



CDBG Emergency Assistance Grant Checklist

- Completed Application
- Release of Liability Form
- Income Verification Form
- Demographic Form (CAPER)
- Proof of Income
- Proof of Ownership (i.e. Warranty Deed)
- Three Quotes from Licensed Contractors

Application Received Date:

Received by: _____

To ensure that your application is considered complete, you must furnish proof of ownership along with three quotes obtained from licensed contractors.



EMERGENCY ASSISTANCE GRANT

REQUEST FOR SERVICE

The City of Warner Robins' Department of Community and Economic Development is offering a one-time grant to address critical safety hazards in residential properties. This grant is exclusively available to primary homeowners residing within the designated Neighborhood Strategy Area (NSA) and may also be recommended by the Code Enforcement Program. The grant is specifically designated for roof and HVAC replacements and/or repairs. Homeowners must obtain three quotes from licensed contractors for the required repairs. The grant is capped at \$10,000, and applicants must meet the income eligibility criteria by having an income within or below the Section 8 Very Low-Income Level, which is 50% of the median income.

NATURE OF REQUEST _____

ANNUAL INCOME **** \$ _____

Do you own your home? ___ Yes ___ No

Do you live within the City Limits of Warner Robins? ___ Yes ___ No

Are you physically or financially unable to accomplish repairs on your home without assistance? ___ Yes ___ No

Would you be willing or able to pay for materials? ___ Yes ___ No

Name: _____

Address: _____

Phone: _____
(HOME) (WORK)

Signature: _____

Date: _____

Deliver this form to:

Emergency Assistance Grant Program
c/o City of Warner Robins
Community and Economic Development Department
610A Watson Blvd
Warner Robins, GA 31093

RELEASE OF LIABILITY

The undersigned **HOMEOWNER** hereby releases the City of Warner Robins and or any contractors, from any liability resulting from repairs or work performed on his/her property located at:

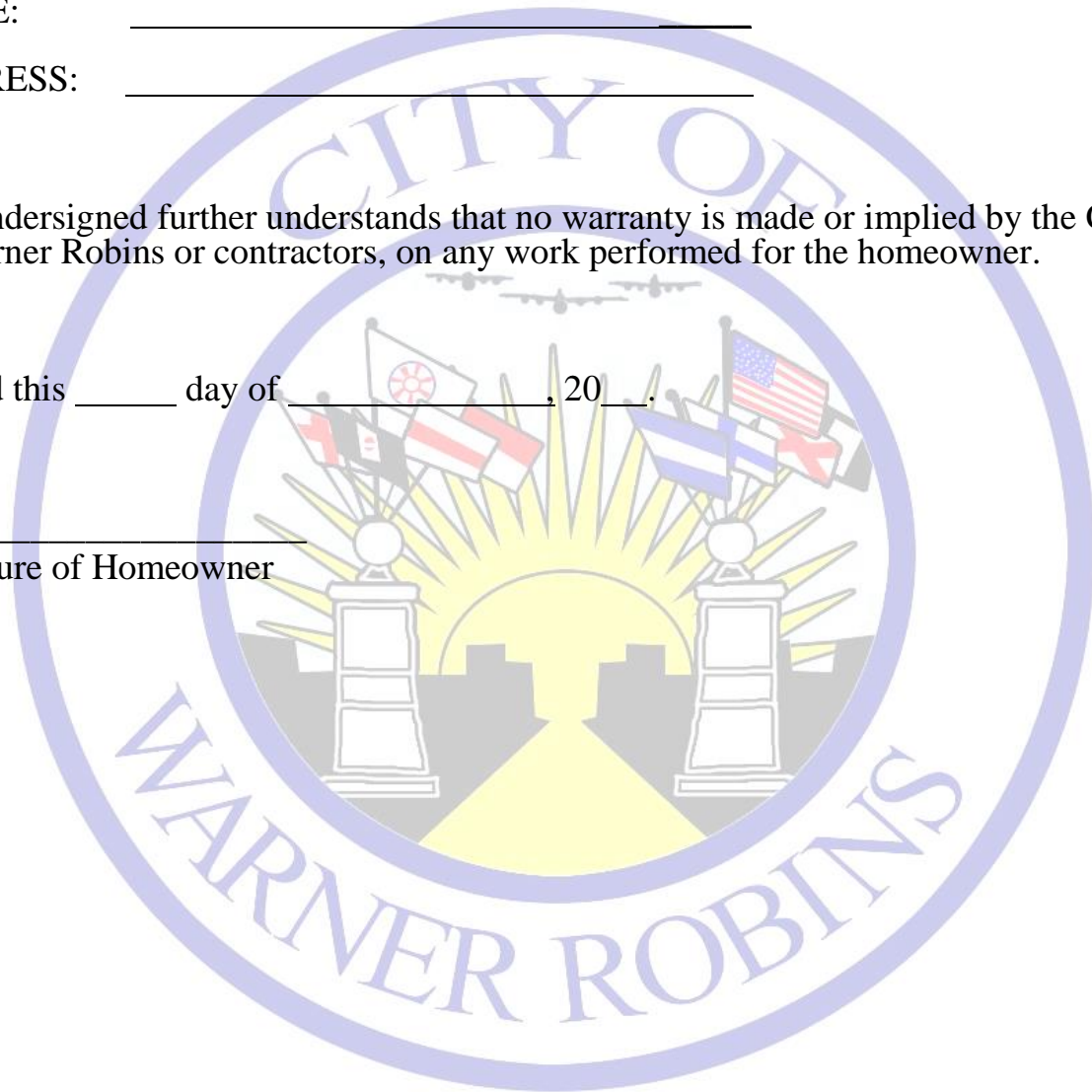
NAME: _____

ADDRESS: _____

The undersigned further understands that no warranty is made or implied by the City of Warner Robins or contractors, on any work performed for the homeowner.

Signed this _____ day of _____, 20____.

Signature of Homeowner



Emergency Assistance Grant Program
c/o City of Warner Robins
Community and Economic Development Department
610A Watson Blvd
Warner Robins, GA 31093
(478) 302-5513

INCOME VERIFICATION WORKSHEET

***VERIFICATION OF ALL INCOME MUST BE ATTACHED TO THIS FORM**

Name: _____

Date: _____

Address: _____

Program: _____

Phone Number: _____

Date of Birth: _____

Age: _____

Gender: _____

TOTAL HOUSEHOLD GROSS INCOME

How often is it received: Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly

NAME List everyone in household	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	Check if NO income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Projected Annual Income: \$ _____

I certify that all information on this application is true and that all income is reported.

Sign here: _____ Date: _____

RACIAL AND ETHNIC IDENTITIES

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |

(To be completed by office staff) Does the applicant qualify for this program? YES NO

Signature of Certifying Officer: _____ Date: _____

**FY2023 DEMOGRAPHIC ANALYSIS
CAPER**

Identify the number of people in your household and then below the household size, select from the income range that best represents your family's total income regardless of whether the service is for a

Household size	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low-Mod (80%) Income Limits	Above Limits
1	<input type="checkbox"/> Below \$18,350	<input type="checkbox"/> \$18,351-\$30,500	<input type="checkbox"/> \$30,501-\$48,800	<input type="checkbox"/> Above \$48,801
2	<input type="checkbox"/> Below \$20,950	<input type="checkbox"/> \$20,951-\$34,850	<input type="checkbox"/> \$34,851-\$55,800	<input type="checkbox"/> Above \$55,801
3	<input type="checkbox"/> Below \$24,860	<input type="checkbox"/> \$24,861-\$39,200	<input type="checkbox"/> \$39,201-\$62,750	<input type="checkbox"/> Above \$62,751
4	<input type="checkbox"/> Below \$30,000	<input type="checkbox"/> \$30,001-\$43,550	<input type="checkbox"/> \$43,551-\$69,700	<input type="checkbox"/> Above \$69,701
5	<input type="checkbox"/> Below \$35,140	<input type="checkbox"/> \$35,141-\$47,050	<input type="checkbox"/> \$47,051-\$75,300	<input type="checkbox"/> Above \$75,301
6	<input type="checkbox"/> Below \$40,280	<input type="checkbox"/> \$40,281-\$50,550	<input type="checkbox"/> \$50,551-\$80,900	<input type="checkbox"/> Above \$80,901
7	<input type="checkbox"/> Below \$45,420	<input type="checkbox"/> \$45,421-\$54,050	<input type="checkbox"/> \$54,051-\$86,450	<input type="checkbox"/> Above \$86,451
8 or More	<input type="checkbox"/> Below \$50,560	<input type="checkbox"/> \$50,561-\$57,500	<input type="checkbox"/> \$57,501-\$92,050	<input type="checkbox"/> Above \$92,051

***This information should reflect those persons/families that were served only this month and would not have been counted in previous monthly progress reports.**

- Please list the organization providing services? _____ (HODAC, etc.)
- Type of Income Verification?
 Pay Stub W-2 Other Tax Information Operating in a Poverty Census Tract
- How many people will this service benefit? #Male _____ #Female _____ # Children _____
- Race** of Applicant (check the option that best describes you)
 American Indian or Alaska Native Asian Black or African American White
 Native Hawaiian or other Pacific Islander Other
- Ethnic Category** of Applicant (check the option that best describes you)
 Hispanic or Latino Non-Hispanic or Latino
- Are you currently homeless? Yes No
- If you are not homeless, are you a homeowner or renter? Homeowner Renter
- Age of Applicant (Head of Household)
 18 – 25 Years Old 26 – 35 Years Old 36 – 45 Years Old
 46 – 55 Years Old 56 – 64 Years Old 65 or Older
- Are you or any member of your household handicapped or otherwise disabled? Yes No
- Are you female head of household? Yes No

Signature of Recipient

Date

Signature of Program Provider

Date

CDBG SUBRECIPIENT CAPER FORM

This form must be completed by the Subrecipient receiving CDBG funds from the City of Warner Robins. Please provide the following information for each beneficiary/project being funded with CDBG funds:

PUBLIC SERVICE AGENCIES

Please mark the one that best describes this beneficiary/project with an "X".

- Beneficiary received new or continuing access to service or benefit
- Beneficiary received improved access to a service or benefit
- Beneficiary received a service or benefit that is no longer substandard

Homelessness Activities: Please provide the following information for homeless persons.

- A. Number of persons given overnight shelter: (ADULTS) # _____ (CHILDREN) # _____
- B. Number of beds created in overnight shelter or other emergency housing: # _____

HOUSING ACTIVITIES

Please mark all answers that apply to this project with an "X"

- Newly constructed house
- Rehabilitated house:
 - a. Year House Built: _____

Lead Paint Requirements:

- Project included Lead Safe Work Practices (cost<=\$5,000)
- House brought into compliance with Lead Safety Rules

EXEMPT:

- Because constructed 1978 or later
- Because no paint disturbed

- House after being rehab was moved from substandard to standard
- House is 504 Accessible
- House qualified as Energy Star

Signature of Program Provider

Date