Community Development of DeKalb County, Georgia
DeKalb CARES Application for Plumbing Repair

1. **Applicant**

   Application/Repair Location Information

   Name: _____ SSN: _____
   Address: _____
   City _____ Zip Code_____
   Home Phone Number: _____ Cell Number _____ _____
   Work Phone Number: _____ email address _____

2. **Co-Applicant**
   Name: _____ SSN: _____
   Address: _____
   City _____ Zip Code _____
   Home Phone Number: _____ Cell Number _____
   Work Phone Number: _____ email address _____

3. **Household Composition**
   How many members are in this household (live at this address) _____? Provide
   information about all household members below. For each household member (18 or older), please,
   provide a copy of a picture identification that includes a property address.

Member #	Full Name	Head of Household or Co-Head of Household Y/N	Relationship to Applicant	Social Security #	Birth Date	Gender
1						
2						
3						
4						
5						
6						
7						
8						

4. **Income:** In the chart below, provide employment information about each household member.
   **Please provide copies of pay stubs showing the last three month's income for each household
   member** (18 years of age or older).

	Name	Member Number (from Item 3, Chart above)	Monthly Employment Income (Before Deductions)	Employer Name	Employer Address	Length of Employment
1						
2						
3						
4						
5						
6						
7						
8						

5. **Recurring Amounts:** Provide the income of any household member that receives their income from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amounts or prospective monthly amounts for the delayed start of a recurring payment. Use a separate line for each source of income.

	Name	Member Number (from Chart in Item 3, above)	Monthly Periodic Income Amount	Annual Income	Source of Income
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

6. **Payments in Lieu of Earnings**: Indicate the household's name and the household member's number assigned above to record payments such as unemployment, disability compensation, worker's compensation, and severance pay.

	Name	Member Number (from Chart Above	Monthly Amount	Source of Income
1				
2				
3				
4				
5				
6				
7				
8				

7. **Assets:** List cash-on-hand, checking and saving accounts, certificates of deposit, stock bonds, and all forms of capital investment for household members (provide most recent account statements). Include income of any kind from real or personal property.

	Name	Member Number (from Chart Above	Description of Asset	Bank or Source	Account
1					
2					
3					
4					
5					
6					
7					
8					

8. **Real Estate Owned:** List all real estate you currently own.

Property Address	Property Type	Market Value	Date Purchased

9. Have you ever received a grant or loan from the DeKalb Housing Authority or DeKalb County
    ☐ Yes   ☐ No   If yes, when? _____   Type Assistance _____

10. **Subject Property:** Provide the following information on the house to be repaired. Please submit copies of your insurance policy and a statement from your mortgage company showing that your mortgage is current.

a.	Insurance Company Name	
b.	Insurance Agent Name	
c.	Mortgage Company	
d.	Mortgage Balance	
e.	Account Number	

f.   Is this house your principal place of residence?   ☐ Yes   ☐ No

g.   Is the house currently occupied?   ☐ Yes   ☐ No

h.   Is the house a single-family structure?   ☐ Yes   ☐ No

Note: Duplexes, Townhomes, Condos, and Apartments are NOT ELIGIBLE FOR ASSISTANCE under this program.

Signatures: The undersigned certifies that all statements made in this application are factual and accurate. The undersigned also understands that the County will verify information with any source named in this application, even if assistance is not approved.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature_____ Date _____

PLEASE NOTE: THIS PROGRAM IS FUNDED THROUGH THE DEKALB COUNTY GOVERNMENT. MAKING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO RECEIVE FEDERAL BENEFITS CONSTITUTES A CRIMINAL OFFENSE PUNISHABLE BY FINES AND INCARCERATION.

For Community Development Department Use Only

Date Application Received _____ **Date Preliminary Review** _____

☐ **Application Complete** ☐ **Application Incomplete**   **Reason** _____
_____
_____

Date Additional Information Requested _____   Date(s) Received _____   _____ _____

Date Application Information Complete _____

Application Status   ☐ Accepted for Program   ☐ Not Accepted for Program

Reason(s) _____
_____