

MISSISSIPPI HOME CORPORATION (MHC)

Home Investment Partnership (HOME) Disaster Recovery Program Phase II Application & Guidelines

October 13, 2021

INSTRUCTIONS FOR APPLICATION

General Instructions

- Read the instructions for this application.
- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.
- Submit application with all the required documentation to: {Insert electronic and postal information}.

Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, and your marital status and other fields.
- 2. CO-APPLICANT INFORMATION:** List other members of the household who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach additional sheet if there are more than two applicants.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
- 6. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to disaster damage to your unit, including principal residency and FEMA registration information.
- 7. DAMAGED PROPERTY INFORMATION:** Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed). In order to be eligible to receive assistance under this program, the property must have been damaged as a result of the disaster. Provide information on whether you occupied the property during the time of the disaster, whether you are currently living in that structure, or whether you were displaced because of the disaster.
- 8. OTHER ASSISTANCE RECEIVED:** Provide all information concerning property insurance, FEMA, SBA, or any other type of related assistance to the disaster.
- 9. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits (MDHS: SNAP) are NOT considered income.

10. ASSET INFORMATION: Provide the requested information on any property you may own. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mineral rights; and
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

11. APPLICANT CERTIFICATION: Certify that all information in the application is true, to the best of your knowledge. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

12. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State, county or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

DISASTER RECOVERY APPLICATION

Application Number:	
Application Received By:	Date/Time HOME Application Received:

1. TO BE COMPLETED BY APPLICANT: (Head of Household)		2. TO BE COMPLETED BY CO-APPLICANT: (If Applicable)	
Last Name:		List relationship type to Head of Household, e.g. spouse, sister, mother	
Middle Name:		Last Name:	
First Name:		Middle Name:	
Current Address:		First Name:	
City:		Current Address:	
State:		City:	
Zip:		State:	
Mailing Address:		Zip:	
City:		Mailing Address:	
State:		City:	
Zip:		State:	
Home Phone:		Zip:	
Daytime phone:		Home Phone:	
Mobile Phone:		Daytime Phone:	
E-mail Address:		Mobile Phone:	
Date of Birth:		E-mail Address:	
Gender:		Date of Birth:	
Marital Status:		Gender:	
		Marital Status:	

3. ALTERNATE CONTACTS INFORMATION: -This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

Contact Name (first):	
Contact Phone No.:	Address:
Contact Name (second):	
Contact Phone No.:	Address:

4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Relationship to Head of HH	Gender M/F	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody.
	Head of Household					

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

RACE (Check all that apply):	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial
ETHNICITY (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

6. ELIGIBILITY INFORMATION: - If the answer to any of the following questions is NO, you are not eligible for assistance:	
i. Was the unit damaged or destroyed by Disaster:	
ii. Was the unit a single-family residence (including manufactured housing units)?	Choose an item
iii. At the time of the disaster, were you the owner of this residence (including manufactured housing units)?	Choose an item
iv. Was the unit the primary residence of the applicant on the date of the disaster?	Choose an item
<i>The following question will require a special review to determine eligibility:</i>	
v. Did you register with FEMA for disaster related assistance for structural damage to the home?	Choose an item

7. DAMAGED PROPERTY INFORMATION - Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).					
Damaged Property Address:					
City:		State:		Zip:	
Damaged Property Phone No:					
i. What type of structure is the property? (Select One)					
Choose an item	Other (Describe):			Year Built:	
ii. Did you occupy the property at the time of the event?			Choose an item		
iii. Are you currently living in the property? If no, explain your current living situation:			Choose an item		

iv. Is the damaged property in a Flood Plain?	Choose an item
v. Are you seeking assistance for a manufactured/modular housing unit?	Choose an item
vi. Do you own the land?	Choose an item
vii. Do you have a deed on the damaged property?	Choose an item
viii. Are there any other names on the deed for the damaged property?	Choose an item
If yes, describe what deed information you have on the damaged property (including any entity, for example, a Trust):	
ix. I/We have been displaced from property due to damage caused by the disaster. If yes, explain your current living situation in the space below, e.g. renting in another part of the City, County etc...	Choose an item

8. OTHER ASSISTANCE RECEIVED: - Assistance provided under the HOME Program Disaster Recovery Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on date of disaster.	
Have you applied for any event related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If no, proceed with Section # 9 Income Information.	Choose an item
A. FEMA	
i. Have you received any disaster related assistance from FEMA for structural damage to your home? (If no, continue to letter B. in this section.)	Choose an item
Amount Approved:	Amount Received to date:
ii. What is your FEMA Registration No.(s)?	1
	2

<u>B. Small Business Administration</u>	
i. Have you received any event-related assistance from the SBA for damage to your home? (If no, continue to letter C. in this section.)	Choose an item
Amount Approved:	Amount Received to date:
ii. What is your SBA Application No.(s)?	1
	2
iii. What is your SBA Loan No.(s)?	1
	2
iv. What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.	
<u>C. INSURANCE</u>	
i. Were you carrying Homeowner's Insurance at the time of the event?	Choose an item
If "Yes", what type?	<input type="checkbox"/> Hazard <input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Contents
Other : (Explain)	
ii. Did you file a claim?	Choose an item
Claim Amount Received:	Deductible:
Purpose: (Explain)	
iii. Provide the name of the Insurance Company(s):	
iv. Is the insurance coverage currently in effect?	Choose an item
v. Are you involved in an appeal or a lawsuit against your insurance company?	Choose an item
vi. What is the status of your insurance appeal/lawsuit? (If Applicable)	Choose an item
<u>D. OTHER</u>	
i. Did you receive any other assistance for the repair of your home?	Choose an item
ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous Home Rehabilitation funds, etc.	Choose an item

9. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space.

FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
	Select			
	Select			
	Select			
	Select			
	Select			

10. ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

1. Do you own any other real estate?

Choose an item

If yes, provide address, city and state of property(s):

2. Do you have a mortgage on the damaged property you are seeking assistance on?

Choose an item

If yes, what is the current balance owed on the mortgage?

3. Are your payments current on your mortgage?

Choose an item

4. Is your primary residence currently in foreclosure?

Choose an item

5. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income From Asset

11. APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the state or any of its duly authorized representatives d herein.	
I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the HOME Program Grant Disaster Recovery Program for the disaster. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this program.	
Signature of Applicant:	Date
Signature of Co-Applicant:	Date
Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.	

12. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program.		
Applicant Name:		
Applicant Address:		
Information Covered: Inquiries may be made about items initialed below by the applicant.		
Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the Community Development Block Grant Disaster Recovery Program for disaster. Each adult member of the household must sign this Eligibility Release.		
Privacy Act Notice Statement: Subrecipient requires the collection of the information listed in this form to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. Subrecipient is authorized to ask for this information under the National Affordable Housing Act of 1990.		
NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.		
Information Covered: Inquiries may be made about items initialed below by the applicant.		
Description	Verification Required	Applicant Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Support	X	
Property Taxes	X	
List other item here:	X	
Dependent Income: Full-time Student	X	

Applicant's Authorization:

I authorize the above-named Subrecipient, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.

Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Signatures:		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>

Applicant Checklist

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- ☐ Completed MHC Disaster Recovery Program Intake Application;
- ☐ Properly executed Eligibility Release Form;
- ☐ FEMA Award/Denial Letter;
- ☐ Small Business Administration (SBA) Award/Denial Letter;
- ☐ Private Insurance Letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.);
- ☐ Copy of the applicant's driver's license (or a state issued photo ID); Fee Simple Deed in applicant's name;
- ☐ Copy of receipts for the home repairs that have been made to the damaged property (write name and property address on receipts);
- ☐ Provide any and all proof of income for individuals that live at the property and that are over the age of 18;
- ☐ 6 months of bank statements;
- ☐ Last 3 consecutive months of paycheck stubs;
- ☐ Current copy of social security statement/award letter;
- ☐ Current copy of retirement/pension statements; and
- ☐ Current copy of unemployment statement.

Some items required above may not apply to your situation.