



# Appalachia Service Project

Headquarters: 4523 Bristol Highway, Johnson City, TN 37601

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To locate a field office, call the number above or visit: [ASPhome.org](http://ASPhome.org)

## DISASTER RECOVERY APPLICATION FOR HOME REPAIR OR NEW HOME CONSTRUCTION

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

### **WITH THIS APPLICATION PLEASE ATTACH ADDITIONAL DOCUMENTATION REQUIRED TO COMPLETE APPLICATION:**

#### ALL APPLICANTS:

- Copy of photo ID of applicant (all household members 18+)
- Income verification for all sources of income for all residents over the age of 18. Acceptable documents include:
  - Last three Paystubs/Pension or Verification of Employment Letter signed by employer
  - Government declarations letter
  - Court ordered payment letter (if applicable)
  - 6 months bank statements, i.e., checking & savings (if applicable)
  - If no income, ASP can provide you with a Verification of Zero Income Form
- Verification of any “Disaster Recovery Funding” listed on page 4
  - FEMA award letter (if applicable)
  - Insurance award letter (if applicable)
  - Loan award or decline letter (if applicable)
- Proof of veteran status (if applicable)
- Copy of police report for contractor fraud (if reported)

#### HOMEOWNER: Proof of ownership during disaster:

- Title or deed to the house (The name on the title must be the name on the application)
- Utility bill (usage date within 30 days of disaster)
- Homeowners insurance policy (if applicable)

#### RENTER-Proof of residency during disaster – Applicants must provide TWO of the following documents with rental property address listed:

- Current photo ID issued by the state of residence
- FEMA Declaration letter and proof of payment with address listed
- Utility bill dated within one month of the disaster
- Bank statement dated within one month of the disaster
- Paycheck/check stub dated within one month of the disaster
- Auto, life, or health insurance policy declarations page (wallet cards cannot be accepted)
- Employer verification of residence at the time of the disaster, signed by employer
- Copy of rental contract with letter signed by landlord confirming residency at time of disaster



**DISASTER RECOVERY**  
**APPLICATION FOR HOME REPAIR OR NEW HOME CONSTRUCTION**

*This application is for those whose housing was damaged due to a natural disaster.*

Appalachia Service Project (ASP) is a Christian ministry, open to all people, that inspires hope and service by addressing housing needs in Central Appalachia. We assist income-qualified families in the five state region of Tennessee, North Carolina, Virginia, Kentucky and West Virginia with emergency home repair, rehabilitation and replacement. ASP's Disaster Recovery Program provides major repairs on repairable homes and builds new replacement homes when necessary.

**If you have ANY questions while filling out this application, please call our office at: (423) 854-8800.**

Was your home affected by a disaster?  Yes  No (If no, ASP's Disaster Recovery is not for you. Call for other options.)

Location of disaster: County \_\_\_\_\_ State \_\_\_\_\_ Approx. date of disaster \_\_\_\_\_

Applying for:  Repairs to my existing home  New Home  Either

Name \_\_\_\_\_ Date \_\_\_\_\_ Best way to be reached \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Physical Address at time of disaster:**

**Current Mailing Address:**

\_\_\_\_\_ (Street)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

**ADDITIONAL CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best way to be reached \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Current living arrangement?  Home needing repairs  Rental  Family/Friend's place  Other \_\_\_\_\_

Address where you currently live: \_\_\_\_\_

Referred by (Person/Agency) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you willing to let ASP share this application with other response organizations?  Yes  No

**HOUSEHOLD INFORMATION:**

Home:  Owned  Rented Land:  Owned  Rented Is this home your **only** residence?  Yes  No

Name on Deed or Landlord Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long do you plan to live in your home if it is rebuilt/built? \_\_\_\_\_

Purchase/Move in Date (mm/yyyy) \_\_\_\_\_ Do you own **other** property?  Yes  No

If yes, what is the other property used for? \_\_\_\_\_

Did you have homeowner's/renter's insurance at the time of the disaster?  Yes  No



**HOUSEHOLD MEMBER INFORMATION:****DEFINITIONS:**

- **RESIDENT:** Anyone living in your household- adult or child.
- **INCOME:** Gross income before any deductions have been taken.
- **INCOME SOURCES INCLUDE:** Wages (including bonuses, commission and overtime), Salaries, Pension/Annuities, Social Security, Unemployment, Worker's Compensation, Severance Pay, Disability, Child Support, Alimony, periodic or regular Lottery payments, Military Pay (not hazard or duty pay), etc. If these payments are not being received properly, applicants must still count them unless the applicant can prove that the applicant has exhausted all means of attempting to collect the money.
- **INCOME SOURCES DO NOT INCLUDE:** Income from minors or income from a full-time student unless they are the head of the household or spouse to the head of the household.

**How many members are in your household?** \_\_\_\_\_ Complete the following information for ***EACH person*** who will live in repaired or replaced the home. Please provide additional income information for each adult in the home.

**RESIDENT 1** Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran  Yes  No \_\_\_\_\_

<b>Income Source</b> (for anyone of the age of 18)	<b>Monthly Amount</b>
Employer Name/Job title:	\$ <input type="checkbox"/> None
Alimony/Childcare:	\$ <input type="checkbox"/> None
SS/Disability/Unemployment:	\$ <input type="checkbox"/> None
Other (describe):	\$ <input type="checkbox"/> None
<b>RESIDENT TOTAL MONTHLY INCOME:</b>	<b>\$ <input type="checkbox"/> None</b>

**RESIDENT 2** Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran  Yes  No \_\_\_\_\_

<b>Income Source</b> (for anyone of the age of 18)	<b>Monthly Amount</b>
Employer Name/Job title:	\$ <input type="checkbox"/> None
Alimony/Childcare:	\$ <input type="checkbox"/> None
SS/Disability/Unemployment:	\$ <input type="checkbox"/> None
Other (describe):	\$ <input type="checkbox"/> None
<b>RESIDENT TOTAL MONTHLY INCOME:</b>	<b>\$ <input type="checkbox"/> None</b>

**RESIDENT 3** Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran  Yes  No \_\_\_\_\_

<b>Income Source</b> (for anyone of the age of 18)	<b>Monthly Amount</b>
Employer Name/Job title:	\$ <input type="checkbox"/> None
Alimony/Childcare:	\$ <input type="checkbox"/> None
SS/Disability/Unemployment:	\$ <input type="checkbox"/> None
Other (describe):	\$ <input type="checkbox"/> None
<b>RESIDENT TOTAL MONTHLY INCOME:</b>	<b>\$ <input type="checkbox"/> None</b>

**RESIDENT 4** Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran  Yes  No \_\_\_\_\_

<b>Income Source</b> (for anyone of the age of 18)	<b>Monthly Amount</b>
Employer Name/Job title:	\$ _____ <input type="checkbox"/> None
Alimony/Childcare:	\$ _____ <input type="checkbox"/> None
SS/Disability/Unemployment:	\$ _____ <input type="checkbox"/> None
Other (describe):	\$ _____ <input type="checkbox"/> None
<b>RESIDENT TOTAL MONTHLY INCOME:</b>	<b>\$ _____ <input type="checkbox"/> None</b>

**RESIDENT 5** Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran  Yes  No \_\_\_\_\_

<b>Income Source</b> (for anyone of the age of 18)	<b>Monthly Amount</b>
Employer Name/Job title:	\$ _____ <input type="checkbox"/> None
Alimony/Childcare:	\$ _____ <input type="checkbox"/> None
SS/Disability/Unemployment:	\$ _____ <input type="checkbox"/> None
Other (describe):	\$ _____ <input type="checkbox"/> None
<b>RESIDENT TOTAL MONTHLY INCOME:</b>	<b>\$ _____ <input type="checkbox"/> None</b>

**\*IF YOU HAVE MORE THAN 5 HOUSEHOLD MEMBERS, PLEASE ATTACH AN ADDITIONAL SHEET WITH HOUSEHOLD INFORMATION FOR EACH PERSON**

**HOUSEHOLD EXPENSES:**

<b>Expenses/Costs</b>	<b>Monthly Payments</b>	<b>Outstanding Balance</b>
Mortgage or Rent	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Homeowner's Insurance	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Renter's Insurance	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Utilities – Electric	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Utilities - Water	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Utilities – Gas	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Property taxes	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Car Payments	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Medical Bills	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None
Other (describe):	\$ _____ <input type="checkbox"/> None	\$ _____ <input type="checkbox"/> None

**PROPERTY INFORMATION:** (Please complete to the best of your ability)**Type of home** (check one):  House  Mobile home  Other \_\_\_\_\_**Construction** (check one):  Timber frame  Concrete Block  Brick  Other \_\_\_\_\_

Year Built: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Sq.Ft: \_\_\_\_\_

**Water supply** (check one):  None  City Water  Well  Cistern  Spring  Other \_\_\_\_\_**Does your wastewater go to** (check one):  City sewer  Septic  Ground/Creek  Other \_\_\_\_\_**Central Air:**  Yes  No**Central Heat:**  Yes  No**Type:**  Electric  Natural Gas  Propane  Oil  Kerosene  Wood

Is your home in a flood zone?  Yes  NoIs your home in a 100-year flood plain?  Yes  No**REPAIRS NEEDED:**

Explain the damage your home received in the disaster: \_\_\_\_\_

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Is demolition needed?  Yes  No ; If yes: Have you had an asbestos inspection?  Yes  NoDo you have a demolition permit?  Yes  No Has demolition been scheduled?  Yes (Date: \_\_\_\_\_)  No**If applying for repairs, please give a brief description of work needed:****Area to be repaired:** **Description of work:** *(Attach additional sheets or pictures if desired)*

Foundation	_____
Siding/Exterior Walls	_____
Floors/Flooring	_____
Insulation/Weatherization	_____
Interior walls/Ceiling	_____
Roof	_____
Windows/Doors	_____
Bathroom	_____
Plumbing/Electrical	_____
Plumbing	_____
Porch/Steps/Ramp	_____
Handicap Modification	_____
Other	_____

**DISASTER RECOVERY FUNDING ASSISTANCE** – Describe what you have received and attach verification documents.

Type of Assistance	Applied?	Awarded?	Amount Received	Date Received	Additional Amount Expected	Comments
Homeowner/ Renter Insurance Claim	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Disaster Insurance Claim (flood, fire, tornado, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Traditional Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SBA Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
FEMA Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Funding (Describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**HOMEOWNER DISCLOSURE AGREEMENT (Signature is **required** here to complete the application)**

- My signature indicates that to the best of my knowledge, the information in this application is true and correct, and that the home listed is/was my primary residence at the time of the disaster.
- I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal background check, as may be necessary for my involvement with ASP.
- I give permission for ASP representatives and volunteers to inspect my home for purposes of home selection and/or repair.
- I understand that ASP is a non-profit ministry that is only able to assist a small percentage of those who apply.
- I understand that if I have been awarded any disaster recovery funding (FEMA, Insurance, SBA loan, etc.), I may be expected to contribute to the cost of rebuilding my home. Costs will be determined before construction begins.

\_\_\_\_\_  
Applicant Name (printed)\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date

*A site team may call to schedule an inspection of your home and get more details of work requirements.  
You will be notified by phone or mail whether or not you are selected.*