



CLARK COUNTY WASHINGTON

COMMUNITY SERVICES HOUSING PRESERVATION

www.clark.wa.gov

1601 E Fourth Plain Blvd, Bldg 17
PO Box 5000
Vancouver, WA 98666-5000
564.397.2130

Please read the following list and return copies of all the documents applicable to your household. Please return the list with your completed application. **DO NOT send originals.** We cannot guarantee that they will be returned to you.

- ☐ **Repair Request Application**
- ☐ **IRS Form 1040 Long Form** (most recent year)
- ☐ **Complete and Sign the Enclosed IRS Form 4506--C** (*even if you do not file taxes*) All household members over the age of 18 **must** submit one of these forms. **ONLY COMPLETE LINES 1a THROUGH 4, SIGN & DATE AT BOTTOM OF PAGE.**
- ☐ **All Pages of all Bank Statements for the Previous Three (3) Months.** (*for ALL household members with accounts*)
- ☐ **Assets** (*Please provide most recent financial statements for all financial assets, including checking & savings accounts; IRA's; 401(k)'s; mutual funds; certificate of deposits; etc.*)
- ☐ **Profit and Loss Statement** (*if applicable*)
- ☐ **Copy of Most Current Mortgage Statement**
- ☐ **Copy of Driver's License for Applicant and Co-Applicant**
- ☐ **Copy of Social Security Cards for ALL Household Members**
- ☐ **Copy of Recent Homeowner's Insurance Policy Declaration Page.** (*shows coverage limits*)

Proof of Income (for All People in the Household over the Age of 18)

- ☐ **Gross** Wages, Salary, Commissions, Bonuses, and Tips from all Jobs for Previous 3-Months
- ☐ Taxable Interest
- ☐ Taxable Refunds, Credits, or Offsets of State and Local Income Taxes
- ☐ Alimony Received (*or separate maintenance payments received*)
- ☐ Business Income (*or loss*) Statement
- ☐ Capital or Other Gains (*or loss*) Statement
- ☐ Taxable Amount of IRA Distributions, Pension, & Annuity Payments (*including Simplified Employee Pension [SEP] and Savings Incentive Match Plan for Employees [SIMPLE] IRA*)
- ☐ Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc.
- ☐ Farm Income (*or loss*) Statement
- ☐ Unemployment Compensation Benefit Award Letter
- ☐ Social Security/Disability Benefit Award Letter
- ☐ Other Income (*Including prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent funds dividends; reimbursements for amounts deducted in previous tax years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit*)





proud past, promising future

CLARK COUNTY
WASHINGTON

DEPARTMENT OF COMMUNITY SERVICES
HOUSING REHABILITATION PROGRAM

Repair Request Application

I. Applicant Information	
<p>Applicant:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____</p> <p>Last</p> </div> <div style="width: 45%;"> <p>_____</p> <p>First</p> </div> </div> <p>Co-applicant (if applicable):</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____</p> <p>Last</p> </div> <div style="width: 45%;"> <p>_____</p> <p>First</p> </div> </div> <p>Alternate Contact Name and Number:</p> <p>_____</p>	<p>Phone 1:</p> <p>_____</p> <p>Phone 2:</p> <p>_____</p> <p>Email:</p> <p>_____</p>
II. Property Information	
<p>Property Address:</p> <p>_____</p> <p>_____</p>	<p>Zip Code:</p> <p>_____</p>
<p>Mailing Address (if different):</p> <p>_____</p> <p>Year Home Built: _____</p>	<p>Type of Home:</p> <p><input type="checkbox"/> Mobile Home in Park</p> <p><input type="checkbox"/> Mobile Home on Private Land</p> <p><input type="checkbox"/> Site Built</p>
III. Repairs Needed/Requested	
1.	
2.	
3.	
4.	
5.	
	<p>Equal Opportunity Provider</p> <p>The Fair Housing Act prohibits discrimination in housing because of race or color, national origin, religion, sex, familial status, mental or physical handicap.</p>

IV. Household Information – Please list everyone in the household, regardless of relationship or contribution. Use an additional sheet if necessary.

	Name	DOB	Occupation
1.			
2.			
3.			
4.			
5.			
6.			

V. Income Information – Include the monthly gross income (before taxes and deductions) for all people over the age of 18. Use an additional page if necessary.

Income Source	Applicant	Co-Applicant	Resident	Resident
Wages				
Bonus / Tips				
Social Security				
Pension / Retirement				
Unemployment				
VA Pension or Disability				
Self-Employment*				
IRA's				
Alimony				
Other Income				
Total				

* If self-employed, please submit the Profit / Loss Statement enclosed in this application packet.

VI. Assets – List assets other than your home, its contents, and one automobile.

Name: Bank 1	Checking Balance	Savings Balance
Name: Bank 2	Checking Balance	Savings Balance
Name: Bank 3	Checking Balance	Savings Balance
Stocks Value	Bonds Value	CD Value
Mutual Fund Value	Retirement Fund Value	Pension Fund Value
Other	Other	Other

VII. Additional Questions**Please answer each question below by checking the appropriate box.**

Do you have a reverse mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously accessed any Clark County Housing Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Lead Assessment been done at the home? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the home been previously weatherized? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the mortgage payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home for sale or in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If in a mobile home park, is your space rent current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any loans, judgements, liens or lawsuits against the property which have affected the equity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home being used for collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home in a Life Estate or Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone else, not currently living in the home, have a legal interest in the property (<i>i.e., a former spouse living elsewhere</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to encumber the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Homeowner's Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the property taxes up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HUD may require the following information for statistical purposes, and use it to determine how its programs are being utilized by minority families, and for other evaluation studies.

Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself or someone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race			Ethnicity		
White / Caucasian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Other Multi-Racial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic

WARNING: Any person, who knowingly makes a false statement or a misrepresentation in this application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 or imprisonment for not more than two years, or both, under provisions of the U.S. Criminal Code.

IMPORTANT -- READ BEFORE SIGNING!

By signing this Application, the **Applicant(s) certifies, consents and agrees** that:

- The property is the Applicant's primary residence and the Applicant plans to continue to occupy the property.
- The Grant/Loan is needed to improve the safety, accessibility and livability of the Applicant's home.
- This Application shall remain the property of Clark County Department of Community Services, Housing Preservation Program (HPP), to which it is submitted for the purpose of obtaining a grant/loan.
- Clark County Department of Community Services, Housing Preservation Program (HPP) and the United States Department of Housing and Urban Development (HUD), after giving of reasonable notice, are authorized to enter the improved property for the purpose of determining that the improvements have been completed.
- The information and statements made in this application are true, accurate, and complete to the best of the Applicant's knowledge and belief.

Applicant Information Release Authorization

I have applied for a grant/loan from Clark County Department of Community Services, Housing Preservation Program (HPP). I understand that Clark County Department of Community Services, Housing Preservation Program (HPP) will collect credit and income information, as well as other personal financial data, to confirm the information in my Application, and to confirm that I am eligible for this grant/loan.

I understand that all information collected by Clark County Department of Community Services, Housing Preservation Program (HPP) will be treated in a confidential manner and that no information about me or my family will be available to any unauthorized parties.

By signing this Application below, I am giving full authorization to the staff of Clark County Department of Community Services, Housing Preservation Program (HPP) to collect the information necessary to process my Grant/Loan Application, and I am giving full authorization to those entities and people who possess such information about me to share that information with Clark County Department of Community Services, Housing Preservation Program (HPP) in conjunction with this Application.

Applicant Signature

Date

Co-Applicant Signature

Date



CLARK COUNTY
DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program

Profit and Loss Statement for Self-Employed Homeowners

Name of Company: _____

Reporting Dates: _____ / _____ / _____ through _____ / _____ / _____

Gross Margin (Gross Profit / Total Sales Revenue)	%	%
Return on Sales (Net Profit / Total Sales Revenue)	%	%

Quarterly Year-to-Date

Sales Revenue

Sales Revenue	\$	\$
Total Sales Revenue (All Income from Sales and Services)	\$	\$

Cost of Sales

Products/Sales	\$	\$
Total Cost of Sales (Amount Paid for Products and Services)	\$	\$

Gross Profit (Total Sales Revenue – Total Cost of Sales)	\$	\$
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Operating Expenses:

Sales and Marketing

Advertising	\$	\$
Total Sales & Marketing Expenses	\$	\$

Research and Development

Technology Licenses	\$	\$
Total Research & Development	\$	\$

General and Administrative

Employee Wages & Salaries	\$	\$
Supplies	\$	\$
Meals and Entertainment	\$	\$
Rent	\$	\$
Telephone	\$	\$
Utilities	\$	\$
Depreciation	\$	\$
Insurance	\$	\$
Repairs and Maintenance	\$	\$
Total General and Administrative Expenses	\$	\$

Total Operating Expenses	\$	\$
Income from Operations (Gross Profit-Operating Expenses)	\$	\$
All taxes	\$	\$

Net Profit (Income from Operations – All Taxes)	\$	\$
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Signature

Date

EXHIBIT 1.1.1 (D)

DECLARATION OF NO INCOME

I _____, do hereby declare that I have not
(Applicant Name)
received any income for the month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature: _____

Date: _____

Agency Representative: _____

CLARK COUNTY DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program

Monthly Expenses

Household	
Mortgage / Space Rent	
Property Tax	
Property Insurance	
Lien- Amount / Payment	
Lien- Amount / Payment	
Total	\$ -

Third-Party Debt	
Credit Card	
Credit Card	
Credit Card	
Other	
Other	
Total	\$ -

Utilities	
Electric	
Telephone	
TV/Cable	
Internet	
Natural Gas	
Garbage	
Water / Sewer	
Other (specify)	
Total	\$ -

Medical	
Insurance	
Doctor Bills	
Hospital Bills	
Prescriptions	
Total	\$ -

Loans	
Vehicle	
Personal	
Other	
Total	\$ -

Other Expenses	
Vehicle Insurance	
Child Care	
Food Expenses	
Child Support	
Alimony	
Other / Misc.	
Total	\$ -

Total Expenses

\$ -