

United Way Housing Initiative Application



P.O. Box 115 Greenville, MS 38702-0115
 Office: 662-332-5371 Fax: 662-335-7745
 E-mail: execdirector@unitedwaywc.com

To qualify for this program, you must meet the following criteria: Own or be purchasing your home located in Washington County, Mississippi, be 65 years of age and older and total household income must be at or below 80% of the area median income.

Homeowner's Name: _____ Age _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Number of residents in the household: _____ How many under the age of 18: _____

Do you or any member of your household have a documented disability? _____

If yes, do you receive disability from SSI? _____ Household Income: _____ AMI: _____

Has your home been repaired by United Way Housing Initiative in the past? _____ If yes, when? _____

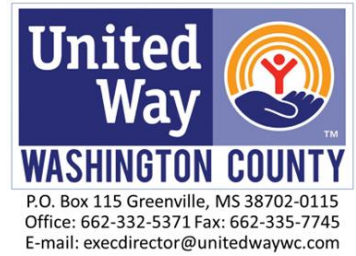
Note: if your home has been repaired in the last ten years, we are not able to assist you at this time.

If you have family members that live in the home with you, we require them to participate along with the volunteers in making repairs to your home. Please list their name and age below.

Household Composition				
Household Member #	Name	Relationship to Head of Household	Age	Full Time Student (Y or N)
1		HEAD		
2				
3				
4				
5				
6				
7				

Gross Household Income					
Household Member #	Wages	Social Security/ Pensions	Income from Assets	Alimony/ Child Support	Other Income
1					
2					
3					
4					
5					
6					
7					

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Please include one picture of the front and back of your home to include as much of your home as possible. Mail the pictures with the application to the following address:

United Way of Washington County
P.O. Box 115
Greenville, MS 38702.

Please briefly describe work needed on your home: _____

I certify to the best of my knowledge and belief that the information given on this application is true. I certify that at the time of this application that my home is not for sale and that I have no current plans to sale my home. I understand that submission of this application does not guarantee that my home will be selected for the workday. I understand that I am applying for repair work on my house and that I am in no way guaranteed acceptance of this application nor that the work listed above will be approved. with this committee accepting this application to have specified repairs done to my home and that the needed repair and spending limitations will be decided by a committee representative.

I agree that this committee will incur no liability by performing work on my home and that my signature constitutes authorization for the necessary work to be done and grants permission for the committee and its volunteers to enter my property for the purpose of making the necessary repairs. Sponsoring businesses, agencies and volunteers will hold the homeowner harmless for any occurrence. My signature does not constitute a contract for work.

Applicant signature: _____

Date: _____

Applicant Name: _____