



DAEOC

Delta Area Economic Opportunity Corporation

104 West Center Street, PO Box 1608, Sikeston, Missouri 63801
Phone (573)931-8400 Fax (573)931-8409 Toll Free (800)748-8320

Thank you for your interest in the Home Repair Program. Listed below is a check list of all the documentation needed to approve your application, and get you placed onto our waiting list. Failure to provide proper documentation may cause a delay in processing your application. Please note that once it is your turn for home repair, we will contact you for further documentation. If you need any additional help with your application, please contact DAEOC for assistance at (573)-475-9372.

HOME REPAIR APPLICATION

- Please fill out all pages on the application, sign and date.

SOCIAL SECURITY CARD FOR ALL APPLICANTS

- This includes all household members, including children under the age of 18 years old.

We will reach out to you once it is your turn on the waitlist. We will need to acquire further documentation from you such as proof of ownership, income, insurance, and utility bills once it is your turn. We DO NOT require these documents until it is your turn on the list because they have to be within 90 days of work being done on your home.

*** YOUR APPROVAL TO THE HOME REPAIR WAITLIST DOES NOT GUARANTEE HOME REPAIRS. HOME REPAIR IS CONTINGENT UPON AVAILABLE FUNDING AND INSPECTIONS OF THE HOMES.***

PLEASE SEND ALL APPLICATIONS/DOCUMENTATION:

DAEOC HOME REPAIR PROGRAM

P.O. BOX 1608

SIKESTON, MO 63801

OR

rpellegrini@daeoc.com



Home Repair Opportunity Program Homeowner Application Form

HeRO-400
Updated 4/1/2024

PART 1: HOUSEHOLD INFORMATION

Homeowner(s) Name(s): _____

Phone: _____ Email: _____ Household Size: _____

Is the Homeowner a U.S. Citizen (or Permanent Resident Alien)? _____

Is the Head of Household Hispanic? _____ Head of Household Race: _____

Is any Homeowner/Household Member related to any individual employed by/associated with the Grantee? _____

How many years has the Homeowner owned and occupied the residence? _____

Household Type: _____

If "Other", explain: _____

Does at least one Homeowner occupy the home as a principal residence? *A second home or vacation home is not considered a principal residence:* _____

Does any Household Member receive (or expect to receive) any of the following? *Check all that apply:*

- | | |
|-------------------------------|----------------------------|
| Wages from employment | Social Security benefits |
| Unemployment benefits | Pension or annuity income |
| Alimony/Child Support | Disability income |
| TANF, WIC or similar benefits | Regular cash contributions |
| Self-employment income | Other Sources of Income |

Does any Household Member have (or expect to have) any of the following? *Check all that apply:*

- | | |
|---------------------------------------|-------------------------------|
| Bank Accounts | Retirement or Pension Funds |
| Revocable Trusts | Cash Value on Life Insurance |
| Equity in Rental Property | Personal Property Investments |
| Stocks, Bonds, Treasuries, Securities | Regular cash contributions |
| IRA, Keogh, 401(k) | Lump Sums |
| Business Assets | Other Assets |

Is any homeowner currently involved in any lawsuit or other legal action? _____

Has any Homeowner been, during the past 7 years, or is any homeowner currently involved in a bankruptcy, foreclosure, or deed in lieu of foreclosure in the last seven 7 years? _____

Does any homeowner anticipate being involved in a bankruptcy or foreclosure action in the next 12 months? _____

Is the homeowner delinquent or in default on any financial obligation? *This includes but is not limited to loans, federal debts, tax liabilities, and guarantees:* _____

Please complete the table below for all Household Members (regardless of relationship)

Name	Age	Veteran	Disabled	Source of Income	Amount Received in last 12 months	Amount Expected in next 12 months

PROVIDE CURRENT TRUE AND CORRECT DOCUMENTATION THAT CLEARLY EVIDENCES ALL INCOME AND ASSETS OF ALL HOMEOWNERS AND HOUSEHOLD MEMBERS OVER 18 YEARS OF AGE.

PART 2: PROPERTY INFORMATION

Street Address: _____

City: _____ County: _____ ZIP: _____

Home Type: _____

Number of bedrooms: _____ Estimated age of home: _____ years

Estimated current value of home: \$ _____ Mortgage or Lien Balance(s): \$ _____

Are the payments current? _____ Is the property currently insured? _____

Is the home situated on less than 10 acres of land? _____

Is any portion of the home or property used for commercial use? *This includes but is not limited to the operation of a business, storage of inventory, providing day care, or other services:* _____

Is Income produced from the home or from the land such as rent or farming activity? _____

Is the property located in a Flood Zone A and/or are you required to acquire flood insurance? _____

PART 3: PROJECT INFORMATION

Please describe the repairs you are requesting:

Each applicant, by signing below, affirms that the following is true and correct:

1. Each statement made and information provided herein is given by all Homeowners, jointly and severally, and is complete, true and correct.
2. All owners of any interest in or to the subject property are listed on this application and no other persons own any interest whatsoever in the property.
3. The property is a single family home or manufactured home situated on less than ten acres and is owned by the undersigned and is occupied by at least one of the homeowners, and has been for a continuous period of three years prior to the date of this application.
4. The property is not rented or leased.
5. All income and assets of any kind whatsoever for every household member over the age of 18 have been reported to the Grantee agency administering the program and all documentation evidencing any such income or assets is true and correct.
6. All homeowners understand and agree that proceeds of any grants or funds administered under the program will be used to provide repairs or modifications as deemed reasonable and necessary in the sole discretion of Missouri Housing Development Commission and the Grantee administering the program.
7. All homeowners understand and agree that household members shall not provide labor or sweat equity of any kind whatsoever and that all repairs and modifications must be made by the contractor(s) approved by the Grantee to make such repairs or modifications.
8. No homeowner has ever received any grants, funds or benefits from the HeRO program.
9. All homeowners consent to provide access to the property during reasonable business hours to Missouri Housing Development Commission, the Grantee administering the program, contractors, inspectors and third parties when accompanied by the Grantee beginning with the signing of this application and ending upon final inspection of the property.
10. All homeowners understand and agree that all homeowners will be required to sign a Regulatory Agreement prior to the start of any work requiring that the property must be owner-occupied for a period of three years and that should the homeowners fail or refuse to comply with the terms of the Regulatory Agreement, all homeowners shall be required to repay the full amount of all funds expended in connection with repairs, modifications or other work, including soft costs and administrative fees. All homeowners further agree that the Regulatory Agreement shall not be subject to subordination.
11. All homeowners understand that if the Grantee administering the program determines in its sole discretion that relocation of household members during the time that repairs or modifications are made that all household members must relocate and such relocation shall be done at the expense of the homeowner.
12. All homeowners understand that Missouri Housing Development Commission or the Grantee administering the program may elect to cease any repairs or modifications undertaken in the event

of interference with the performance of the benefits or services provided by the HeRO program by any homeowner or household member or third party. In the event such repairs or modifications cease in connection with this provision, the homeowners shall be solely responsible for all associated costs including but not limited to reimbursement to Grantee for all expenses, payment to contractors, third parties and legal fees.

13. All homeowners understand that Missouri Housing Development Commission and/or the Grantee administering the program may investigate the truthfulness of any statements contained herein and may investigate the authenticity of any documentation supplied by the applicants and hereby consents to the release of information from employer or third party.

14. All homeowners understand that any misrepresentations made herein can result in liens, acceleration of debt, foreclosure and/or criminal penalties.

The undersigned do hereby affirm and certify under oath that the foregoing information provided in every portion of this Homeowner Application is true and correct and understand that any misrepresentation is grounds for disqualification, acceleration of debt, legal remedies, foreclosure, or criminal penalties or any combination thereof. I also consent to the release of my information to Missouri Housing Development Commission for program decision and compliance monitoring.

Homeowner Applicant Signature: _____


Printed Name: _____ **Date:** _____

Homeowner Applicant Signature: _____

Printed Name: _____ **Date:** _____

Homeowner Applicant Signature: _____

Printed Name: _____ **Date:** _____

Grantee Name		
Name of Interviewer		
Date Application Accepted		