PLEASE READ CAREFULLY AND SUBMIT ALL REQUIRED DOCUMENTATION. FAILURE TO PROVIDE NEEDED INFORMATION WILL RESULT IN A PROCESSING DELAY AND/OR DISQUALIFICATION.

Dear Applicant,

Please fill out the enclosed application in its entirety and return to our office via mail: Attn: Rachel Honea 3330 Highway 90, Gautier, MS 39553

The following information must be provided with your application:

- **Proof of Ownership** – We cannot qualify you without a copy of your warranty deed showing the legal description of the property. Property must be owner occupied.
- **Proof of your last two mortgage payments** (if applicable)
- **Driver's License or State Issued ID cards**
- **Divorce Decrees**

YOUR APPLICATION WILL NOT BE APPROVED WITHOUT ALL INFORMATION

Once our office receives your application we will begin the verification process, which takes approximately 30 working days to complete. Note: If you home is in foreclosure you will not be considered. Residence must be owner occupied for consideration.

If you have any questions please contact Rachel Honea @ 228.522.6234.

CONFIDENTIAL: This application will be shredded and is confidential.

Applicant Information

Full Name: _____ Age: _____ SSN: _____

Property Address: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Do you currently own the Home? Yes (☐ No ( ) ☐

You Must Check One or More of the Following:

Single _____ ☐ _____ (Never Been Married)

Married _____ ☐ _____ (Must Include Spouse as Co-Applicant)

Separated _____ ☐ _____ (Must Include Spouse's Income & Information)

Legally Divorced _____ ☐ _____ (Must provide Final Divorce Decree)

Widowed _____ ☐ _____

Domestic Partner _____ ☐ _____

Other _____ ☐ _____

Check The Box That Describes You:

Age 70+ above _____ ☐ _____

Age 60-69 _____ ☐ _____

Age 50-59 _____ ☐ _____

Age 40-49 _____ ☐ _____

Age 30-39 _____ ☐ _____

Age 18-29 _____ ☐ _____

Do you have any children living in the home? Yes ☐ No ☐

How many people are living in your home? ☐

If yes, indicate each that applies:

Elementary School ☐

Middle School ☐

High School ☐

Is there anything else you'd like us to know, to consider your need for housing repair assistance?

_____

_____

I the undersigned state that the following information is true and correct to the best of my knowledge and understanding. Failure to provide correct and/or true information may result in automatic disqualification.

Applicant Signature: _____

Co-Applicant Signature: _____

CONFIDENTIAL: This application will be shredded and is confidential.

Children Under the Age of 18 Living Within the Household

Name: _____

Age: _____

Social Sec. #: _____ Copy of Social Sec. Card must be attached

Name: _____

Age: _____
Social Sec. #: _____ Copy of Social Sec. Card must be attached

Name: _____

Age: _____

Social Sec. #: _____ Copy of Social Sec. Card must be attached

Name: _____

Age: _____

Social Sec. #: _____ Copy of Social Sec. Card must be attached

Name: _____

Age: _____

Social Sec. #: _____ Copy of Social Sec. Card must be attached

Name: _____

Age: _____

Social Sec. #: _____ Copy of Social Sec. Card must be attached

CONFIDENTIAL: This application will be shredded and is confidential.

PLEASE LIST SOCIAL SECURITY NUMBERS OF ALL HOUSEHOLD MEMBERS

SOCIAL SECURITY NUMBERS ARE COLLECTED AND USED SOLEY FOR THE PURPOSE OF INCOME AND/OR ASSET VERIFICATION.

The Neighborhood Services Division will use the listed social security numbers for verification purposes for the following reasons:

Employment information and/or, child support payment information, insurance policies, verification of property tax payments.

Co-Applicant SSN: _____

Child #1 Name & SSN: _____

Child #2 Name & SSN: _____

Child #3 Name & SSN: _____

Child #4 Name & SSN: _____

Child #5 Name & SSN: _____

Child #6 Name & SSN: _____

PHOTOCOPIES OF ALL SOCIAL SECURITY CARDS MUST BE INCLUDED WITH APPLICATION

CONFIDENTIAL: This application will be shredded and is confidential.

Applicant Employment Information: (FOR EMERGENCY PURPOSES ONLY)

Employer: _____

Employer Address: _____

Employer's PH. #: _____

Hours Worked: _____

Other Sources of Income - Applicant

Child Support: _____
(Authorized Proof Needed)

CONFIDENTIAL: This application will be shredded and is confidential.

Co-Applicant Information

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Ph. #: _____ Work Ph #: _____

Employer: _____

Employer Address: _____

Employer's Ph. #: _____

CONFIDENTIAL: This application will be shredded and is confidential.

Other Household Member of the Age of 18 Information
(All persons living in household must be included in the application)

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Ph. #: _____

Employer: _____

Employer Address: _____

Employer's Ph. #: _____

CONFIDENTIAL: This application will be shredded and is confidential.

AUTHORIZATION FOR RELEASE OF INFORMATION

I/WE HEREBY AUTHORIZE THE RELEASE OF INFORMATION PERTAINING TO THE CITY OF GAUTIER ECONOMIC DEVELOPMENT DEPARTMENT FOR THE PURPOSES OF VERIFYING INFORMATION PROVIDED, AS PART OF DETERMINING ELIGIBILITY FOR ASSISTANCE UNDER THE WORLD CHANGERS PROGRAM. I UNDERSTAND THAT ONLY INFORMAITON NECESSARY FOR DETERMINING ELIGIBILITY CAN BE REQUESTED.

TYPES OF INFORMATION TO BE VERIFIED:

I/WE UNDERSTAND THAT PREVIOUS OR CURRENT INFORMATION REGARDING ME MAY BE REQUIRED. VERIFICATION THAT MAY BE REQUESTED ARE, BUT NOT LIMITED TO: PERSONAL IDENTITY, INSURANCE POLICIES, CHILD SUPPORT PAYMENTS, PROPERTY TAXES

ORGANIZATIONS/INDIVIDUALS THAT MAY BE ASKED TO PROVIDE WRITTTEN/ORAL VERIFICATION, BUT NOT LIMITED TO:

- ALIMONY/CHILD SUPPORT PROVIDERS
- SOCIAL SECURITY ADMINISTRATION
- INTERNAL REVENUE SERVICE

AGREEEMNT TO CONDITIONS:

I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THIS FILE AND CORRECT ANY INFORMATION FOUND TO BE INCORRECT.

_____

APPLICANT DATE

_____

CO-APPLICANT DATE

CONFIDENTIAL: This application will be shredded and is confidential.

PART I

I, _____owner of the property located at_____ hereby authorize the Neighborhood Services Division or designee to enter, inspect, estimate work to be done, negotiate with contractors, and other functions necessary to determine homeownership, verify income, etc. in connection with this application.

PART II – HOLD HARMLESS AGREMENT

The applicant agrees to hold harmless the City of Gautier, its agents, employees, or assigns, from any and all acts connected with the rehabilitation of the premises, and agrees to indemnify the City against all costs and liabilities incurred or suffered by the City, incident to action of others.

_____

Applicant Witness

_____

Date Witness

State of _____ County of _____

Sworn to and subscribed before me this _____ day _____ of , 20____ .

_____ My Commission Expires _____

PART III

The Neighborhood Services Division has evaluated this application, including supporting data and finds that the application meets the requirements established by the City of Gautier.

_____

Neighborhood Services Staff Date

CONFIDENTIAL: This application will be shredded and is confidential.

Ethnicity/Special Needs: (For reporting purposes only, please check all that apply)

White: ☐

African American: ☐

Hispanic: ☐

Asian/Pacific Islander: ☐

Native American: ☐

Farm Worker: ☐

Disabled or Disabled Minor: ☐

Elderly: ☐

Homeless: ☐

Other: ☐

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

CONFIDENTIAL: This application will be shredded and is confidential.