

RENTAL PROPERTY REPAIR ASSISTANCE APPLICATION
Housing & Neighborhood Services Department

Please complete and deliver this application to the **Housing & Neighborhood Services Department, 5515 Abercorn Street or mail this application to City of Savannah, Housing & Neighborhood Services Department, P. O. Box 1027, Savannah, GA 31402.**

Name _____ SSN/EIN# _____

Co-Applicant _____ SSN/EIN# _____

Home Address _____ ZIP _____ Email Address _____

Telephone # _____ (Cell #) _____ Number of years at Address above _____

Marital Status: Married Separated Unmarried, Widowed, Divorced Birthdate: _____

Have you filed for bankruptcy in the last 10 years? Yes No If yes, what year? _____

Employment: _____ Start Date: _____ Monthly Amount: _____

Additional

Source of Income: _____ Amount _____

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Do you have a mortgage on your primary home? Yes No Mortgage Company _____

Rental Property Address _____ ZIP _____ Neighborhood _____

How did you hear about this program? _____

Repairs Desired: Code Roof Exterior Paint Other _____

Do you have a mortgage on home? Yes No Mortgage Company _____

Dwelling One-Story Duplex Two-Story Metal Roof Yes No

of Units _____ # of Bedrooms per Unit _____ # of Bathrooms per Unit _____

Current amount of Monthly Rent? _____ Vacant Occupied

Do you own any additional properties Yes No If yes, please list below:

Address _____ Mortgage Yes No Occupied Vacant Current Rent _____

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Please use another sheet to list any additional properties owned.

I the undersigned applicant(s):

- Certify that with this application I received the pamphlet entitled **“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”** and will provide it to my tenant.
- Certify that all information reported in and submitted with this Application is true and correct. *The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application.*
- Authorize the Housing & Neighborhood Services Department of the City of Savannah to verify this information, to include but not limited to obtaining and reviewing my/our credit report(s).

A P P L I C A N T	I hereby certify that I am: (YOU MUST INITIAL ONE) _____US Citizen /or/ _____legal alien

	Applicants Signature

	Date
	Demographic Information Optional <u>(Circle appropriate choices on each line)</u>
	Race: Black/White/American Indian/Asian/Other
	Sex: Male/Female Hispanic /non-Hispanic

C O A P P L I C A N T	I hereby certify that I am: (YOU MUST INITIAL ONE) _____US Citizen /or/ _____legal alien

	Applicants Signature

	Date
	Demographic Information Optional <u>(Circle appropriate choices on each line)</u>
	Race: Black/White/American Indian/Asian/Other
	Sex: Male/Female Hispanic /non-Hispanic

DON'T FORGET TO . . . Provide the following documentation

- **Most Recent Year Complete Tax Returns (Business and Personal)**
- **Attach a copy of Picture Identification of applicant &/or co-applicant**
- **Copy of most recent Mortgage statement(s) for subject property**
- **Copy of Deed showing ownership**
- **Copy of most recent insurance declaration page**
- **Copy of current lease agreement(s) for subject property**
- **Financial statement (Business and Personal)**
- **YTD Profit & Loss statement (Business)**
- **Copy current year city/county tax receipts**
- **Section 8 Housing Assistance Payment letter if applicable**



Notification

To: Owners, Tenants & Purchasers
Of Housing Constructed **before 1978**

Protect Your Family from Lead in Your Home

If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, "**Protect Your Family from Lead in Your Home**".

Date

Print Full Name of Owner

Signature of Owner