



## SAHA HOUSING REPAIR APPLICATION

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you a Traverse County resident?  Yes  No Date you moved to Traverse County: \_\_\_\_\_

### HOUSEHOLD INFORMATION

List all individuals living in the home (name, DOB, relationship to you):

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### ASSISTANCE REQUEST

Type of Assistance Requested:  Rehabilitation (Home Repairs)  Down Payment Assistance

Amount Requested: \$ \_\_\_\_\_

I am requesting this aid because:

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Have you applied for other assistance?  Yes  No If yes, explain: \_\_\_\_\_

Date funds are needed by: \_\_\_\_\_

### CONTRACTOR / VENDOR INFORMATION *(Payments will be made directly to vendor)*

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Number (if applicable): \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT

- Proof of eligibility is required with this application
- Documentation of expenses is required with this application
- Must be an owner-occupied home
- Awarding of funds may be contingent on pre or post inspection of the property
- Awards may be limited and randomly selected if demand exceeds funding
- Project must be completed within 1 year of award
- Submit all applications to the Traverse County Auditor

## INCOME GUIDELINES:

<b>Low-Income Limit (LIL)</b> 80% of Median*							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$65,450	\$74,800	\$84,150	\$93,500	\$101,000	\$108,500	\$115,950	\$123,450

## SIGNATURE

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## COUNTY USE ONLY

SAHA Committee Approved:  Yes  No

Amount Approved: \$\_\_\_\_\_

SAHA Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_