

# CITY OF SUMTER

## MOBILE HOME ROOF REPAIR APPLICATION

### APPLICANT INFORMATION:

TODAY'S DATE: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_\_\_ How Long Have You Lived at this Address? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Name of Dependents \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

### EMPLOYMENT INFORMATION

Name of Employer \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Address of Employer \_\_\_\_\_ Your Position at this Job \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**If you have worked this job less than two (2) years, give name and address of previous employer**

Name of Employer \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Address of Employer \_\_\_\_\_ Your Position at this Job \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

### CO-APPLICANT INFORMATION:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_\_\_ How Long Have You Lived at this Address? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Name of Dependents \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

**INFORMATION ON CO-APPLICANT (continued):**

**EMPLOYMENT INFORMATION**

Name of Employer \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Address of Employer \_\_\_\_\_ Your Position at this Job \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**If you have worked this job less than two (2) years, give name and address of previous employer**

Name of Employer \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Address of Employer \_\_\_\_\_ Your Position at this Job \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

---

---

**HOUSEHOLD INCOME**

List **all** sources of income that apply to your household including employment, retirement, alimony, child support, AFDC, social security, food stamps or any other subsidy you may receive:

<u>Name of Family Member</u>	<u>How much You Receive Per Month</u>	<u>Source</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(Use additional sheet if necessary)

---

**LIABILITIES AND HOUSING EXPENSES**

**LIABILITIES:** List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, child support, alimony, childcare, finance companies, real estate loans, and all other loans.

<u>Creditor's Name</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Due Date</u>	<u>Loan Purpose</u>
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

**UTILITIES:**

Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Monthly Mobile Home Note (if applicable) \$ \_\_\_\_\_  
Hazard & Flood Insurance \$ \_\_\_\_\_  
Real Estate Taxes (Property) \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_ (Explain)  
Other \_\_\_\_\_ \$ \_\_\_\_\_ (Explain)  
Other \_\_\_\_\_ \$ \_\_\_\_\_ (Explain)

- 1. Do you have any outstanding unpaid judgements? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. In the last 7 years, have you declared bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Are you a party in a lawsuit? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered yes to any of the above questions, please explain on a separate sheet of paper.**

---

---

**HOUSEHOLD COMPOSITION:** List the head of your household and all members who live in your home. Give all information needed for each person who lives in the house.

<u>Members</u>	<u>Full Name</u>	<u>Relation</u>	<u>Age</u>	<u>Social Security Number</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____

Does anyone live with you who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does anyone plan to live with you in the future who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please explain if you answer "yes" to any question above. \_\_\_\_\_

---

---

Information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for the purpose of verification related to my/our application for financial assistance. I/We understand that any willful misstatement of information will be grounds for disqualification.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

**PERSONAL INFORMATION RELEASE AUTHORIZATION**

**To Whom it May Concern:**

**RE:** \_\_\_\_\_ **(Name)**  
\_\_\_\_\_ **(Address)**  
\_\_\_\_\_

**I/We hereby authorize the release of any personal and financial information requested by the City of Sumter:**

- Retirement Income
- Employment and Income Records
- Checking & Savings Account
- Deposit Records and Balances
- Personal and Credit References
- Credit Report(s)
- Landlord Statements
- Criminal Records
- Social Services
- Payment Verification

A photographic copy of this authorization form may be deemed to be equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

Thank you for your interest and participation in our mobile home rehabilitation program. Application must be hand delivered to:

Office of Community Development  
12 W. Liberty St., Suite 4  
Sumter, SC 29150  
Clarence Gaines, Community Development/Housing Director  
Carolet Thomas, Community Development/Housing Asst.  
Phone: (803) 774-1649 or 774-1652  
Fax: (803) 774-1685

CITY OF SUMTER  
MOBILE HOME APPLICATION DOCUMENTS NEEDED TO  
BE CONSIDERED FOR ROOF REPAIR GRANT APPROVAL  
BY THE CITY OF SUMTER:

- **PROOF OF INCOME FOR ALL RESIDENTS WHO WORK OR RECEIVE A CHECK**
- **COPY OF DEED TO THE LAND MOBILE RESIDES ON**
- **TITLE FROM THE DMV FOR THE MOBILE HOME**
- **PROPERTY TAX BILL FROM THE MOST RECENT TAX YEAR WHICH SPECIFICALLY INCLUDES THE MOBILE**
- **A SALES CONTRACT FOR THE MOBILE HOME**
- **A QUOTE FOR REPAIRS FROM A LICENSED CONTRACTOR**
- **COMPLETED & SIGNED APPLICATION**