

If you have received owner occupied rehabilitation funds from Invest Atlanta within the last 5 years, YOU ARE **NOT** ELIGIBLE FOR ASSISTANCE at this time.

Instructions: Please print legibly, using blue or black ink. Complete each item. Return the completed application to a Program Manager during any of the application intake days, or via email to oor@investatlanta.com or mailed to 133 Peachtree Street, Suite 2900, Atlanta, GA 30303 Attention: Marquette Key. Mailed applications must be postmarked no later than September 30, 2023.

Homeowner	
Homeowner Name:	Homeowner Name:
Address:	
Council District	NPU Neighborhood
Phone	Email

The Advocate may **NOT** sign nor make any rehab decisions on behalf of the homeowner without an executed Power of Attorney.

Authorized Advocate Name		
Phone	Email	Relationship

Homeowner Ranking (applicants will be ranked 4-0 based on the below information and served in that order)	
Are you 65 years of age or older Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you owned your home for 15 years Yes <input type="checkbox"/> No <input type="checkbox"/> or more?
Current Age	How many years have you owned your home?
Are you a Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Disabled Yes <input type="checkbox"/> No <input type="checkbox"/>

Household Information	
Number of Household Members	Year Home Constructed
Total Household Income \$	Is there a mortgage on the home Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing Type <input type="checkbox"/> Single-Family <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Quad-plex	
Have you ever received funding for home repairs from the City of Atlanta? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when did you receive the funding and for how much?	

Please select the type of health and safety repairs most needed for which you are seeking assistance.

- | | | |
|--|---|---|
| <input type="checkbox"/> HVAC/Furnace/Ductwork | <input type="checkbox"/> Minor Electrical | <input type="checkbox"/> Porch/Deck |
| <input type="checkbox"/> Hot Water Heaters | <input type="checkbox"/> Minor Plumbing | <input type="checkbox"/> Walkway/Stairs/Driveways |
| <input type="checkbox"/> ADA Improvements
(accessibility) | <input type="checkbox"/> Roofs | <input type="checkbox"/> Siding/Exterior Painting |
| <input type="checkbox"/> Gutters | | |
| <input type="checkbox"/> Other _____ | | |

I attest to the following:

- ☐ I can prove I own my home.
- ☐ I have owned my home for longer than five (5) years at the time of application.
- ☐ I meet the income guidelines for the program.
- ☐ I am current on any home mortgages.
- ☐ I am current on my property taxes.
- ☐ I have or will obtain homeowner's insurance to receive home repair work.
- ☐ I agree to a home inspection to determine project costs.
- ☐ I have clean title to my home without liens or encumbrances other than a first or second mortgage.
- ☐ I understand that rehab costs (**inclusive of contractor fees and program management costs**) must not exceed \$30,000 per home as estimated by the home inspection.
- ☐ I understand that my home may not require the use of the total available \$30,000 budget, and only an amount needed to complete critical system repairs will be made available.
- ☐ I understand that if a lien is placed on my property after the initial title search, I could be disqualified from the program.
- ☐ I understand that anyone else listed on the title of my home must agree to participate in the program, and must sign this application as well as the closing documents.
- ☐ I understand that if there is a deceased person listed on the title to my home, that will result in my application being denied. I must take the necessary steps to correct the title before I may participate in this program.

Please initial below:

_____ I understand that participating in this program will require my signature on a 5-year or 10-year Promissory Note and Security Deed.

_____ I understand that participating in this program will require contractors and inspectors to be present in and on my property, and I will not impede their progress.

_____ I understand that the program only pays for critical system repairs from the eligible repairs list, and will not replace structurally viable, non-life-threatening items or provide cosmetic items except for the items within the limits of the Exterior Home Beautification.

Do you agree to allow Invest Atlanta to share the information provided with Invest Atlanta partners and other agencies for the purpose of providing Owner occupied rehab services? Yes ☐ No ☐

I certify that the above information is true. I understand that making false representations may result in me being disqualified from the program.

Homeowner Signature_____
Date_____
Homeowner Signature_____
Date