicant.

I am a Power of Attorney for the applicant.

I am a person authorized to act on behalf of the applicant (Authorized Representative)

Name of Authorized Person: \_\_\_\_\_ Phone: \_\_\_\_\_

To complete this form, review all information shown below, select who is completing application, print your name and sign your name.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

**EMAIL APPLICATION TO [ROCS@ROCSINC.ORG](mailto:ROCS@ROCSINC.ORG)**

**OFFICE USE ONLY:**

Application received date: \_\_\_\_\_ Received by: \_\_\_\_\_ Application Complete? \_\_\_\_\_

Added to Waitlist: \_\_\_\_\_ # in HH: \_\_\_\_\_ Total Income: \_\_\_\_\_ Total Allowable Income: \_\_\_\_\_