

**NORTHLAND NEIGHBORHOODS, INC.  
GENERAL APPLICATION FOR MINOR HOME REPAIR**

This application is for home repair funding and/or services through programs administered by Northland Neighborhoods, Inc. ("NNI"). NNI will use the information from this application to determine project eligibility for home repair funding or services. Funding eligibility may be restricted to certain projects based on household income, geographic considerations, or sources and uses of funds. NNI will attempt to match applicants to the available sources of funds or services based on these and other program considerations.

**There may be a waiting list for repairs. Please submit your completed application, along with your Federal 1040, W-2's and 1099's (self employed include Schedule C) forms for the last taxing year; or your Social Security Statement (Award Letter), for EACH HOUSEHOLD MEMBER.**

Homeowner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Neighborhood: \_\_\_\_\_ Don't Know: \_\_\_\_\_

Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
                          Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

List all individuals, including yourself, living in the home (attach additional page if necessary):

NAME	DATE OF BIRTH	AGE	ANNUAL INCOME	RACE

Ethnicity: 1 - American Indian or Alaskan Native; 2 - Asian; 3 - Black or African American; 4- Native Hawaiian or Pacific Islander; 5 - White; 6 - Hispanic; 7 - Other \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you received NNI Home Repair Services within the last five (5) years?    Yes:                  No: \_\_\_\_\_

If so, please provide approximate date and type(s) of repairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the home repairs that are most needed:

_____ Air Conditioning	_____ Plumbing	_____ Windows
_____ Driveway	_____ Roof	
_____ Electrical Work	_____ Siding	
_____ Furnace	_____ Soffit/fascia or gutters	

Other work not listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about NNI? \_\_\_\_\_  
\_\_\_\_\_

Please describe why you are in need of this grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you, or someone on your behalf, be able and willing to contribute services (e.g. lawn mowing, leaf raking trash pick up, volunteer staffing) if you receive services from NNI? Yes \_\_\_\_\_ No \_\_\_\_\_

I confirm that the information in this application is correct and complete. All individuals residing in the home are listed above.

I have included the Federal 1040, W-2's and 1099's (self employed include Schedule C) forms for the last tax year; or Social Security Statement (Award Letter), for EACH HOUSEHOLD MEMBER.

**Depending on the program that best suits your application, more documentation will be required.**

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If you have any questions, please call 816-454-2000 and ask for a Housing Associate.