



WORKING IN NEIGHBORHOODS Housing

Emergency Repair Program Application Instructions

Thank you for your interest in the Emergency Repair Program. Attached you will find a brochure that explains the program and a full application. Please fill out the Grant Application in full and return the pages with the RED X to our team to review and process. You will also need to provide a copy of the following documents listed below with the application.

- Proof of Income information- including anyone over the age of 18 in household.
 - If you receive any of the following.
 - At least 2 most recent check stubs
 - Social security awards letter
 - SSI
 - Disability
 - Pension
 - Child support
 - Unemployment benefits

- Copy of Deed To Home – **DEED MUST BE IN APPLICANTS NAME**

Before your application can be processed, all of the above must be turned in. Please return in enclosed envelope.

Return Methods:

- Mail
 - City of Tulsa
Attn: WIN Housing 175
E 2nd St, Suite 480 Tulsa,
OK 74103

- Email
 - housing@cityoftulsa.org

- Fax
 - 918.223.8414

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If you have any questions, please call **918-576-5552** for assistance

Thank you
WIN Housing Team

WORKING IN NEIGHBORHOODS HOUSING DIVISION



EMERGENCY REPAIR GRANT

The WIN/Housing Division provides assistance with home repairs to homeowners who reside within the City of Tulsa through its federally funded grant and loan programs. For more information call **(918) 576-5552**.

A \$5,000 grant is available for qualified applicants to repair home conditions that threaten the health and/or safety of the occupants. The applicant must own and occupy the residence where the repairs are made and qualify financially. The grant does not require repayment.

Areas of Service: Electrical, Plumbing, Roofs, Heating, Air Conditioning, and Sewer-Line Repair.

EMERGENCY REPAIR PROGRAMS – INCOME LIMITS

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Annual	\$25,200	\$28,800	\$32,400	\$36,000	\$38,900	\$41,800	\$44,650	\$47,550
Monthly	\$2,100	\$2,400	\$2,700	\$3,000	\$3,241	\$3,483	\$3,720	\$3,962

Update 2021

Working in Neighborhoods
 Housing Division
(918) 576-5552
housing@cityoftulsa.org



CITY OF
Tulsa
 A New Kind of Energy™



EQUAL HOUSING OPPORTUNITY This program is financed in whole or in part by funds from the U.S. Department of Housing and Urban Development as administered by the City of Tulsa.



**GRANT APPLICATION - CITY WIDE EMERGENCY REPAIR PROGRAM
WORKING IN NEIGHBORHOODS**

Date Applied _____
Name _____ SSN _____
Name _____ SSN _____
Address _____ ZIP 741 _____
Telephone Number _____ Email _____

DESCRIPTION OF EMERGENCY REPAIR: _____

HOUSEHOLD:

Total number of persons in household _____

(1) Self: _____	Age: _____	(2) Name: _____	Age: _____
(3) Name: _____	Age: _____	(4) Name: _____	Age: _____
(5) Name: _____	Age: _____	(6) Name: _____	Age: _____
(7) Name: _____	Age: _____	(8) Name: _____	Age: _____

INCOME:

Total household Gross Monthly Income: \$ _____
Annual \$ _____

Source(s) of Income	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

SELECTED CHARACTERISTICS OF HEAD OF HOUSEHOLD:

<input type="checkbox"/> White	<input type="checkbox"/> White & American Indian Or Alaskan
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native & Black/African
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Female Head of Household

OFFICE STAFF USE:

Median Income:	0-30%	<input type="checkbox"/>	31 – 50 %	<input type="checkbox"/>	51-60%	<input type="checkbox"/>	61-80%	<input type="checkbox"/>
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All city personnel who have participated in the processing of this application have been instructed to insure that at all stages of this process there has been no discrimination on the basis of race, color, religion, sex, age, national origin or handicap status.

CERTIFICATION BY APPLICANT(S)

I/We certify that the information in this application for the purpose of obtaining a grant under the City Wide Emergency Housing Repair Program is true and complete to the best of my/our knowledge and belief. I/We understand that false or incomplete statements made on this form could result in repayment of emergency repair assistance. I/We further certify that the property described in this application is now owned and occupied by me/us.

_____ Date _____ Applicant Signature

Handicapped Y___ N___ _____ Applicant Signature

WARNING: Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

CERTIFICATION BY EMERGENCY SERVICE AGENCY COUNSELOR

I hereby declare that the household income listed in this application has been verified with the source of income and that it meets the income eligibility criteria of this program. In addition, it is my opinion the applicant's problem described herein is an immediate threat to the applicant's life or health and that no other resources are available to alleviate that threat.

_____ Date _____ Counselor Signature

APPROVAL OF APPLICATION AND GRANT AMOUNT

The undersigned has examined this application for the City Wide Emergency Housing Repair Grant, including supporting data, and finds that the application meets the requirements of said program. Furthermore, the undersigned has examined the work write-up (Exhibit A) cost estimate and contractor bid proposal and affidavit and finds that the work write-up satisfies the requirements for accomplishing the repairs indicated, that the cost estimate is reasonable and that the contractor's bid is within the allowable cost limits.

Accordingly, the undersigned has approved the application as to eligibility and has approved a grant in the amount indicted below fore use in completing the attached work order.

_____ Contract Awarded To

\$ _____ Grant Amount _____ Date _____ WIN Housing Inspections Supervisor

\$ _____ Other Funds



AFFIDAVIT

I/We _____
Name(s)

of lawful age, being first duly sworn upon oath, state that I/We have owned and occupied the property at _____.

Tulsa, Oklahoma since _____
Date

I/We further state that my/our gross income is \$ _____ per month.

Date

Signature

Signature

STATE OF OKLAHOMA)
)ss.
COUNTY OF TULSA)

Subscribed and Sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001 provides whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.



**CDBG Program
Eligibility Release Form**

Organization requesting release of information
City of Tulsa, 175 E. 2nd St. Ste. Tulsa, OK 74103.

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

CDBG Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG Program and the amount of assistance necessary using CDBG funds. This information will be used to establish level of benefit on the CDBG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a CDBG Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

Authorization: I authorize the above-named CDBG Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the CDBG Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #1

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2



THE LEAD-SAFE CERTIFIED GUIDE TO RENOVATE RIGHT

WARNING
WORK AREA
POISON
NO SMOKING
OR EATING

CAUTION CAUTION CAUTION CAUTION

Important lead hazard information for families, child care providers and schools.



I acknowledge receipt of the above brochure on _____ (Date)

Signature

Signature



**WORKING IN NEIGHBORHOODS (WIN), HOUSING DIVISION
Income Certification Checklist**

Please circle Y for yes or N for no next to each source of income and each asset that you currently have.

Y	N	I am Employed	Y	N	I have a Checking Account
Y	N	I am Self Employed	Y	N	I have a Savings Account
Y	N	I receive tips, bonuses or commissions	Y	N	I own personal property for Investment purposes
Y	N	I receive Social Security	Y	N	I own Real Estate
Y	N	I receive SSI	Y	N	I have Certificates of Deposit
Y	N	I receive income from retirement or Pension funds	Y	N	I have IRA or KEOGH accounts
Y	N	I receive Unemployment Compensation	Y	N	I have stocks and/or bonds
Y	N	I receive Workers' Compensation benefits	Y	N	I have money market Accounts
Y	N	I receive TANF	Y	N	I have a retirement/pension Account with cash value
Y	N	I receive Child Support, or Alimony	Y	N	I have a life insurance policy With cash value
Y	N	I have a child under the age of 18 With income (unearned)	Y	N	I own a Contract for Deed
Y	N	I receive Disability, or Death Benefits	Y	N	I have sold or given away an Asset for less than it was worth in the last two years
Y	N	I receive regular payments from Insurance policies	Y	N	I have another residence which I continue to maintain
Y	N	I receive income from a trust fund	Y	N	I have other assets not Listed above
Y	N	I regularly receive gifts of Cash	Y	N	My checking and/or savings account is used for direct deposit of my Social Security benefits.
Y	N	I receive income from Rental Property			
Y	N	I have other income not listed above			

I hereby certify that the information I have given on this income certification checklist for the purpose of obtaining assistance from the WIN Department, is true and complete to the best of my knowledge. I also certify that I will provide source documentation to validate my responses given on this checklist. I understand that giving false or incomplete information may result in denial of assistance by the WIN Department.

Signature

Date