

## Application for Home Repair Program

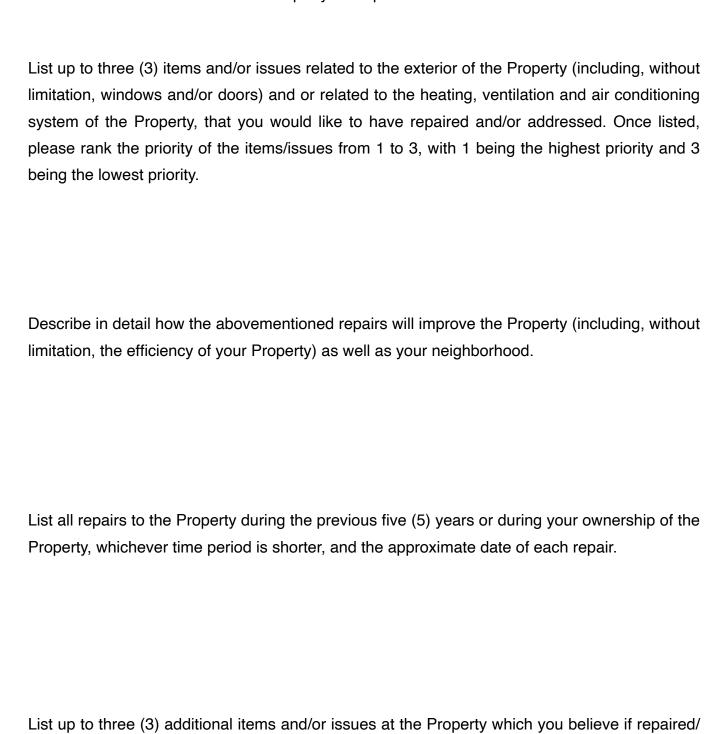
Applicant's Name:	
Property Owner's Name:	
Property Address:	("Property")
Phone Number:	
E-mail Address:	
Preferred Method of Contact:	
How many individuals reside at the Property and what is the age range of the individual at the Property?	duals residing
Gross Monthly Household Income:	
When did you acquire the Property?	
How long have you resided at the Property?	
Is the Property currently subject to any outstanding City of Columbus code violation please provide a description of each violation)?	ons (if yes,
Are you aware of any violations of the City of Columbus code at the Property for v of Columbus has not issued a citation (if yes, please provide a description of each	·
Is the Property the subject of any pending actions or proceedings in any court or a agency which might affect the title to the Property, including but not limited to proceedings (if yes, please provide a description of each action and/or proceeding	o foreclosure

Is there a mortgage on the Property, and if so, who is the lender and are the payments current?



Have the real estate taxes for the Property been paid current?

replaced would increase the energy efficiency of the Property.





I understand that my completion of this application does not guarantee that I will be selected to participate in the Home Repair Program. I further understand that in the event my Property is selected to participate in the Home Repair Program, I will be required, prior to the commencement of any work or improvements at the Property, to participate in and complete certain additional tasks, including but not limited to inspections of the Property, a program orientation and coursework, and the completion of a formal engagement agreement with Partnership for Achieving Community Transformation. I further understand that if my Property is selected to participate in the Home Repair Program, the residents of the Property will be required to reside at the Property for at least one (1) year following the completion of the improvements at the Property. I further understand that in the event the residents move from or sell the Property during the one (1) year period following the completion of the improvements at the Property, I will be required to reimburse Partnership for Achieving Community Transformation for the full cost of the improvements to the Property.

Signature:	
Printed name:	
Date:	

