

**UINTAH BASIN ASSOCIATION OF GOVERNMENTS (UBAOG)
SINGLE FAMILY REHAB/CRITICAL NEEDS
APPLICATION**



****IMPORTANT: Home and Land must be owned and occupied by applicant.
Manufactured/Mobile Homes built prior to 1978 are NOT eligible for funding.
Applicant may only participate in grant funds ONCE IN A LIFETIME.****

Please read and complete entire application

Applicant Name: _____ Address: _____

Do you own the Home? **Y N** Do you own the land: **Y N** City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I give permission to sign documents using E-Signature if needed: **Y N**

THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY:
 Marital Status: *Single* _____ *Married* _____ *Divorced* _____ *Widowed* _____ *Separated* _____
 Female Head of Household? **Y N**

Household Composition: Please list all members living in the home beginning with applicant:						
	Full Name	Relationship	Date of Birth	Social Security #	Gender	Disabled
1					M F	Y N
2					M F	Y N
3					M F	Y N
4					M F	Y N
5					M F	Y N
6					M F	Y N
7					M F	Y N
8					M F	Y N

*****FAILURE TO LIST ALL PERSONS LIVING IN HOUSEHOLD, (INCLUDING NON-RELATIVES) WILL RESULT IN TERMINATION OF APPLICATION*****

Do you currently have Health Insurance / Medicaid: **Y N**
 Do you currently have Homeowner's Insurance: **Y N**
 Do you receive WIC: **Y N**
 Do you receive SNAP benefits: **Y N** If so, amount: _____
 Have you applied for assistance with UBAOG in the past: **Y N** If so, what: _____
 Have you applied for HEAT assistance in the past: **Y N** If so, when: _____
 Have you applied for Weatherization Assistance in the past: **Y N** If so, when: _____
 Are you related to a UBAOG employee: **Y N** If so, who: _____
 Are you related to a Division of Workforce Service, Housing and Community Development Division employee: **Y N** If so, who: _____

EMPLOYMENT & INCOME:

UNEMPLOYED - HOW LONG UNEMPLOYED: REASON FOR UNEMPLOYMENT:

EMPLOYED - Full-time Part-time Temp EMPLOYER:

LIST YOUR OWN GROSS MONTHLY INCOME FOR THE FOLLOWING:

State Financial Assistance (not including SNAP) \$
Salary / Wages \$
Unemployment: \$
Disability: \$
Pension: \$
Social Security Benefit: \$
General Assistance: \$
Alimony / Child Support: \$
Other \$

LIST ALL OTHER INCOME IN THE HOUSEHOLD:

Table with 3 columns: Name, GROSS Monthly Amount, Source(s) of Income. Includes three empty rows for data entry.

PLEASE NOTE: FAILURE TO REPORT ENTIRE HOUSEHOLD INCOME FROM ALL SOURCES WILL RESULT IN TERMINATION OF APPLICATION

HOUSING INFORMATION:

Type of home: (please circle) Stick Built Mobile Home Modular Other

Year of home:

How many bedrooms are in the home: 1 2 3 4 5 6

Are you willing to obtain a loan to assist with repairs: Y N

Have you declared bankruptcy within the last 7 years: Y N

Do you have any unpaid judgements: Y N

Is your home on a foundation: Y N

How did you learn about this program:

Describe the repairs you are seeking funding for:

Please remember: All complete applications are processed by rating and ranking on the basis of needs and other criteria.

The 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 related to my/our application for financial assistance. The UBAOG reserves the right to verify information included in this application once it is accepted. I/We understand that any false or misleading information will be grounds for disqualification.

Applicant

Date

Agency Intake Approval

Date

Agency Editor Approval

Date

FOR OFFICE USE ONLY

HPG file? Y N

AUTHORITY TO VERIFY CREDIT INFORMATION

By signing this release I hereby give Uintah Basin Association of Governments permission to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for a loan from the UBAOG. The UBAOG may make copies of this document for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant (please print) _____
Date

Social Security Number _____
Date of Birth

Applicant Signature

Co-Applicant (please print) _____
Date

Social Security Number _____
Date of Birth

Applicant Signature

Current Address: _____

Previous Address: _____
(if moved within the last 3 years)

By signing this document, client gives UBAOG permission to share information with other lending institutions that may be beneficial to the loan process.

RACE AND ETHNIC DATA

THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY

_____ Applicant declined to answer the questions below

PLEASE SELECT ONE IN EACH SECTION:

RACE

_____ American Indian or Alaska Native

_____ Black or African American

_____ Caucasian

_____ Asian and White

_____ American Indian or Alaska Native and Black or African American

_____ Asian

_____ Native Hawaiian or other Pacific Islander

_____ American Indian or Alaska Native and White

_____ Black or African American and White

_____ Other _____

ETHNICITY

_____ Hispanic / Latino

_____ Not Hispanic / Latino

Signature

Date



ASSOCIATION OF GOVERNMENTS

UINTAH BASIN ASSOCIATION OF GOVERNMENTS (UBAOG) PHOTO, AUDIO, & VIDEO AUTHORIZATION RELEASE FORM

I, Below Signed authorize Uintah Basin Association of Governments (UBAOG) and its affiliates, to use and publish to the general public, non-income specific information about the services applying for, in any manner or media now known or hereafter discovered, including via the internet; which may include and not be limited to our official website, Facebook, Instagram, Twitter and YouTube.

I understand that I may revoke this authorization at any time; my revocation must be submitted in writing to Uintah Basin Association of Governments.

Revocations can be mailed to:

Uintah Basin Association of Governments
Attn: Housing Specialist
330 East 100 South
Roosevelt, UT
84066

_____	_____
Print	Date

Signature	
_____	_____
Print	Date

Signature	

Housing Staff Signature: _____ Date: _____

330 East 100 South, Roosevelt, UT 84066
Phone: (435) 722-4518
Fax: (435) 722-4890