

THDA Emergency Repair Program For the Elderly

Administered by Greater Nashville Regional Council
501 Union Street, 6th Floor
Nashville, TN 37219-1705
Call: Aging and Disability Resource Connection
1-877-973-6467 or 615 -255-1010

What Does The Program Do?

- Provides emergency repairs to ONE major system in the house.
- Provides a solution to a maintenance crisis.
- Provides a grant – **no payback of grant money.**
- Does not guarantee to bring house up to code.

Who May Apply?

- Those 60 and over
- Those who meet income guidelines – please call for more information.
- Those who own and occupy the home to be repaired.
- Live in the GNRC region. Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson Counties. Funds are available throughout the state, but are administered by different development districts.

How Do I Apply?

- Call the ADRC number and answer a few simple questions.
- If you are age and income eligible and own your home, you will be contacted by an administrator.
- Fill out the application form that will be sent to you. Assistance is available, if needed.
- An administrator will instruct you about the next steps to take.

How Much Money Is Available?

- Funds are limited. \$200,000 is set aside for our this year. \$10,000 is the maximum that may be spent on any one project. Many projects will cost less.
- Each project must have matching funds from some source. Our \$200,000 must be matched with \$100,000. **Each project must be matched by 1/3 of the cost. The match can come from our non-profit partners, the homeowner's family, or some other source.**

Will There Be a Waiting List?

We will not take a waiting list. When these funds are expended, we will not be able to take on any more projects until additional funds are available. We hope that the General Assembly will decide to fund this project in the future.

Greer Broemel

Emergency Repair Program for the Elderly

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**GNRC EMERGENCY REPAIR PROGRAM
FOR THE ELDERLY
HOMEOWNER APPLICATION**

Date: _____

Name of Interviewer: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Social Security Number: _____ Birthdate: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Race of Head of Household:

White Black/African American Asian Other Multi-racial

Hispanic: Yes No

Marital Status: Single Married Divorced Widow/Widower

Name of Spouse: _____ Age: _____

Social Security Number: _____

All persons living with you #	DOB	Relationship	Age	Sex	Social Security
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are either you or your spouse handicapped or disabled? YES NO

If YES, what is the nature of the condition?

Are either you or your spouse related to any individual who is employed by the agency administering this grant? YES NO

If YES, what is the relationship?

Please describe the repairs that need to be made to your home in order of most important (1) to least important (5).

(Required)

B. FAMILY INCOME CALCULATION

1. Number in Household _____

2. Payment Frequency

Hourly (hourly rate x number of hours per week)

Weekly (weekly salary x 52 weeks per year)

Bi-monthly (24 times per year)

Every two weeks (26 times per year)

Monthly

3. Show income calculation to convert to annual gross income.

Example: Mr. Jones is paid \$5.00/hour and works 32 hours/week
 $\$5.00 \times 32 = \$160 \times 52 \text{ weeks} = \$8,320 \text{ annual income}$

For Office Use Only

Income Limits for _____ County dated _____

60% Maximum _____ 50% Maximum _____

5. ASSETS (other than your home, household items and automobile)

FAMILY MEMBER	ASSET DESCRIPTION	CURRENT MARKET VALUE	INCOME FROM ASSETS
Total Net Family Assets		a.	
Total Actual Asset Income			b.
If line (a) is greater than \$5,000, multiply (a) by _____ (passbook rate) and enter result here; otherwise, leave blank			c.

6. SUMMARY OF INCOME DATA

FAMILY MEMBER	WAGES SALARIES	BENEFITS PENSIONS	PUBLIC ASSISTANCE	OTHER INCOME	TOTALS
TOTALS					

Asset Income - Enter greater of lines 5(b) or 5 (c) above

\$ _____

Total Anticipated Income

\$ _____

ANNUAL INCOME - Anticipate Income plus Asset Income

\$ _____

C. INCOME LEVEL

- Above 60% of area median
- 60% of area median
- 50% of area median
- 30% of area median
- Below 30% of area median

D. VERIFICATION

Income verified by _____ using:

- Check stub
- Employer Verification
- Benefit Verification
- Copy of Benefit Check

E. CERTIFICATION

To the best of my knowledge, I certify that the information in this application for state assistance through the THDA Emergency Repair Program is true and correct. I further certify that the address listed is my principal residence. I will comply with the THDA EMERGENCY REPAIR PROGRAM rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Applicant

Date

Applicant

Date

Please submit the following with this application:

Note that if these documents are not received, your application cannot be processed! If you need assistance, please call us.

1. Proof of ownership in the form of a warranty deed , a 99-year leasehold, or a life estate

2. Copy of paycheck stub, benefit verification or benefit check or employer verification documenting current income.

3. Copy of paid property tax receipts.



EMERGENCY REPAIR PROGRAM FOR THE ELDERLY DISCLOSURE FORM

I understand that the following conditions apply to my participation in the Emergency Repair Program for the Elderly:

- I understand that the Emergency Repair Program is intended to make immediate repairs to a necessary system in my home so I can continue to live in my home.
- I understand that these repairs may not bring my entire home into compliance with codes.
- I understand that there may be additional work that needs to be done to my home that cannot be addressed by this program.
- Depending on the type of repair that is to be done, I understand that there may not be a visible difference in my home once the emergency repairs have been completed.

By signing below, I acknowledge receipt of this Disclosure, and understand that the conditions that apply to my participation in the Emergency Repair Program.

Applicant Signature

Date

Witnessed BY

Date