

Chestnut Ridge Housing
Development CDBG-Disaster
Recovery
Single Family Homebuyer Program

In partnership with:



Kentucky CDBG-Disaster Recovery Homebuyer Intake Packet

Program and Housing Site Information

The Single-Family New Construction Program provides resilient and affordable housing to Kentucky residents impacted by the 2021 and 2022 severe storms and flooding events. This Program is a part of the Community Development Block Grant- Disaster Recovery allocation, made available by the Kentucky Department for Local Government (DLG) and funded by the U.S. Department for Housing and Urban Development (HUD).

The Program has opened intake to assist potential homebuyers in the purchase of a new single-family house located at the Chestnut Ridge High Ground site, located in Knott County, Kentucky. When complete, Chestnut Ridge will consist of one-story, single family units designed to meet homeownership needs in Eastern Kentucky. The site will provide priority housing opportunities to flood-impacted individuals and families.

The Program provides accepted homebuyers with down payment and closing costs assistance, based on the household's unmet need and state and federal requirements. The homeowner must agree to occupy the house purchased with CDBG-DR assistance as the primary residence throughout the length of the affordability period.

This program will primarily serve low to moderate income households and will prioritize disaster-affected applicants. Households must meet Program affordability requirements, demonstrate an unmet need, and provide accurate documentation of potentially duplicative assistance to be considered for the Program.

Submitting the intake packet does not guarantee acceptance into the Program. Homebuyers will be accepted based on eligibility, Program requirements, and site and funding availability.

Interested homebuyers can find Program policies, eligibility requirements, and site information at housingcantwait.org/program-details and at dlg.ky.gov/grants/federal/DR/2022DR/Pages/default.aspx.

Program Process:

1. Submit this intake packet, containing a completed intake form and required documents. A Fahe Disaster Resilience Team member will reach out to you with any follow-up items or questions.
2. A Fahe Disaster Resilience Team member will review and verify information provided in the intake packet. After review, the Program will determine your preliminary eligibility status. If you are not eligible, a member from the Fahe Disaster Resilience Team will contact you and explain the determination.
3. Based on funding and site availability, the Fahe Disaster Resilience Team will assist you in connecting with a developer to discuss housing affordability requirements and housing options.
4. After a final eligibility review, the Program will notify you if you are eligible to continue in the Program.
5. The Fahe Disaster Resilience Team member will coordinate housing counseling services, which are free of charge and required for Program eligibility.
6. When notified of programmatic decisions, you will be given instructions on how to appeal determinations you disagree with, including required documentation and timeliness standards.
- 7.

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Please read the information and instructions contained in this packet carefully. Completed packets can be emailed to FaheDR@fahe.org, delivered in person to a Fahe Disaster Resilience Team member, or mailed to the address below. For questions, please contact a Fahe Disaster Resilience Team member by phone at (859) 986-2321, or by email at FaheDR@fahe.org.

Fahe Disaster Resilience
P.O. Box 7010
Hazard, Kentucky 41701
FaheDR@fahe.org
(859) 986-2321

Document Attachment Checklist

The following documents should be completed and attached when submitting the Homebuyer Intake Packet.

Completed Intake Packet

Proof of Identification

Income Documents

Asset Documents

Disaster Damage Documentation

Third Party Data Release Authorization Form

Credit Check Authorization

Certification Form

Employer Verification Form

Acknowledgment of Receipt of
Complaints and Appeals Procedures

Household Information

Household General Information	
Head of Household Name and Co-Head of Household Name (if applicable)	
Current Address	
Mailing Address (if different from current address)	
Address at Time of Disaster (if different from current address)	
Phone Number(s)	
Email Address(es)	

Household Composition			
Please list all members of the household, including yourself.			
All household members must submit documentation to prove identity. The head of household and co-applicant must submit photo identification. For non-primary applicants, acceptable forms of identification include:			
<ul style="list-style-type: none"> • Driver's License • Birth Certificate • Passport • Kentucky State ID • Military ID • Certificate of Naturalization • Permanent Resident Card • Social Security Card • School Records (for minors) • Vaccination Records (for minors) 			
	First and Last Name	Age	Gender
1			
2			

3			
4			
5			
6			
7			

Household Demographic Profile

Please list for all household members, including yourself.

The Kentucky Department for Local Government (DLG) requests the following information in order to comply with the Community Development Block Grant Disaster Recovery Program by submitting to the U.S. Department of Housing and Urban Development (HUD) certain demographic and gender characteristics and economic information on CDBGDR beneficiaries. Although DLG would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or upon whether or not you choose to furnish it. If you do not wish to furnish this information, please initial the box at the right of the table labeled "Does Not Wish to Respond."

Race:

White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Black/African American – A person having origins in any of the black racial groups of Africa.

American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Ethnicity

Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status

Record “Yes” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- *A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment.*
- *“Handicap” does not include current, illegal use of or addiction to a controlled substance.*

	First and Last Name	Race	Ethnicity	Disabled (Y/N)	Does not wish to respond
1					
2					
3					
4					
5					
6					
7					

Income, Asset, and Debt Information

Sources and Amount of Income (regular, periodic payments)

For all household members aged 18 and older. Attach documentation. This may include, but is not limited to:

- Employment- attach 3 months of current and sequential pay statements
- Self-employment income- attach the most recent tax return and base projected income based on prior year earnings unless the business owner can provide support documentation for why the prior year earnings are not a valid projection
- SS/SSI/Disability Benefits - attach current year's SSA award letter. Include for all members of household, including minors.
- State Supplementation (CIS)- attach support documentation
- Pension or Retirement- attach support documentation
- Child Support- attach court order
- Veterans Administration (VA)- attach current year's award letter
- Government Assistance (Welfare)- clearly type and attach documentation
- Railroad Retirement- attach current annual statement
- Parental support payment- attach court-ordered payment for disabled adult child
- Other sources of income or welfare benefits (may include disabled children of parents who held occupations such as coal miner,

Household Member Name	etc.): record monthly amount and attach documentation			
Monthly Salaries and Wages	Monthly Benefits/ Pensions	Monthly Public Assistance	Other Monthly Income	Total Monthly Income
\$	\$	\$	\$	\$

Household Member Name				
Monthly Salaries and Wages	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	Total Monthly Income
\$	\$	\$	\$	\$
Household Member Name				
Monthly Salaries and Wages	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	Total Monthly Income
\$	\$	\$	\$	\$
Household Member Name				
Monthly Salaries and Wages	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income	Total Monthly Income
\$	\$	\$	\$	\$
Total Household Monthly Income <i>(Sum of each Total Monthly Income boxes)</i>				\$
Do you anticipate any raises, overtime/bonus pay, cost of living adjustments, or changes in income in the next 12 months? If yes, record the amount and when the change in income will begin in the box below:				Yes No

Assets

For all household members, record amount and include documentation. Assets include but are not limited to:

- Checking Account– attach 4 months statements to include an average balance
- Savings Account– attach the most recent statement and use current value
- Cash- record amount
- Equity
- Stocks
- Retirement Accounts (can access prior to turning of age- 401(k), IRA, etc. accounts) – attach most recent statement
- Pension Funds
- Whole Life Insurance (note: term life insurance is not counted because it cannot be accessed while living)- attach source documentation
- Personal Property (**include houses, land**, does not include vehicles)-
- Lump Sums

Household Member Name	Asset Description	Current Cash Value of Asset	Does this asset produce income?

Debt Information				
Please include for all members of the household.				
Creditor	Item	Monthly Payment	Payments Left	Balance

Additional Financial Information			
Do you or anyone in your household pay alimony or child support?	Yes	No	\$
Do you or anyone in your household have any student loans?	Yes	No	\$

Current Housing

Please fill out the section that applies to you.			
I am currently a:	Homeowner	Renter	Both
During the disaster I:	Owned and lived in my house	Rented a house	
I currently:	Live in my storm-damaged house Own storm-damaged house/property but live somewhere else Sold my storm-damaged house/property and moved somewhere else Continue to rent a storm-damaged house Moved from my storm damaged rental and live somewhere else Other (please explain below)		
Rent	\$ /Month	Length of residency:	
Homeowner	\$ /Month; \$ Balance	No Mortgage	
Do you maintain homeowner or rental insurance?	Yes No	\$ /Month	
Living with family member and not paying rent	Length of residency:		
Living on family property and not paying rent	Length of residency:		

Disaster Impact Description

Which disasters impacted you? Please respond with 2021, 2022, or both.
Have you been in contact with or received help from a disaster recovery or housing group? If so, who?
Did either the 2021 or 2022 disasters cause you to move or live on damaged or unsafe property? Please describe, and attach any supporting documentation.

Please describe any other ways the 2021 and 2022 severe storms and flooding impacted you and your household. Please be descriptive and attach any supporting documentation.

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If applicable, please list your FEMA number and the year of the disaster (2021, 2022, or both). If someone else in the household has a different FEMA number, please include their number and disaster year.

Name:	Disaster Year:	FEMA Number:
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Name:	Disaster Year:	FEMA Number:
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Have you applied for a buyout program (FEMA HMGP, USDA NRCS, etc)?	Yes No	
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If so, have you received an offer/payment? Please include the amount.	Yes	No	\$
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Duplication of Benefits

In general, a Program participant must have spent, or have available to spend, all funds received from private insurance, Federal or Commonwealth government sources and/or assistance including other HUD programs, the National Flood Insurance Program (NFIP), and any other sources for the intended purpose(s) and must still have an unmet need before the person, business concern, or other entity qualifies for CDBG-DR funds.

It is important to complete the following table accurately. Undisclosed duplication of benefits (DOB) could result in repayment of funds to the Program. DOB verification is an ongoing process, and the Program will conduct third party checks to verify DOB information, inquire about DOB information several times throughout the Program process, and may request supporting documentation.

Please answer the questions as thoroughly and accurately as possible. During the intake process, a member from the Fahe Disaster Resilience Team will contact you to verify all assistance amounts and collect required documentation.

1. At the time of the disaster(s), did your household have insurance (including windfall and private flood insurance)?	Yes No
2. Is insurance (including windfall and private flood insurance) available to your household but not awarded (e.g., you are insured but have not submitted a claim, or you and insurer are in a dispute over the claim)? If the answer to this question is yes, complete the sub-question below. If your household received insurance proceeds, circle "N/A" and continue to the next question.	Yes No N/A
a. If known, list how much insurance is available to your household in the space provided to the right.	\$
3. Did your household receive insurance proceeds (including windfall and private flood insurance)? If yes, answer the sub-questions below. If you did not receive insurance proceeds, circle "no" and continue to the next question.	Yes No
a. How much insurance was provided? List the total amount of insurance in the space provided to the right.	\$

b. What was the purpose(s) of the insurance? List the purpose(s) and the amount provided for each purpose below (e.g., structure, contents, temporary housing).	
4. Did your household receive FEMA funds or are FEMA funds available? If yes, answer the sub-questions below:	Yes No
a. How much financial assistance is provided or available? List the amount of financial assistance in the space provided to the right.	\$
b. What was the purpose(s) of the financial assistance? List the purpose(s) and the amount provided or available for each purpose below (e.g., temporary housing assistance, repair or replacement of owner-occupied homes).	
5. Did your household receive an SBA loan award or other subsidized loan? If yes, answer the sub-questions below:	Yes No
a. Was the loan declined?	Yes No

b. Was the loan cancelled?	Yes No
c. List the total subsidized loan proceeds provided to your household in the space to the right.	\$
i. What was the purpose(s) of the loan? List the purpose(s) and the amount provided for each purpose below.	
6. Did your household receive other cash awards or forms of financial assistance or are any other sources available (e.g., financial assistance from a state program, local program, non-profits)? If yes, answer the sub-questions below:	Yes No N/A
a. How much financial assistance is provided or available? List the financial assistance in the space provided to the right.	\$
b. What was the purpose(s) of the financial assistance? List the purpose(s) and the amount provided or available for each purpose below.	

Authorization for Third Party Data Release

I authorize the Department of Housing and Urban Development, the Commonwealth of Kentucky and its authorized representatives to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Kentucky CDBG-Disaster Recovery Program and to share information about me and my household that is deemed necessary for administration of the Program and processing of intake and application information.

I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
4. All adult household members aged 18 and above will sign this form and cooperate with the Subrecipient in the eligibility verification process.

WARNING:

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.

Signatures:		
<i>Signature Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>

Credit Report Authorization Form

With my signature below I, _____, authorize the Commonwealth of Kentucky and its authorized representatives to conduct and obtain a credit report on my person through any consumer or credit reporting company chosen by the Commonwealth or its authorized representatives.

I, the undersigned, understand and agree that the Commonwealth and its authorized representatives intend to use the credit report for the purposes of evaluating my financial readiness to buy a home. This authorization is valid for the purpose of verifying information pursuant or with regards to leasing, employment, rental, business negotiations, home purchasing or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

With my signature below, I hereby authorize all credit bureaus to release all information they may have about me for the purposes of purchasing a home. ~~This authorization shall be valid in its original or copy form.~~

Signature Head of Household	Print Name	Date
Date of Birth:		
Social Security Number/SSN:		
Address (Two Year History)		
_____ / _____ / _____ to _____ / _____ / _____		
Address:		
_____ / _____ / _____ to _____ / _____ / _____		
Address:		

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security Number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active-duty military personnel have additional rights. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

Certification

<p>By signing below, you certify that all the information in the intake packet is true, to the best of your knowledge. By signing this form to verify the information contained, the signee authorizes the state or any of its duly authorized representatives herein.</p>		
<p>I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Kentucky Community Development Block Grant Disaster Recovery Program for the disaster.</p> <p>I/We hereby certify that all the information provided herein is true and correct.</p> <p>I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.</p> <p>I/We authorize the Commonwealth of Kentucky and any of its duly authorized representatives or contracted vendors to verify all information provided in this intake packet.</p> <p>I/We understand that additional information will likely be required to move forward with this program.</p> <p><i>Household members aged 18 years and older must sign below.</i></p>		
Signature of Head of Household	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
<p align="center">Warning: 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.</p>		

Employer Verification

Employer Verification Consent

I, _____, by signing below, give consent for, Fahe, representatives from the Commonwealth of Kentucky's CDBG-DR New Construction Homebuyer Program, to contact my employer(s) for verification of employment, salary, and other details as required by the program.

Employer 1

Place of Employment: _____

Employer 1 Name: _____
Company and Primary Contact

Employer 1 Phone: _____

Employer 1 Email: _____

Employer 2 (If Applicable)

Place of Employment: _____

Employer 2 Name: _____
Company and Primary Contact

Employer 2 Phone: _____

Employer 2 Email: _____

* If you need to provide information for additional employers, you may attach another sheet

Signature

Date

Printed Name

Complaints and Appeals:

Households: Please remove this section and keep it for reference.

Grievances:

Program applicants may submit a complaint at any time.

Complaints must include:

- Participant's full name and contact information
- Description of issue or dispute
- Date of issue or dispute
- Supporting documentation, if applicable

Complaints must be submitted to:

Fahe Disaster Resilience
P.O. Box 7010
Hazard, Kentucky 41701
FaheDR@fahe.org
(859)986-2321

Fahe will acknowledge receipt of the complaint within 5 business days of receipt. Fahe will respond to the complaint within 15 business days of the receipt, where practical.

Each complaint and the resolution will be documented in Program files and, if the original complaint was forwarded from DLG, sent to DLG.

Appeals:

Program applicants may appeal the following types of decisions made by the Program:

- Program Eligibility
- Grant Award Calculation, prior to execution of the grant agreement
- Duplication of Benefits

Written appeals must be submitted within 30 days of the decision and must be submitted to:

Fahe Disaster Resilience
P.O. Box 7010
Hazard, Kentucky 41701
FaheDR@fahe.org
(859)986-2321

At minimum, the appeal letter must include:

- Date of appeal
- Your name, address, and contact information
- A brief explanation of your reason for appealing
 - o Attach all relevant documentation supporting your reason for appealing

A Special Case Panel will review the appeal, make a decision, and notify the applicant in writing of the decision within ten (10) business days of receipt. However, some cases may require additional time for review. In such cases, the Program will notify the applicant that the appeal decision will be delivered later than the 10-business day timeline.

The Program will keep a record of each appeal that it receives in its system of record and copy the State on each written response.

Acknowledgement of Receipt of Complaints and Appeals Procedures

Please sign to acknowledge the primary applicants have received a copy of Complaints and Appeals Procedures. This signed document is to be kept in the household file:

Signature of Head of Household

Date

Signature of Co- Head of Household

Date



Release of Information

I, the undersigned, hereby authorize Fahe and Housing Development Alliance ("HDA") to exchange confidential information about me for the purpose of providing or assessing my eligibility for services, grants, loans, and related housing services administered by HDA and/or Fahe. Shared information may include disaster damage, disaster assistance, residency status, credit history, financial history, household composition, and/or income documentation. This form may be used to order soft credit pulls through HDA to determine eligibility for HDA administered programs.

By signing this document, I understand that Fahe and HDA may share otherwise protected information about me. I understand that signing this document does not guarantee that I will be provided services or deemed eligible for any programs administered by either organization. I understand that any shared information will be protected and kept confidential in accordance with each organization's privacy policies.

Barring any written extension of this agreement, it will expire one year after signature. Any modification or extension of this agreement must be done in writing and signed by the original applicant(s). This agreement may be revoked in writing by the original applicant at any point before the expiration date.

_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			
_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			

This institution is an equal opportunity



Release of Information

I, the undersigned, hereby authorize Fahe and Redbud Financial Alternatives ("RFA") to exchange confidential information about me for the purpose of providing or assessing my eligibility for services, grants, loans, and related housing services for the Kentucky Community Development Block Grant- Disaster Recovery (CDBG-DR) Single-Family New Construction Program. Shared information may include residency status, credit history, financial history, household composition, and/or income documentation. This form may be used to order soft credit pulls through RFA for the purposes of counseling OR to determine eligibility for RFA.

By signing this document, I understand that Fahe and RFA may share otherwise protected information about me. I understand that signing this document does not guarantee that I will be provided services or deemed eligible for any programs administered by either organization. I understand that any shared information will be protected and kept confidential in accordance with each organization's privacy policies.

Barring any written extension of this agreement, it will expire one year after signature. Any modification or extension of this agreement must be done in writing and signed by the original applicant(s). This agreement may be revoked in writing by the original applicant at any point before the expiration date.

_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			
_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			

This institution is an equal opportunity



Release of Information

I, the undersigned, hereby authorize Fahe and HOMES, Inc. to exchange confidential information about me for the purpose of providing or assessing my eligibility for services, grants, loans, and related housing services administered by HOMES, Inc. and/or Fahe. Shared information may include disaster damage, disaster assistance, residency status, credit history, financial history, household composition, and/or income documentation. This form may be used to order soft credit pulls through HOMES, Inc. to determine eligibility for HOMES, Inc. administered programs.

By signing this document, I understand that Fahe and HOMES, Inc. may share otherwise protected information about me. I understand that signing this document does not guarantee that I will be provided services or deemed eligible for any programs administered by either organization. I understand that any shared information will be protected and kept confidential in accordance with each organization's privacy policies.

Barring any written extension of this agreement, it will expire one year after signature. Any modification or extension of this agreement must be done in writing and signed by the original applicant(s). This agreement may be revoked in writing by the original applicant at any point before the expiration date.

_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			
_____	_____	_____	_____
Applicant	DOB	SSN	Date
911 Address:			

This institution is an equal opportunity