

# CDSA EMERGENCY REPAIR APPLICATION

114 S Independence Enid, Oklahoma 73701 (580)242-6600

<b>CDSA Use Only</b>	
Date Approved or Denied _____	Date Received _____
Approved Program Services _____	Staff Initials _____

## Applicant Information

**SS Number** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Work** \_\_\_\_\_

**Home** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Gender**  Male  Female **Date of Birth** \_\_\_\_\_

**Ethnicity** (Choose one only)  
 Non-Hispanic/Non-Latino  Hispanic or Latino  Don't Know  Refused

**Race**  White  Asian  Black or African American  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Not Applicable  Don't Know

**Education Level** (Choose one only)  
 No Schooling Completed  Nursery School to 4th Grade  5th Grade or 6th Grade  
 7th Grade or 8th Grade  9th Grade  10th Grade  
 11th Grade  12th Grade No Diploma  High School Diploma  
 GED  More than 12 years  Don't Know  
 Refused

**Degree**  Associates  Bachelors  Masters  PhD  Other Graduate Degree

**Insurance?**  Yes  No **Veteran?**  Yes  No **Disabled?**  Yes  No

**US Citizen**  Yes  No **Occupation** \_\_\_\_\_

**Martial Status**  Co-Habiting  Divorced  Married  Partnered/Other  Separated  
 Single  Widowed

**Tribal Affiliation** \_\_\_\_\_

\_\_\_\_\_



**Disability**

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614 (1) (3) (a) or 223 (d) (1) of the Social Security act or in Section 102 (7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, US Code?

\_\_\_\_ Yes    \_\_\_\_ No            If yes, please describe.

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**Housing Condition**

What year was your home built? \_\_\_\_\_ How many bedrooms? (circle one) 1 2 3 4 5

Do you own your own home?  Yes  No Do you receive Section 8 Assistance?  Yes  No

If you rent — From whom? Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you pay for heating and cooling of your home?  Yes  No Do you receive LIHEAP assistance?  Yes  No

Has your home been previously weatherized?  Yes  No If yes, when? \_\_\_\_\_

What type of heating system do you have?  Central  Floor  Other  Electric  Gas

Is the heating system currently working?  Yes  No

How many windows are there on your house? \_\_\_\_\_ How many storm windows do you have? \_\_\_\_\_

How many windows have cracked or broken panes? \_\_\_\_\_

How many outside doors in your home? \_\_\_\_\_ Do they need to be replaced or repaired?  Yes  No

Do they need weather strips?  Yes  No Do they need door sweeps or thresholds?  Yes  No

Is your ceiling insulated?  Yes  No Can your ceiling be insulated?  Yes  No If no, explain \_\_\_\_\_

Do you have an emergency need?  Yes  No If yes, please list below.

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Please all repairs that need to be made to your home. If more space is needed, use an additional sheet of paper.

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**Agreement**

I, \_\_\_\_\_, certify that I am the occupant/owner of the property located at \_\_\_\_\_, in \_\_\_\_\_, County, Oklahoma. I hereby give my permission to CDSA to perform any and all work regarding rehabilitation of the property listed above.

I certify that all information furnished in support of this application, is true and complete to the best of my belief and knowledge. I also understand that CDSA, the Oklahoma Department of Commerce (ODOC), or Housing and Urban Development (HUD) shall have the right to prosecute cases in which said information has been deliberately withheld or misrepresented.

Further, I hereby grant permission to CDSA, ODOC, HUD, or its designee, to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

I release and hold harmless CDSA, ODOC, HUD, its agents, officers, and employees from all liability for any rehabilitation-related damages, whatever the cause, to any real and/or personal property, and/or to any person.

PENALTY FOR FALSE STATEMENT: U.S.C. Title 18, 1001, provides; "Whoever in any matter the jurisdiction of any department or agency of the US knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Immigration and Nationality Act Alien Status Certification**

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under Section 245A ("amnesty aliens") or 201A (replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Check List for Application Return**

- Completed Application
- Have you and your co-applicant signed and dated application in both places.
- Copy of Deed (homeowner) or Lease Agreement (renter, You must provide a Lease)
- Income Verification for all Persons Living in Home ( See Below)
- Copy of your current Electric Bill
- Copy of Oklahoma Natural Gas Bill (If you have ONG Service)
  - ◆ If you earn wages, provide the latest twelve months pay stubs or an employers verification of employment.
  - ◆ If you are self-employed, and this year's wagers are about the same as last year, provide a copy of last year's income tax return.
  - ◆ If you receive an income from Social Security, retirement benefit, etc. a copy of your award letter.
  - ◆ If you receive income from TANF provide a letter from the Department of Human Services that states the monthly payment (or the printout they provide).
  - ◆ If you receive an income from any other source, a written statement from the source.
  - ◆ If a household member is 18 years of age and older and not employed then submit a zero income form for each member 18 or over with no income. Form must be notarized.

TO: (Name & Address of Employer)

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

Applicant/Tenant Name

Social Security Number

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the federal housing program that requires verification of income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of the stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Return To:

Community Development Support Association, Inc.  
114 S. Independence  
Enid, Oklahoma 73701  
Fax Number: (580) 234-3554

**THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes Date Employed \_\_\_\_\_ No Last Day of Employment: \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ per (Circle One): Hourly Weekly Bi-weekly Semi Monthly Monthly Yearly

Average # Hours per Week: \_\_\_\_\_ Gross Year-to-date earnings: \$ \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ Average Overtime hours per Week: \_\_\_\_\_

Shift Differential Rate \$ \_\_\_\_\_ per Hour Average Number of Shift Differential hours per Week: \_\_\_\_\_

Commissions, Bonuses, tips, other: \$ \_\_\_\_\_ per (Circle One) hourly weekly bi-weekly semi monthly monthly yearly

List anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective Date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate layoff period(s): \_\_\_\_\_

Is the employee eligible for unemployment compensation Yes No If Yes, how long? \_\_\_\_\_ How Much? \_\_\_\_\_

Is employee covered by a retirement or pension plan? Yes No If Yes, how much is available to employee while working? \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or employees of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification form is restricted to the purpose cited above. Any person knowingly or willingly request, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against any officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a), (6), (7) and 8. Violations of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7) and (8).

I hereby authorize the release of the requested information. The information obtained under this consent is limited to information that is no older than 12 months.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

This institution is an Equal Housing Opportunity Provider and Employer and does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its federally assisted programs.

# CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only if appropriate.)

Primary Household Name \_\_\_\_\_

Household Address \_\_\_\_\_

Name of Household Member Without Income \_\_\_\_\_

Relationship to Primary Household Member \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, Etc.)
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability income.
- g. TANF, Food Stamps.
- h. Periodic allowances such as **alimony, child support**, or gifts received from persons not living in household.
- i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc).
- j. Any source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status the next 12 months. Please explain:

3. Please explain the source of funds you will be using to make your rent, house payment, utilities or other payments:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. Penalty for false statement: U.S.C. Title 18, 1001, provides; "whoever in any matter the jurisdiction of any department or agency of the US knowingly and willfully falsifies.... Or makes any false, fictitious statements or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

\_\_\_\_\_  
Signature (**Household Member Without Income**) \_\_\_\_\_ Date

Third Party Verification. (Cannot be a member of the household)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

Commission #: \_\_\_\_\_