



Community Development Division
 268 Lawrence St.
 Marietta, GA 30060
 770-794-5437

Housing Rehabilitation Application

June 2021

OFFICE USE ONLY

IDIS # _____

Application Received Date: ____/____/____

Application Approval Date: ____/____/____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the City of Marietta Housing Rehabilitation. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

Through Community Development Block Grant funding, the City of Marietta provides the Housing Rehabilitation Program, which offers rehabilitation assistance to homeowners in the City of Marietta based on the availability of funds, household income-(within the current federal Income Limits for Cobb County), the requests of the homeowner and the conditions of the home. The Housing Rehabilitation Program is designed to assist low-to-moderate income homeowners with repairs/rehabilitation that are imminent health/safety threats, deferred maintenance problems or code violations.

Depending on income level, age, disability and housing needs, you may qualify for a one-time grant of up to \$10,000, a 20-year deferred loan, or a 5-year deferred loan for lead-based paint and asbestos removal. After reviewing your completed application, the Community Development Manager will assess all documents, and determine which levels of assistance you may qualify for.

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA] FY2021 Income Limits (Effective 6/1/2021)

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$18,100	\$30,200	\$48,300
2	\$20,700	\$34,500	\$55,200
3	\$23,300	\$38,800	\$62,100
4	\$25,850	\$43,100	\$68,950
5	\$27,950	\$46,550	\$74,500
6	\$30,000	\$50,000	\$80,000
7	\$32,100	\$53,450	\$85,500
8	\$34,150	\$56,900	\$91,050

*Source: U.S. Department of Housing & Urban Development [HUD] Extremely Low Income = <30% of Median Household Income
 Very Low Income = 50%-80% of Median Household Income; Low Income = 50% - 80% of Median Household Income



Participants will not be discriminated based on race, color, religion, disability, sex, familial status or national origin.

Applicant Information

Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Co-Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Race or National Origin: (Check one box below)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multi-Race (please specify) _____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> I do not wish to furnish this information
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Single Race	
Ethnicity: (Check box →)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	

Other

Occupants: (other than applicants above)

Total Number of persons in household: _____

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

What year was your home built?: _____ How long have you lived in the home? _____ Estimated Value: _____

Employment Information

Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

Co-Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

If employed in the current position for less than two years or if currently employed in more than one position, complete the following:

Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

Co-Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

Income Verification

Household MONTHLY Income (only fill in income that applies to your household)

INCOME:	Applicant	Co-Applicant (if applicable)	Occupant (if applicable)
Wages			
Overtime			
Bonuses/tips			
Part-time Seasonal			
Dividends			
Interest			
Investment Earnings			
Retirement Pension			
Social Security benefits			
Disability			
VA benefits			
Unemployment Compensation			
Pubic Asst.			
Alimony			
Child Support			
Other			
Total			

Total monthly household income \$ _____ x 12 months = \$ _____

LIABILITIES

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE
First Mortgage				
Other Lien Secured By Property (Second Mortgage)				
Auto Loan				
Personal Loan				
Credit Card				

1. Do you have any outstanding, unpaid **Liens** or **Judgments**? _____ Yes _____ No

If yes please list the Amount (if applicable) \$ _____

2. In the past 7 years, have you been declared bankrupt? _____ Yes _____ No

3. Are you a party involved in a law suit? _____ Yes _____ No

If yes answer is given to any question below, please explain on an attached sheet

ASSETS			
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME
Checking Accounts			
Savings Accounts			
Credit Union Accounts			
Stocks/Bonds			
Life Insurance			
Other (i.e. rental property)			

**** Applicant cash assets (not including retirement) must be below \$10,000**

Applicant Certification

I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s) on this application

All household members 18 years and over to sign below

(applicant signature)

(date)

(co-applicant/ occupants signature)

(date)

What to Submit With Your Application

CHECKLIST

_____ 1. Collect the following information:

(All documentation is strictly confidential and will only be used for the purpose of verifying household income. Note: Lenders will require similar information.)

- _____ a. Driver's License (or other government issued ID)
- _____ b. Current pay stubs that reflect the previous 2 months of employment **OR**
- _____ c. Income Tax Returns for the last 2 years including W2's or IRS Transcripts
(bring if self-employed or not submitting other forms of income verification)
- _____ d. Current Social Security statements *(if applicable)*
- _____ e. Disability benefit statements *(if applicable)*
- _____ f. Pension statement/checks *(if applicable)*
- _____ g. Evidence of child support or alimony, *(if applicable)*
- _____ h. Bankruptcy discharge papers *(if applicable)*
- _____ i. Warranty Deed
- _____ j. Proof of current mortgage balance (most recent mortgage statement)
- _____ k. Proof of current homeowner's insurance policy
- _____ l. Two most recent bank account statements for all bank accounts

_____ 2. Mail or hand-deliver the application and supporting documentation to:

City of Marietta Community Development
Attn: Community Development Manager
268 Lawrence St.,
Marietta, GA 30060

_____ 3. Call and Make an application appointment with the Community Development Manager

770-794-5437