



CITY OF VALDOSTA
APPLICATION FOR HOUSING
REHABILITATION

Neighborhood Development Department
300 N. Lee Street
Valdosta, GA 31603
Telephone No: (229) 671-3617

Please Use Black or Blue Ink and Print Clearly.

First Name: _____ Last Name: _____

Street Address: _____

Mailing Address: _____

Daytime/Work Phone: _____ Evening Phone: _____

Social Security Number: _____

Are you related to the Mayor or any City Council Member?

☐ Yes ☐ No

Are you employed by the City of Valdosta?

☐ Yes ☐ No

Are you related to a City Employee?

☐ Yes ☐ No

If Yes, give name and relationship _____

Do you serve on a Board or Agency associated with the City of Valdosta?

☐ Yes ☐ No

Are you the homeowner of the proposed property to be rehabilitated?

☐ Yes ☐ No

Is the proposed property to be rehabilitated located within the City of Valdosta?

☐ Yes ☐ No

Is the proposed property to be rehabilitated occupied by children under the age of seven?

☐ Yes ☐ No

Is the proposed property to be rehabilitated currently or will be in the near future occupied by a pregnant woman?

☐ Yes ☐ No

Is the proposed property to be rehabilitated occupied by an Elevated Blood Lead Level (EBL) child?

☐ Yes ☐ No

Does any member of the household have any disabilities?

☐ Yes ☐ No

If Yes, please describe the nature of the disability?

Homeowner/Authorization Agent Certification

I, _____, certify that I am the owner of the dwelling unit located
(Owner/Authorized Agent)

at _____. I do hereby authorize
(Address)

City of Valdosta to make housing rehabilitation related repairs and release City of Valdosta from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

Agency Representative Signature

Owner Signature

Date

Household Information: **Please use an additional sheet if more space is needed**

	Name of Household Family Members and Relation to Head of Household	Social Security Number	Date of Birth	Age	Sex	Monthly Income (for earners 18 yrs and older)
1.						
2.						
3.						
4.						
5.						

Outstanding Debts: Credit Cards, Finance Companies, Etc.

Company	Balance Owed	Monthly Payments

Household Income ****Please Submit a Copy of Income Documentation with this Application****

Monthly Income	Monthly Expenses	
Social Security: \$	Electric	\$
SSI: \$	Telephone	\$
Company Retirement: \$	Cable TV	\$
Public Assistance: \$	Groceries	\$
Unemployment: \$	Medicine	\$
Other: \$	Health Insurance	\$
TOTAL MONTHLY INCOME: \$	Gas (heat)	\$
Assets:	Life Insurance	\$
Description:	House Payment	\$
Value: \$	Car Payment	\$
	House Insurance	\$
	Medical Bills	\$
	TOTAL MONTHLY EXPENSES \$	

Date of Income Verification: _____

Existing Debit on Property to be Rehabilitated

1. What Year was the Home Build? _____
2. Year Purchased _____
3. Name of Lender _____
4. Original Mortgage Amount \$ _____
5. Unpaid Balance Amount \$ _____

Condition of House (please briefly describe problems):

The applicant(s) certifies that they have declared all persons living in the household and have provided their correct income including wages, pensions and other benefits, contributions from relatives, child support, unemployment compensation and all income sources. All information in this application and information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any source named herein and the applicant(s) authorizes the release of information to verify this income.

Signature of Applicant: _____ Date: _____

This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and your response will not affect the consideration of your application.

Gender of Applicant: Male _____ Female _____

Race/Ethnicity of Applicant: _____

For Office/Staff Use Only

Interviewed By: _____ Date: _____

Reviewed By: _____ Date: _____

Action Taken on Application: _____

Program Eligibility:

EMER _____

REHAB _____

RECON _____



City of Valdosta
Neighborhood Development Department

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize: _____
(NAME OF PERSON OR AGENCY REQUESTING INFORMATION)

(ADDRESS)

To obtain form: _____
(NAME AND ADDRESS OF PERSON HOLDING INFORMATION)

The following type(s) of information from my records and any specific portion thereof:

For the purpose of: _____

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions on accounts related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

I also understand that copies made of this letter may be treated as an original.

Signature of Applicant

Date

Witness Title or Relationship

Date

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

(Date consent is revoked by applicant)

(Signature of Client)



City of Valdosta
Housing Rehabilitation Program
Privacy Notice

This is a notice to you as required by the Right to Financial Privacy Act that the City of Valdosta Neighborhood Development Division has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Housing Rehabilitation Loan that you have applied for.

Financial records involving your transactions will be available to the U.S. Department of Housing and Urban Development and the Neighborhood Development Division during the term of your loan and for three years thereafter. We will use your private data only when it is required for program administration and we will not disclose it or release it to another Government agency or department with your consent except as required or permitted by law.

Received: _____
(Borrower's Signature)

Date: _____

(Borrower's Name Print)

(Borrower's Signature)

Date: _____

(Borrower's Name Print)

Single Family Residential Rehab Program Checklist

- ☐ Completed Application
- ☐ Verification of income of individuals listed on application over the age of 18
- ☐ Copy of ID and Social Security card
- ☐ Pay Stubs or current statement from social security (within last 3 months)
- ☐ Copy of Deed

Received By

Date