

CDSA EMERGENCY REPAIR APPLICATION

114 S Independence | Enid, Oklahoma 73701 | (580)242-6131

CDSA USE ONLY

DATE RECEIVED _____

DATE APPROVED or DENIED _____ APPROVED _____ DENIED _____

SERVICE APPROVED FOR: _____

REASON FOR DENIAL: _____

STAFF INITIALS _____

INSTRUCTIONS AND CHECK LIST

- Completed Application.
- Have you signed the application in all three places and had someone witness your application.
- Copy of your deed (Home Owner) or Lease and letter from your landlord (only for barrier removal, renters are not eligible for any other service).
- Copy of a current utility bill either electric or gas (do not submit water bills)
- Income verification for **all individuals living in the home** 18 years old and older. (see below)
 - **Do Not Submit Bank Statements.**
 - If you earn wages at least 3 months pay stubs or an Employers Verification of Employment CDSA Form ER-3. **Only complete the top part CDSA will send the form to the employer.**
 - If self-employed provide a copy last year's 1040.
 - If you received Social Security Award or retirement benefits provide a copy of your award letter.
 - If you receive TANF provide a letter from DHS hat state's the monthly amount (or the printout they provide).
 - If you receive income from any other source, provide a letter from that source.
 - If a household member is 18 year or older and does not have income then submit a Zero Income Form ER-2 for each member without income. **The form must be notarized.**



Emergency Repair or Barrier Removal Application

(We may not be able to contact you if information below changes. If there are **ANY changes to the household**, please notify this agency as soon as possible.)

in Household: _____ Today's Date: _____

Head of Household _____
 (Applicant): _____
Last First Middle

Physical Address _____
Street CITY COUNTY Zip

Mailing Address _____
Street CITY COUNTY Zip

PRIMARY PHONE: _____ 2ND OR MSG PHONE: _____

Do you own or are you buying your home? Yes No

Does anyone in the household receive **food stamps**? Yes No Name/Amount: _____

Does anyone in the household receive **WIC**? Yes No Name: _____

Has anyone in the household been determined **legally disabled**? Yes No Name: _____

Is anyone in the household a **Veteran**? Yes No Name: _____

Are you the custodial or legal Guardian of minor children in household? Yes No Child Name(s): _____

Has **Child Support** been ordered by the court? Yes No If Yes, do you receive Child Support? Yes No

NAME (Start with Applicant first)	Date of Birth	Social Security Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?
(Please choose the correct response from the available choices for each family member)		<input type="checkbox"/> SS# Not Available If you cannot provide a SS#, You MUST provide Legal Proof of Residency	Spouse	Hispanic	White	0-8 grade	Male	Child	None
			Child						
				Grandchild		Am		Single	Medicare
				Parent		Indian	HS Grad	Separated	Employer
			Non-Related		Asian	GED		Divorced	Other

EMPLOYMENT Supervisor: _____ Phone Number: _____

FAMILY MEMBER	COMPANY NAME / Location	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS

OTHER SOURCES OF INCOME IN LAST 30 DAYS					
Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount
	S.S. Retirement			S.S. Retirement	
	SSDI Disability			SSDI Disability	
	SSI			SSI	
	Pension			Unemployment	
	Child Support			ZERO INCOME	\$0.00

Emergency Repair or Barrier Removal Application

Have you ever previously received Emergency Repair Services from CDSA? YES NO

If yes, what? _____ When? _____

Emergency Repair or Barrier Removal Needed:

1. Ownership:

Specify Name on Deed _____

Year Built _____ Year Built Verified _____

Documentation Type Used to Verify Year Built (Answered by Housing Staff): _____

Single Family Home Duplex Mobile Home Other _____

2. Heating / Cooling Information:

Do you pay the utilities on your home? Yes No

Name of utility provider(s) attach copies of utilities bills: _____

Heating Fuel Type: Electric Nat. Gas Propane Wood
Heating System Type: Central Wall Floor Space Heater # Working Heat Units _____

If no working heating, what is wrong with the heating unit? _____

Is your heating system vented to the outside of the home? YES NO

Cooling System Type Central System Window Units Number of cooling units _____

If your cooling system is not working, what is wrong with it? _____

3. Housing Details & Condition:

Exterior Type: Wood Metal Stucco Brick Veneer Concrete Block Other _____

What is the condition of your siding? _____

Roof Type: Wood Shingle Asphalt Shingle Metal Other _____

How Many Layers? _____ What is the condition of your roof? _____

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973;(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 3B, U.S. Code?

Yes No

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.



Emergency Repair or Barrier Removal Application

Hold Harmless Clause - To be Completed by Applicant & Witness

I shall indemnify and save harmless the Community Development Support Association, Inc., its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from repairs of my property.

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Section 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

Release of Personal Income Information - To be Completed by Applicant & Witness

In order to determine my eligibility for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to CDSA or its designee to have access to my financial records in my possession of any other entity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

Certification by Applicant(s) - To be Completed by Applicant & Witness

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining **either** a Emergency Repair or Barrier Removal Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Emergency Repair or Barrier Removal Grant **funds** will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described in this application.

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 falsified or makes 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".

Applicant Signature

Date

Witness Signature

Date

Income Certification (To be Completed by Agency Staff only):

Source of Documentation: _____

Comments: _____

Verified by: _____ Date: _____

Staff Signature

Emergency Repair or Barrier Removal Application

CONFLICT OF INTEREST

REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

Spouse	Grandparents	Father-in-law	Brother-in-law
Children	Grandchildren	Mother-in-law	Sister-in-law
Parents	Adopted family members	Daughter-in-law	
Brother / Sister	Stepfamily members	Son-in-law	

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State or local law.

Please SIGN and RETURN this document with your application.

I acknowledge that I am not an employee or conflict of interest official and have not been employed by the agency for a period of at least ONE YEAR.

Applicant Signature

Date

Emergency Repair and Barrier
Removal Program
INTERNAL USE

CERTIFICATION OF ZERO INCOME

(To be completed by adult members only, if appropriate)

Household Name: _____

1. I hereby certify that, I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, workers compensation, veteran's payments, training, stipends, military family allotments;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes all acts of fraud. False, misleading or incomplete information may result in the termination of a purchase agreement.

Signature of applicant

Printed name of applicant

date

Signature of Notary

Printed name of notary

date

TO: (Name & Address of Employer)

Date: _____

RE: _____

Applicant/Tenant Name

Social Security Number

I hereby authorize release of my employment information.

Signature of applicant

Date

The individual named directly above is an applicant/tenant of the federal housing program that requires verification of income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Return To:

Community Development Support Association, Inc.
114 S. Independence
Enid, Oklahoma 73701
Fax Number: (580) 234-3554

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date Employed _____ No Last Day of Employment: _____

Current Wages/Salary: \$ _____ per (Circle One): Hourly Weekly Bi-weekly Semi Monthly Monthly Yearly

Average # Hours per Week: _____ Gross Year-to-date earnings: \$ _____ from ____ / ____ / ____ thru ____ / ____ / ____

Overtime Rate: \$ _____ Average Overtime hours per Week: _____

Shift Differential Rate \$ _____ per Hour Average Number of Shift Differential hours per Week: _____

Commissions, Bonuses, tips, other: \$ _____ per (Circle One) hourly weekly bi-weekly semi monthly monthly yearly

List anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate layoff period(s): _____

Is the employee eligible for unemployment compensation Yes No If Yes, how long? _____ How Much? _____

Is employee covered by a retirement or pension plan? Yes No If Yes, how much is available to employee while working? _____

Additional Remarks: _____

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, HUD, the PHA, and any owner (or employees of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected base on the verification form is restricted to the purpose cited above. Any person knowingly or willingly request, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against any officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a), (6), (7) and 8. Violations of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7) and (8).

I hereby authorize the release of the requested information. The information obtained under this consent is limited to information that is no older than 12 months.

Employer's Signature

Employer's Printed Name

Date

Company Name

Mailing Address

City/State/Zip

Phone #

Fax #

E-mail

This institution is an Equal Housing Opportunity Provider and Employer and does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its federally assisted programs.