

EMERGENCY REPAIR PROGRAM APPLICATION

APPLICANT			CO-APPLICANT		
Name			Name		
Date of Birth			Date of Birth		
Social Security #			Social Security #		
Address			Address		
Number of Years at Address			Number of Years at Address		
Phone Number			Phone Number		
DEPENDENT INFORMATION					
NAME	AGE	SOCIAL SECURITY #	NAME	AGE	SOCIAL SECURITY #

List all sources of monthly income for all persons over the age of 18. Verification is required for all income sources.

Income Source	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Social Security				
Alimony				
Disability Benefits				
SSI				
Retirement				
Child Support				
Veteran's Benefits				
Unemployment				
Job 1				
Job 2				
Other:				

EMPLOYMENT INCOME – Employment income includes total gross earnings received by all household members from permanent, temporary and part-time jobs. Excluded is the income of minors whose income is personal and not used for the benefit of the family as a whole. A copy of the applicant's latest Federal tax return and most current pay stubs must be attached to this application.

Applicant		Co-Applicant			
Employer			Employer		
Address			Address		
Phone Number			Phone Number		
Start Date			Start Date		
Position			Position		
Pay Amount			Pay Amount		

Bank Accounts

Account Type	Account Number	Name of Financial Institution	Balance
Checking			
Savings			
Other			

Mortgage Company

Name and Address of Financial Institution	Monthly Payment	Balance
	\$	\$
	\$	\$
	\$	\$

Ethnic Background (Please Check One)	
<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American

Are you of Hispanic background? Yes No
 Sex of the primary applicant: Male Female

Wish List: Please identify repairs, emergency needs and accessibility modifications needed.
1.
2.
3.

CERTIFICATION
<p>The undersigned certify(ies) that all information in this application and all information furnished in support of this application, including any attachments hereto, is given for the purpose of participating in the Emergency Repair Program in the City of North Las Vegas and is true and complete to the best of the undersigned's knowledge and belief. The undersigned hereby authorize(s) the City of North Las Vegas to verify any and all information furnished in conjunction with this application. Statements found to be false or fraudulent may result in the undersigned's immediate disqualification and remittance of proceeds under this part.</p> <p>The undersigned hereby acknowledge(s) and understand(s) the terms and conditions of the participation under said Program and, by this certification agree(s) to abide by and fulfill the obligations set forth in the attachments incorporated by reference herein. I/We declare under penalty of perjury that the foregoing is true and correct.</p> <p>Dated this _____ day of _____, 2_____</p> <p>_____</p> <p style="text-align: center;">Applicant Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Co-Applicant Signature</p>

HOUSEHOLD INCOME

The program is open to owner-occupied homeowners within North Las Vegas city limits whose income does not exceed federal income guidelines as defined by the Department of Housing and Urban Development (HUD). The current guidelines are as follows:

Family Size	Maximum Annual Income
1	\$21,050
2	\$24,050
3	\$27,050
4	\$30,050
5	\$32,450
6	\$34,850