

BEYONDHOUSING

Helping entire communities become better places to live.

www.beyondhousing.org

Dear Homeowner,

Beyond Housing's mission is to help strengthen neighborhoods one family at a time and with the Vinita Park Home Repair Program, we will do our best to assist as many families as possible. Funds are limited, however, and Beyond Housing may not be able to assist all who qualify.

The purpose of the Vinita Park Home Repair (VPHR) Program is to assist those residents who are not financially or physically able to make the necessary home repairs to maintain a healthy home free of building code violations.

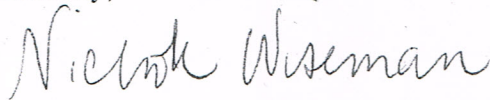
Attached you will find the Vinita Park Home Repair Program application. Please complete the application making sure to **provide all required supporting documentation**. You may return your completed application packet in the envelope provided by mail or in person at our office at 1318 Leroy Avenue, Pagedale, MO 63133 (on Page Avenue across from the new Save-A-Lot at Page and Ferguson Road). If you are returning your application in person, please call me to make an appointment.

The income of all residents living in the home over the age of 18 will be used to determine qualification. Proof of household income will be verified.

If you qualify I will contact you to schedule a time to visit your home to discuss the needed repairs. Once the repair needs are determined and an approved, insured contractor is selected to perform the work, you will be contacted to sign the closing documents needed in order to proceed with the work on your home.

Please do not assume that you are approved for the program. You will be contacted upon approval. If you have any questions regarding the Vinita Park Home Repair Program or the application process, please contact me at (314) 932-1079.

Sincerely,

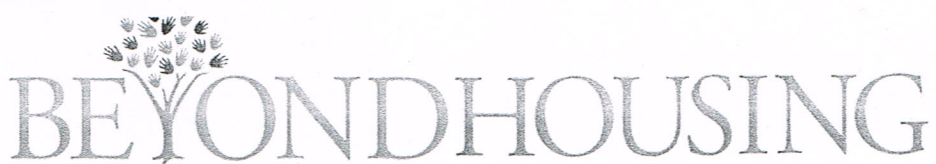


Nichole Wiseman

24:1 Community Land Trust Rehab Manager



BEYOND HOUSING 24:1 INITIATIVE OFFICE
1318 LEROY
PAGEDALE, MO. 63133



BEYONDHOUSING

VINITA PARK HOME REPAIR PROGRAM APPLICATION

DATE: _____

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CO-APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

EMAIL: _____ PHONE _____
Day Evening/cell

ADDRESS:

Street City State Zip

Length of Occupancy _____ Mortgage Amount _____ Are you current on your payments? _____

Do you need utility assistance? If so, name of utility company and reason: _____

Do you have any of the following working items in your home? Please Circle:

Smoke detector Carbon Monoxide detector Fire Extinguisher

Is anyone in the home disabled? If so, list name and type of disability _____

OTHER HOUSEHOLD MEMBERS:

First Last Age

First Last Age

First Last Age

First Last Age

First Last Age

First Last Age

MARITAL STATUS: Single Married Divorced

EMPLOYMENT HISTORY:

List employment for ALL adults providing financial support for the household.

APPLICANT:
Current Employer _____

CO-APPLICANT:
Current Employer _____

Phone _____ Hire Date _____

Phone _____ Hire Date _____

Job Title _____

Job Title _____

WHAT IS APPLICANT'S HIGHEST EDUCATION RECEIVED?

Some High School High School/GED Associate Degree Bachelor Degree Graduate Degree

Have you participated in any other home repair program? If so, please name them: _____

Please circle the home repairs you would like to have completed:

- | | | | | | | |
|---------|-----------|---------------|------------|---------------|----------------|---------------|
| Roof | Doors | Garage Repair | Furnace | Tuck-pointing | Tree Removal | Foundation |
| Gutters | Windows | Driveway | A/C | Siding | Fencing repair | Waterproofing |
| Porch | Carpentry | Sidewalks | Electrical | Plumbing | Painting | Flooring |

Other: _____

PLEASE SUBMIT ALL ITEMS ON THIS CHECKLIST. FAILURE TO DO SO MAY DISQUALIFY YOU OR DELAY YOUR APPLICATION FROM BEING PROCESSED. PARTICIPANTS MUST CURRENTLY RESIDE WITHIN THE HOME AT THE TIME OF APPLICATION SUBMISSION.

1. **INCOME:** Please provide ALL sources of income for ALL persons over the age of 18 that are living in the home.

Examples:

- Wages (2 Full months of paycheck stubs needed)
- Self Employment (Please provide 2 years of tax returns)
- Social Security (2014 SSI or SSDI Benefits letter)
- Retirement income, Veteran's Benefits, Pensions, TANF, Food Stamps, Child Support, Alimony, Unemployment, etc.

2. Copy of General Warranty Deed, Special Warranty Deed or Quit Claim Deed. If you do not have a copy, please obtain it from the Recorder of Deeds: 41 S. Central, 4th floor, Clayton, Mo. 63105. Phone: 615.7100

A DEED OF TRUST WILL NOT BE ACCEPTED

3. Copy of 2013 Federal Tax Return or MO-PTC for all people age 18 and over. If you have not filed taxes for this year you will need to request a Verification of Non-Filing Status from the IRS by filling out IRS Form 4506-T or calling 314.612.4002. Beyond Housing will provide IRS Form 4506-T upon request.

4. Copy of Paid Real Estate Tax receipt.

5. Copy of Homeowner's Insurance Declaration Page. This will have your coverage dates and amount of coverage. If you do not have a copy, please call your insurance agent and request a copy.

APPLICATIONS WILL ONLY BE PROCESSED IF ALL INFORMATION IS RECEIVED

My signature below indicates that the information and enclosed documents are complete and accurate to the best of my knowledge. I also verify that I currently occupy and use the Property as my primary residence. I understand that Beyond Housing may require additional information from me to participate in the Vinita Park Home Repair Program and agree to provide this information if needed. I have read all of the information provided by Beyond Housing and have a basic understanding of the program and its process. I give Beyond Housing staff permission to inspect my home for the purposes of performing home repairs.

Signature (Owner)

Date

Signature (Co-Owner)

Date