



## GENERAL INFORMATION

# HOME REPAIR ASSISTANCE PROGRAM

1. This home repair assistance program may be able to provide qualified homeowners who own and live in their homes with small grants and/or loans to help make some basic home repairs.
2. Please read below and if you are interested in seeing if you qualify, please complete and submit this application to the Housing Services Department. A loan officer will review your application and let you know if you are eligible and, if so, how it may help you, depending upon available resources both from the City and/or from other organizations. You can call 912-651-6926 if you need help with the application or to talk with someone about the program.

City of Savannah, Housing Services Department

5515 Abercorn Street, Savannah, GA 31405

912-651-6926

[Homerepair@savannahga.gov](mailto:Homerepair@savannahga.gov)

3. **You may qualify for a home improvement grant of up to \$2,000 to help you hire a contractor to make eligible home repairs to your home providing funds are available.**
  - a. You may qualify for additional grant funds used to purchase materials installed by volunteers and, when necessary, to pay for a contractor to prepare work areas for the volunteers.
4. **If you need more money, you may qualify for a home improvement loan totaling up to \$15,000 every three years providing funds are available.** These loans have 20-year repayment terms with 2% interest rates and have **no payments during your lifetime providing you continue to own and occupy your home.**
  - a. If I am approved to receive a loan, I understand that a mortgage will be placed on my home for the loan amount, and it will be released when the loan has been repaid.
  - b. If I still own and occupy my home after 20 years and can't repay my loan, I understand that the loan repayment period and interest rate can be extended.
  - c. If my loved ones inherit my home before my loan is repaid, I understand Housing Services Department staff will work with them to establish a similar loan and/or a repayment plan that they can afford.
  - d. If I or they sell my house before the loan is repaid, the loan is repaid from the sale proceeds, and the Housing Services Department will use these funds to help other persons in need of housing.
  - e. The loan will help me make important improvements that can help make my life more comfortable and help preserve the value and condition of my home into the future.
5. Interested homeowners may be matched with volunteer home repair groups to make certain manageable improvements. Volunteer organizations, not the City, select homes they will repair. Homeowners must release volunteer organizations and the City of Savannah from all liability associated with work performed on the house. The use of volunteers to help make improvements may speed up assistance provided to homeowners.



## HOME REPAIR ASSISTANCE APPLICATION

6. Some grants and loans require that gross household incomes be at or below limits set by the funding source. A household includes all persons living in the house. Income limits are subject to change.
7. City and County tax accounts, and existing mortgages must be current before I can get a grant or loan.
8. Homeowners must own (or be purchasing) and occupy the house being repaired. If necessary, homeowner may be able to get assistance from Georgia Legal Services to help clear title to your property.
9. Homeowners are encouraged to have a WILL. Georgia Legal Services may be able to help homeowners prepare a WILL for free. Homeowners are **NOT** required to give a copy of their will to their family or the Housing Services Department. WILLs protect the single biggest asset many homeowners have--their homes--for future use by their family.
10. Houses must be generally safe and habitable once repairs have been made.
11. Repairs are generally limited to addressing one or two major problems like replacing leaky roofs, protecting exterior surfaces/components from the weather, and/or correcting structural, electrical, plumbing or heating/cooling system problems. This is not a major home renovation program. **Not all the improvements desired by the homeowner can be accomplished.**
12. Priority is given to exterior improvements that protect the homeowner and house from the weather, correcting emergency and life safety problems, and correcting problems that have been cited as property maintenance and/or housing code violations.
13. Priority may be given to homeowners with the most serious repair needs, the elderly, disabled, first time participants, and/or participants with houses located in areas being targeted for revitalization by the City.
14. Interior repairs that disturb painted surfaces in houses built prior to 1978 are generally not permitted. Neither are general property or cosmetic improvements. There simply is not enough money to make all the desired improvements.
15. Homeowners, not the City or Housing Services Department, hire private contractors to make repairs. Get a trusted relative or friend to help identify a contractor. If homeowners have pricing from a contractor, they can submit their written estimate and work description with their application. **Estimates for roof shingle replacement must include pricing for 30-year architectural shingles.** Homeowners are **NOT** required to submit repair estimates with their application, however, doing so may speed up assistance provided to homeowners.
16. Applications will be processed on a first submitted first reviewed basis, except applicants with hazardous conditions may be given priority.
17. Homeowners must fill out the application completely, submit all required documents (listed on the Required Document Checklist) and sign all pages where indicated before the application can be processed.

## HOME REPAIR ASSISTANCE APPLICATION

- 18. Homeowners may be asked to update their income and other application information from time to time.
- 19. Homeowners may ask Housing Services Department staff for assistance AT ANY TIME if they do not understand any part of the application.
- 20. The Housing Services Department will notify homeowners when a home repair assistance determination has been made and, if approved, which home repair funds, programs and/or partners may be available.
- 21. **Completing the application does not guarantee the application will be approved and the home repaired. Funding is limited. Program and funding guidelines are subject to change.**

I, the undersigned homeowner(s), have read and understand the information above and below in the full application.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date



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HOME REPAIR ASSISTANCE APPLICATION

**RETURN COMPLETED APPLICATIONS TO P.O. BOX 1027, SAVANNAH, GA 31402**

Please complete and return this application and supporting documents to the Housing Services Department, via mail to **Housing Services Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.**

**APPLICANT:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Widowed

**SEX**  Female  Male  Prefer not to say

**RACE**  American Indian  Asian  Black  White  Other  Prefer not to say

House Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Number of years at Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Opt In to Receive Emails: Yes  No

Alternate contact: \_\_\_\_\_ **Do you have a will?**  Yes

**Military Status (Applicant or Co-Applicant):**  Active duty  US Veteran  Spouse of deceased veteran  NA

Did you or your deceased spouse serve in an overseas conflict?  Yes  No

**Are you blind/visually impaired?**  Yes  No **Are you disabled?**  Yes  No

Have you executed a power of attorney for someone to act on your behalf?  Yes  No

**OPTIONAL GENERAL INFORMATION:**

The following information is requested by the Federal Government in order to monitor compliance with Equal Credit Opportunity and Fair Housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex based on visual observation or surname.

**EDUCATION**

Some High School  High School Graduate (GED)  Some College  Bachelor's Degree  Master's Degree  Advanced Degree  Prefer not to say

**ETHNICITY**  Hispanic  Non-Hispanic  Prefer not to say

How did you hear about our programs? \_\_\_\_\_



## HOME REPAIR ASSISTANCE APPLICATION

Please check the types of income you or anyone in your household currently receives:

- Section 8  
  SSI  
  SSDI  
  Retirement  
  VA  
  Pension  
  Family member's assistance with expenses  
 Employer  
  Unemployment  
  Self-employment  
  Uber/ Lyft  
  Child Support  
  Rental Income

**Please list all persons, including yourself, who live in your house and all current sources of income for each.**

NAME	SSN	AGE	RELATIONSHIP	INCOME AMOUNT	INCOME SOURCE
			SELF		

**INFORMATION ABOUT YOUR HOUSE AND REPAIR NEEDS**

- Do you have a mortgage on the house?  Yes  No  
 Mortgage Company Name \_\_\_\_\_  
 Do you have homeowner's insurance?  Yes  No  
 Insurance Company Name \_\_\_\_\_  
 One story house?  Yes  No  
 Is the house a Duplex?  Yes  No  
 Roof Type?  Shingles  Metal  Other  
 Do you have the following?  
  Central Heat and Air  
  Gas Water Heater  
  Gas Furnace

**Housing Problems Needing Correction:** Please rank in order of importance with 1 being most important

- Roof– please describe damage \_\_\_\_\_ 1 2 3 4 5  
 Exterior Paint– please describe damage \_\_\_\_\_ 1 2 3 4 5  
 Electrical– please describe damage \_\_\_\_\_ 1 2 3 4 5  
 Plumbing – please describe damage \_\_\_\_\_ 1 2 3 4 5  
 Other – please describe damage \_\_\_\_\_ 1 2 3 4 5

Were these problems caused by a federally declared disaster?  Yes  No  
 Disaster Name? \_\_\_\_\_

Did you file an insurance claim?  Yes  No  
 Did you receive assistance?  Yes  No

Did you file for FEMA assistance?  Yes  No  
 Did you receive assistance?  Yes  No

Is there a child 6 years or younger residing at this residence, OR that spends 10 hours or more per week at this residence?  Yes  No  
 Ages of Child(ren) \_\_\_\_\_



U.S. Department of Housing and Urban Development  
U.S. Environmental Protection Agency  
U.S. Consumer Product Safety Commission

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# Notification

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

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## Protect Your Family from Lead in Your Home

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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**".

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Date

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Print Full Name of Homeowner

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Signature of Homeowner



## INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release to the City of Savannah, Housing Services Department, and its assigns the following information for the purpose of verification:

1. Employment history (dates and title)
2. Income (hourly rate)
3. Banking, savings (loan information and ratings)
4. Mortgage company (loan information and ratings)
5. Student enrollment status
6. And any other information deemed necessary for the purpose of processing or re-verifying your credit file

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of this authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

Name	Name	Name
<b>Signature</b>	<b>Signature</b>	<b>Signature</b>
<b>Social Security Number</b>	<b>Social Security Number</b>	<b>Social Security Number</b>
<b>Date</b>	<b>Date</b>	<b>Date</b>

**FLOOD INSURANCE REQUIREMENT NOTICE**

**Flood Insurance Requirement**

It is the property owner’s responsibility to pay for and maintain flood insurance coverage on their home when their home is located on property within a Special Flood Hazard Area (SFHA). SFHAs are identified on the Flood Insurance Rate Map and labeled as Zone AE, Zone A, Zone AO, Zone AH, Zones A1-A30, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30.

If a property owner sells their home, the property owner must inform the new property owner that it is their responsibility to maintain flood insurance coverage on the home. Property owners may be denied FEMA disaster assistance if flood insurance is not maintained on the property.

If the undersigned property owner receives federal housing assistance from the City of Savannah Housing and Neighborhood Services Department, part of this assistance may be funding to help cover the cost of a flood insurance policy for one year. It is the property owner’s responsibility to pay for additional years of flood insurance coverage. Coverage must be at least equal to the total cost of the assisted project or the maximum coverage limit of the National Flood Insurance Program, whichever is less.



The City of Savannah, Housing Services Department (HSD) offers grants and loans for modest wage income homeowners to pay for home repairs.

By signing below, I acknowledge:

1. Grants do not exceed \$2,000.
2. I may be offered a loan if the total repair cost is more than the available grant amount. Total Repair costs include construction cost, contingency and loan closing fees.
3. The loan is a mortgage on my home
4. The interest rate is 2%
5. No payments are due as long as I own and occupy the home.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date





## HOME REPAIR ASSISTANCE APPLICATION

### Photo, Video & Interview Consent and Release

I authorize City of Savannah (COS), Community Housing Services Agency (CHSA), Housing Savannah, Inc. (“Housing Savannah”), and any of its partners, local media, or other media professionals assisting City of Savannah (COS), Community Housing Services Agency (CHSA), Housing Savannah, to record, photograph, or film me and/or conduct interviews with me that may be seen and heard by the general public, used for advocacy or educational purposes, and in publications, such as brochures, newsletters, articles, display boards, or other promotional materials.

I understand that these interviews or images will be used by City of Savannah (COS), Community Housing Services Agency (CHSA), Housing Savannah for educating the public about housing initiatives or those of its housing practitioner partners. As such, I am granting my permission for the use of my likeness in any and all educational, advocacy, or marketing materials, unless revoked in writing.

Additionally, I understand that these interviews or images, or portions of them, may be displayed on any website and/or social media channels published by City of Savannah (COS), Community Housing Services Agency (CHSA), Housing Savannah and agree to such use.

I waive my right to approve or inspect the interview and images prior to their use and forgo any claim of royalties or compensation, now or in the future. I agree to hold harmless City of Savannah (COS), Community Housing Services Agency (CHSA), Housing Savannah, its board of directors, agents, or employees from any claims, damages, or liability arising from the use of my interview and/or image.

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Printed Name

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Signature

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Email Address

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Phone Number

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Date

(912) 651-6766 | P.O. Box 23121, Savannah, GA 31403 | [www.HousingSavannah.org](http://www.HousingSavannah.org)

## HOME REPAIR ASSISTANCE APPLICATION

### Asset Self-Certification

All household members must provide verification of assets, and the income derived from those assets. List the assets in the space provided below.

An asset is any one of the following types without limitation:

- |                        |                                      |                         |   |        |
|------------------------|--------------------------------------|-------------------------|---|--------|
| 401(k) or 403(b)       | Checking Account                     | Life Insurance Policies | Pensions                                    | Stocks |
| Bonds                  | Individual Retirement Accounts (IRA) | Money Market Account    | Real Estate Property (land) Savings Account | Trust  |
| Certificate of Deposit | Inheritances                         | Mutual Funds            |   | Funds  |

Expected income can be derived from interest, dividends, regular periodic payments, or regular withdrawals. Enter the Current Balance (worth) of the asset, the annual interest rate or interest earned income and whether the account is open or closed.

### Current Household Assets

Account Holder Name	Type of Account	Account Number	Current Balance	Dividends/ Interest %	Account Open/Closed
TOTAL					

### Certification

The Total Family Assets above do not exceed \$5,000.

I agree to provide statements, if requested. I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned for up to five years if I furnish false or incomplete information.

Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

## REQUIRED DOCUMENT CHECKLIST

### Income-Related Documents – SUBMIT ALL THAT APPLY

*All household members are required to submit income documents. Documentation not listed below may be required.*

- Most recent pay stubs covering 60 days
  - 9 pay stubs (if paid weekly)
  - 5 pay stubs (if paid bi-weekly)
  - 4 pay stubs (if paid semi-monthly)
  - 2 pay stubs (if paid monthly)
- Current Year SSA and/or SSDI income verification letter
- Current Year VA income verification letter
- Current Year Pension check or letter
- Unemployment benefit letter
- Most recent filed tax return if self employed
- Year to Date profit and loss statement if self employed
- Most recent 12-month history of child support received
- Section 8 voucher
- Statement of financial assistance provided by family members who do not live with you.
- Asset Self-Certification Form
- Copy of deed showing that you own or are purchasing the house
- Most recent mortgage statement
- Photo ID – Applicant
- Photo ID – Co-Applicant
- Marriage License if your name changed after you purchased the house
- Divorce Decree if your name changed after you purchased the house
- Copy of paid City and County Tax receipts for prior year
- Copy of executed power of attorney for someone to act on your behalf (If applicable)
- Copy of flood insurance policy (If applicable)
- Information Disclosure Authorization signed by household members aged 18 or older

## HOME REPAIR ASSISTANCE APPLICATION

DD214 or equivalent (*we can help you obtain this document if necessary*)

### **Other forms that may be required**

- Orders showing current duty station if active duty
- Documentation showing service in an overseas military intervention, if applicable
- Death certificate if you are spouse of deceased veteran
- Marriage License if you are spouse of deceased veteran
- Copy of most recent 2 months asset statements for all account – all pages – all household members
- Documentation not listed above

**Failure to provide all the above requested information will  
result in a processing delay!!**

