

EHARP (Emergency Handicap Access Ramp Program) Application



Please complete and return to:
Athens Area Habitat for Humanity
532 Barber Street
PO Box 1261
Athens, GA 30603

Applicant Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

INCOME INFORMATION: Source of Income (include all that apply)

- _____ Wages
- _____ Farm Operation Income
- _____ Self-Employment
- _____ Social Security or Railroad Retirement
- _____ Unemployment Benefits
- _____ Supplemental Security Income – Disability
- _____ Pension, VA Benefits, Insurance Benefits
- _____ TANF
- _____ Other Public Assistance
- _____ Alimony, Child Support
- _____ Other (please list: _____)

TOTAL ANNUAL INCOME OF ENTIRE HOUSEHOLD: \$ _____

(Add amounts from the list above)

Attach verification of income listed.
Income verification attached: Yes No

DWELLING INFORMATION:

House Type:

- Wood frame
- Masonry (brick, stone)
- Mobile home/Trailer
- Single family dwelling
- Multi family dwelling

House Heat Source:

- LP or Bottled gas
- Electricity
- Fuel oil, kerosene
- Wood
- Other (Please specify: _____)

House Roof type:

- Asphalt shingle
- Tin
- Wood
- Other (Please specify: _____)

House Age: _____ years

Estimated Date of Construction: _____

Do you own the land on which the dwelling exists? Yes No

How many years have you occupied the dwelling? _____

How long do you intend to reside in the dwelling? _____

Please attach a copy of recent utility bill (electric, gas, or phone).

Copy attached: Yes No

AUTHORIZATION:

I, _____, certify that I am the owner of the dwelling unit located at _____, if eligible to participate in EHARP, I do hereby authorize Athens Area Habitat for Humanity to make the agreed upon repairs and release Athens Area Habitat for Humanity from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

Owner's Signature

Date

Having read all the provision of EHARP, I certify that all information submitted on the application is accurate and true. In the event that the information is incorrect and the application is not eligible for the program and receives funding, the applicant agrees to reimburse the assistance amount to the grantee. Payment shall include the amount of assistance provided by Athens Area Habitat for Humanity and the grantor plus interest thereon (without compounding). The interest rate shall be that as determined by Athens Area Habitat for Humanity and the grantor at the time of the infraction taking into account the average yield on outstanding marketable long-term obligations of the United States during the month proceeding the date on which the assistance was initially made available.

Owner's Signature

Date

* Note: Completing this application does not guarantee that applicant will be qualified for a Habitat program and/or work request will be fulfilled.

HOUSEHOLD INFORMATION (optional)

The information solicited on this application is requested by the granted in order to assure the Federal Government, acting through Athens Area Habitat for Humanity, that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, are and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicant on the basis of visual observation or surname.

Total Number of individuals in household: _____

Number of elderly household members 60 years or older: _____

Number of household members 18 years or under: _____

Number of handicapped individuals: _____

Number of Native American individuals: _____

Do you have family in the area? Yes No

If yes, please list names and address of immediate family (at least 2):

Race/Ethic Group:

White (not of Hispanic Origin)

Black (not of Hispanic Origin)

American Indian

Hispanic

Asian or Pacific Islander

Other (please specify _____)