

This application is NOT NOTICE that you have been accepted for work to be performed on your home It is for identifying you and your home for eligibility to the program.

Dear Sir or Madam:

Thank you for your interest in the City of Muskogee Rehabilitation Program. As per your request, here is the application for the program. A home is eligible for this one time assistance if the homeowner and the home meet eligibility requirements.

Guidelines dictate that we have certain information in our files before you can be considered for this program. In addition to the completed application, we will also need:

- 1) Proof of all Household Income (plus 1st page of filed income tax return)
- 2) Proof of Ownership (Deed)
- 3) Proof that the place you reside is your principle place of residence (Written Notarized Statement – in application)
- 4) Appraisal of Property (Obtained at the County Assessor's Office)

After eligibility is determined and funds are received, a member of the City of Muskogee will inspect the home to determine the repairs needed. The home has to meet standards set forth by the City of Muskogee.

All applications will be placed on a waiting list and clients will be contacted when and if they have been approved. Applications will be scored by a points system with the most points being first to be served. All ties will be determined by earliest date of application. **Due to the amount of funds received, we are only able to rehabilitate a limited number of homes.** We appreciate your patience as we work through the waiting list.

If you have any questions regarding this program, please contact the Planning Department at 918-684-6232.

Sincerely,

Gary D. Garvin,
Director of Planning and Community Development

Muskogee Rehabilitation Customer Intake Form

Date: _____

How did you hear about us? Friend/Relative Walk-In Newspaper TV/Radio Flyer Staff Member Other: _____

Customer Name: _____ **SS#** _____ / _____ / _____
First MI Last Jr/Sr

DOB _____ / _____ / _____ **Age:** _____ **Race:** _____ **Ethnicity:** Hispanic or Non Hispanic **CDIB** Y or N

Gender: M or F **US Citizen:** Y or N **Highest Level of School Completed:** _____ **Disabled:** Y or N

Veteran: Y or N **Health Insurance:** : Y or N **Marital Status:** _____ **# of Dependents:** _____

Current Address: _____ **Home Phone ()** _____
Street/PO Box City State Zip

From _____ **to Present** **Rent or Own** **Current Rent/Mortgage Payment \$** _____
Move in Date

Previous Address: _____ **From** _____ **to** _____ **Rent/Own \$** _____
Street/PO Box City State Zip

**Income (Gross Income, Before Taxes)
Sources:**

	Employment	SS	SSI	VA	TANF	Food Stamps	Child Support	Other:
Monthly Amount:	\$	\$	\$	\$	\$	\$	\$	\$

Household Information (List everyone that lives in the household, use back of sheet if more room is needed)

Name _____ DOB _____ Age _____ Race _____ Relationship to Customer _____

Name _____ DOB _____ Age _____ Race _____ Relationship to Customer _____

Name _____ DOB _____ Age _____ Race _____ Relationship to Customer _____

Name _____ DOB _____ Age _____ Race _____ Relationship to Customer _____

Name _____ DOB _____ Age _____ Race _____ Relationship to Customer _____

By signing below I certify that all the information contained in this document is true to the best of my knowledge. I also give this agency permission to release the information in this document.

Signature _____ Date _____

RELEASE OF PERSONAL INCOME INFORMATION:

In order to determine my eligibility for the Rehabilitation Program, I certify that the income information given by me is true and correct. Future, I hereby grant permission to the State of Oklahoma, The City of Muskogee, or its designee, to have access to my financial records in my possession of any other entity, prior to the starting date of the work to be done. I WAIVE MY RIGHT TO PRIVACY OR CONFIDENTIALITY.

Date: _____

(Signature of Applicant)

Date: _____

(Witness)

HOLD HARMLESS CLAUSE:

I shall indemnify and save harmless the State of Oklahoma, the City of Muskogee, its officers, agents, servants, employees and designees from all liability for death or injury to any person, or loss or damage to the property of any person resulting from the rehabilitation of my property.

Date: _____

(Signature of Applicant)

Date: _____

(Witness)

INCOME CERTIFICATION (To be completed by staff:

Verified by: _____
(City of Muskogee Official) (Date)

Staff: Attach a copy of income verification to application.

Note: You are hereby informed that you have the right to 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 City of Muskogee, who will furnish you will a copy of the Appeals Procedure established under the guidelines of Title 74 of the Oklahoma Statutes (1982), Section 1533.2.

The City of Muskogee 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.

CERTIFICATION BY APPLICANT(S)

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 a Rehabilitation Loan/Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she is the owner of the property described in this application and that the residence described in this application is his/her principle place of residence. Applicant states that he/she understands that the rehabilitation Loan/Grant proceeds 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: Whosoever, in any matter knowingly and willfully falsified or makes any false, fictitious, or fraudulent statement shall be prosecuted within the legal limits of the law.

Date

Signature

Date

Signature

Date

Signature

VERIFICATION OF OWNERSHIP:

Verified by: _____ Date _____
(City of Muskogee Official)

Copy of Deed Attached: Yes No

Is Applicant or Spouse the owner of record? Yes No

All taxes have been paid? Yes No

Does Applicant meet all eligibility criteria? Yes No

PLACE OF RESIDENCE AFFIDAVIT

Date

I, _____, hereby attest that my

principle place of residence is _____

in Muskogee, Oklahoma.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires:

Commission #

TAX RETURN AFFIDAVIT

Date

I, _____, hereby attest that I am

not required to file a personal income tax return, or state income tax return. I reside at

_____ in Muskogee, Oklahoma.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires:

Commission #

HUD FY 2017 QUALIFYING INCOME LIMITS

MUSKOGEE COUNTY 2017

FAMILY SIZE	INCOME MAXIMUM
1 PERSON	\$30,200
2 PERSONS	\$34,500
3 PERSONS	\$38,800
4 PERSONS	\$43,100
5 PERSONS	\$46,550
6 PERSONS	\$50,000
7 PERSONS	\$53,450
8 + PERSONS	\$56,900

