OWNER OCCUPIED REHABILITATION PROGRAM

All application documentation is required. Items must be returned within 10 days of the date of application. If accepted into the program, updated items may be required.

- Copy of current deed
- Current fire insurance policy/declaration page
- Current flood insurance (if applicable)
- Income verifications for all forms of income
    - SS/SSI yearly award letter
    - Child and/or spousal support orders
    - Pension statements
    - 3 consecutive pay stubs
    - Proof of any other income
- Copy of current months bank statement
- Copy of paid property taxes
- Proof of paid city fees, if applicable

OWNER OCCUPIED REHABILITATION APPLICATION

433 BALTIMORE AVE.

CLARKSBURG, WV 26301

304-623-3322 EXT. 37

FOR OFFICIAL USE ONLY

APPLICATION DATE: ___/___/___	APPLICATION #:	APPLICATION TIME:

APPLICANT:		PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	MARITAL STATUS:		
EMPLOYER:			

CO-APPLICANT:		PHONE #:	
RELATIONSHIP TO THE APPLICANT:			
DATE OF BIRTH:	MARITAL STATUS:		
EMPLOYER:			

PLEASE LIST NAMES AND BIRTH DATES OF ALL HOUSEHOLD MEMBERS OTHER THAN APPLICANTS.

1 _____ DATE OF BIRTH: ____/____/_____

2 _____ DATE OF BIRTH: ____/____/_____

3 _____ DATE OF BIRTH: ____/____/_____

4 _____ DATE OF BIRTH: ____/____/_____

5 _____ DATE OF BIRTH: ____/____/_____

6 _____ DATE OF BIRTH: ____/____/_____

HOUSEHOLD INCOME

YOU MUST INCLUDE INCOME AND ASSETS OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER AND THE SOURCE OF THE INCOME. IF FURTHER EXPLANATION IS NECESSARY PLEASE USE THE LAST PAGE OF THE APPLICATION.

APPLICANT'S SALARY $_____ PER_____ SOURCE _____

CO-APPLICANT'S SALARY $_____ PER_____ SOURCE _____

OTHER INCOME $_____ PER_____ SOURCE _____

CHECKING ACCOUNT BALANCE: $ _____

SAVINGS ACCOUNT BALANCE: $_____

HAS YOUR INCOME CHANGED RECENTLY? IF YES, PLEASE EXPLAIN: _____

_____

PROGRAM QUESTIONNAIRE	YES	NO
1. DO YOU HAVE HOMEOWNER'S INSURANCE?		
2. HAVE YOU FILED FOR BAKRUPTCY IN THE PAST 2 YEARS?		
3. ARE YOUR PROPERTY TAXES CURRENT?		
4. IS THIS YOUR PERMANENT RESIDENCE?		
5. DO YOU LIVE IN A SEPARATE HOME?		
6. DO YOU HAVE A CURRENT MORTGAGE?		
IF YES, ARE YOUR PAYMENTS CURRENT?		
7. HAVE YOU RECEIVED PRIOR HOUSING REPAIR ASSISTANCE?		
8. DOES ANYONE RESIDING IN THE HOUSEHOLD QUALIFY AS A PERSON WITH SPECIAL NEEDS, ELDERLY, OR DISABLED?		
(PHYSICALLY AND/OR MENTALLY DISABLED, DEVELOPMENTALLY DISABLED, RECOVERING FROM DOMESTIC ABUSE (PHYSICAL OR EMOTIONAL), RECOVERING FROM CHEMICAL DEPENDENCY, OR A PERSON WITH HIV/AIDS)		

WHAT TYPE OF HOME REPAIRS ARE YOU IN NEED OF?

FOUNDATION. IF YES, PLEASE EXPLAIN: _____

_____

ROOFING. IF YES, PLEASE EXPLAIN: _____

_____

HVAC. IF YES, PLEASE EXPLAIN: _____

_____

PLUMBING. IF YES, PLEASE EXPLAIN: _____

_____

ELECTRICAL. IF YES, PLEASE EXPLAIN: _____

_____

OTHER. IF YES, PLEASE EXPLAIN: _____

_____

ARE THERE ANY HEALTH OR SAFETY CONCERNS? _____

_____

WHAT TYPE OF HOUSING DO YOU OWN? WHAT TYPE OF FOUNDATION DO YOU HAVE?

SINGLE-FAMILY DETACHED		BLOCK		
MANUFACTURED		PIERS		
TOWNHOUSE		CONCRETE		
MULTI-FAMILY		BASEMENT		
DOUBLE WIDE		CRAWLSPACE		
SINGLE WIDE		SLAB		

SOURCE OF INCOME	NAME & ADDRESS OF SOURCE	ANTICIPATED ANNUAL GROSS INCOME
WAGES		
OVERTIME PAY		
COMMISSIONS		
TIPS		
BUSINESSES		
RENTAL PROPERTY		
SOCIAL SECURITY		
PENSION		
RETIREMENT FUNDS		
INSURANCE POLICIES		
DISABILITY BENEFITS		
DEATH BENEFITS		
UNEMPLOYMENT		
SEVERANCE PAY		
CHILD SUPPORT		
VA BENEFITS		
ARMED FORCES PAYMENTS		
PUBLIC ASSISTANCE		

IS ANYONE IN THE HOUSEHOLD, WHO IS 18 YEARS OR OLDER, A FULL-TIME STUDENT? YES_____NO_____

I (WE) CERTIFY THAT ALL THE INFORMATION IN THIS SCREENING APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) AUTHORIZE VERIFICATION OF ANY INFORMATION. I (WE) UNDERSTAND THAT THIS IS ONLY AN INITIAL SCREENING TO DETERMINE ELIGIBILITY. IF THIS APPLICATION INDICATES I AM ELIGIBLE FOR THE PROGRAM, I WILL BE CONTACTED BY THE OWNER-OCCUPIED REHABILITATION PROGRAM MANAGER TO DISCUSS THE CONTINUATION OF MY APPLICATION FOR HOME REPAIRS.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

RETURN APPLICATION TO THE FOLLOWING MAILING ADDRESS OR FAX NUMBER:

MOUNTAIN OPPORTUNITIES CORPORATION
433 BALTIMORE AVE.
CLARKSBURG, WV 26301
PHONE: 304-623-3322 EXT. 37 FAX: 304-623-1536

OWNER-OCCUPIED REHABILITATION PROGRAM
RELEASE OF INFORMATION & ALTERNATE CONTACT AUTHORIZATION FORM

Applicant Information
Homeowner Name: _____
Property Address: _____
City/State/Zip: _____

Release of Information Authorization

I/We hereby authorize Mountain Opportunities Corporation and its administrators, agents to obtain, verify, and exchange information necessary to determine eligibility and administer program services.

This may include, but is not limited to:

- Income and employment verification
- Financial information
- Property ownership and tax records
- Mortgage and insurance information

I/We understand that this information will be kept confidential and used solely for program eligibility and participation purposes.

This authorization is valid for the duration of my/our participation in the program unless revoked in writing.

Signature of Homeowner: _____ Date: _____
Signature of Co-Applicant : _____ Date: _____

Alternate Contact Authorization (In Lieu of Homeowner)

In the event that I/we cannot be reached or require assistance, I/we authorize the MOC to contact the following individual on my/our behalf:

Alternate Contact Name: _____
Relationship to Applicant: _____
Phone Number: _____
Mailing Address: _____

☐ I authorize this individual to:

- Receive information about my application status
- Provide or clarify documentation on my behalf
- Communicate with program staff regarding my application

☐ I authorize limited contact for scheduling or communication assistance only

(Please check one)

I understand that I may revoke this authorization at any time in writing.

Homeowner Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____