

HALL COUNTY NEIGHBORHOOD STABILIZATION CLIENT APPLICATION

OFFICE USE ONLY

Application Received Date: ____/____/____

Application Approval Date: ____/____/____

Home Funds Eligible: Yes No

IDIS #: _____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Hall County Neighborhood Stabilization Program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

Applicant Name:			Co-Applicant Name:		
Home Phone #:		Work #:		Cell #:	
Email Address:					
Street Address:					
City:		State:		Zip Code:	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		# of Dependents:		Ages:	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled		If self-employed, type of business:			
Name and Address of Employer:					
Business Phone #:		Position/Title:		# of Years on Job:	

MAXIMUM HOUSEHOLD INCOME LIMITS (HALL COUNTY, GEORGIA)

FY2018 Income Limits Effective:

June 1, 2018

FAMILY/HOUSEHOLD SIZE	LOW (Below 50% AMI)	HIGH(81-120% AMI)
1	\$22,500	\$53,950
2	\$25,700	\$61,650
3	\$28,900	\$69,350
4	\$32,100	\$77,050
5	\$34,700	\$83,200
6	\$37,250	\$89,350
7	\$39,850	\$95,550
8	\$42,400	\$101,700

* Source: U.S. Department of Housing & Urban Development (HUD)

AMI = Area Median Income



ANNUAL INCOME OF HOUSEHOLD *				
You will be required to submit supporting documentation for all income sources for every household member 18 years or older.				
SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security Benefits				
Pension, Retirement Funds, etc. (Please indicate source)				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support (Please indicate source)				
Welfare Payments				
Rental Income				
Other Income (Please indicate source)				
Total Income				

ASSETS*					
You will be required to submit supporting documentation for all asset accounts for every household member 18 years or older.					
TYPE	BANK/FIRM NAME	ACCOUNT #	CASH VALUE	INTEREST RATE	MONTHLY INCOME
Checking Accounts					
Savings Accounts					
Credit Union Accts					
401K Accounts					
Stocks					
Life Insurance					
Real Estate					
Other					

* Income and assets MUST be reported for everyone 18 years or older in the household. Failure to notify us of persons 18 years old or older in your household and their income or assets will be in violation of our eligibility requirements and grounds for disqualification. Supporting documentation is REQUIRED to be submitted to the NSP office in order to determine program eligibility.



LIABILITIES				
List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.				
TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

Do you have any of the following? If so, please list the monthly amount.
 Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____

If yes answer is given to any question below, please explain on an attached sheet:

1. Do you have any outstanding, unpaid **Liens** or **Judgments**? Yes No
 If Yes above, please list amount (if applicable) \$ _____

2. In the past 7 years, have you declared bankruptcy? Yes No

3. Are you a party in a law suit? Yes No

HOUSEHOLD COMPOSITION *				
List the applicant, everyone residing in your home and the relationship of each member to the applicant.				
MEMBER	FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER
1		APPLICANT		
2				
3				
4				
5				
6				
7				
8				

* Failure to notify us of persons 18 or older who are living in your household will be in violation of our eligibility requirements and grounds for disqualification.

1. Does anyone live with you now that is not listed above? Yes No

2. Does anyone plan to live with you in the future who are not listed above? Yes No

3. If you answered "Yes" to either question above, please explain:

4. Does anyone listed above have a disability? Yes No

HEAD OF HOUSEHOLD INFORMATION (Mark the appropriate box(es))		
SINGLE RACE	Hispanic or Latino	Non-Hispanic or Non-Latino
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-RACE		
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African-American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please explain)	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the NSP Program?

Are you a first time home buyer? Yes No

APPLICANT'S CERTIFICATION

I/We, the undersigned, certify that all information provided in this application is accurate and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance.

I/We certify that the income stated above is accurate and completely represents all sources of income for all parties 18 years old or older that will reside in the home. I/We understand that failure to disclose all income, or the reporting of inaccurate or false information, will result in disapproval of assistance and will be considered fraudulent. I/We understand that any willful misstatement of material facts will be grounds for disqualification.

I/We certify that I/We will be the owner occupant (meaning occupied by the applicant and used as the primary residence at least 10 months annually) and that I/We will hold fee simple title to the purchased property.

Applicant: _____ Date: _____ / _____ / _____

Co-Applicant: _____ Date: _____ / _____ / _____

HALL COUNTY NEIGHBORHOOD STABILIZATION PROGRAM

Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act, passed during the 2006 Georgia Legislative Session as Senate Bill 529, every agency in Hall County providing public benefits through any state or federal program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Hall County Neighborhood Stabilization Program:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

_____ I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

ALIEN #: _____

I-94 #: _____

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 201____

Notary Public Signature: _____

My Commission Expires: _____

Note: This document **MUST** be notarized and must contain a visible Notary's Seal when submitted. If you are unable to find a Notary Public to notarize this document, we have one available to you. If you need of the services of our Notary Public, please contact the NSP office to schedule an appointment.

OFFICE USE ONLY

Received Date: ____ / ____ / ____ Notarized & Recorded Date: ____ / ____ / ____

