



Appalachia Service Project

Headquarters: 4523 Bristol Highway, Johnson City, TN 37601

Ph: (423) 854-8800 / Fx: (423) 854- 9771

To locate a field office, call the number above or visit: ASPhome.org

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 through volunteer home repair and replacement 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 _____

Income Source (for anyone of the age of 18)	Monthly Amount
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
RESIDENT TOTAL MONTHLY INCOME:	\$ <input type="checkbox"/> None

RESIDENT 2 Name: _____ Relationship to Owner _____
Date of Birth _____ Marital Status _____ Veteran Yes No _____

Income Source (for anyone of the age of 18)	Monthly Amount
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
RESIDENT TOTAL MONTHLY INCOME:	\$ <input type="checkbox"/> None

RESIDENT 3 Name: _____ Relationship to Owner _____
Date of Birth _____ Marital Status _____ Veteran Yes No _____

Income Source (for anyone of the age of 18)	Monthly Amount
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
RESIDENT TOTAL MONTHLY INCOME:	\$ <input type="checkbox"/> None

RESIDENT 4 Name: _____ Relationship to Owner _____
 Date of Birth _____ Marital Status _____ Veteran Yes No _____

Income Source (for anyone of the age of 18)	Monthly Amount
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
RESIDENT TOTAL MONTHLY INCOME:	\$ _____ <input type="checkbox"/> None

RESIDENT 5 Name: _____ Relationship to Owner _____
 Date of Birth _____ Marital Status _____ Veteran Yes No _____

Income Source (for anyone of the age of 18)	Monthly Amount
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
RESIDENT TOTAL MONTHLY INCOME:	\$ _____ <input type="checkbox"/> None

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

HOUSEHOLD EXPENSES:

Expenses/Costs	Monthly Payments	Outstanding Balance
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: _____

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.*

PLEASE ATTACH ADDITIONAL DOCUMENTATION
REQUIRED TO COMPLETE APPLICATION

ALL APPLICANTS IN SEVIER, COUNTY, TENNESSEE:

- Copy of photo ID of applicant
- Income verification for all sources of income for all residents over the age of 18. Acceptable documents include:
 - Last 3 of Paystubs/Pension or Verification of Employment Letter signed by employer
 - SSI/SS Awards Letter
 - Court ordered payment letter
 - If needed, work with staff to identify other paper that documents income
 - 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
 - Insurance award letter (if applicable) OR signed and dated letter of no insurance (template attached)
 - SBA Loan award or decline letter (if applicable)
- Deed to the house (The name on the deed must be the name on the application) OR copy of rental contract with notarized letter signed by landlord confirming residency at time of fire.

ASP Staff — Contact Information

Office address:

The Connexion
1250 Middle Creek Rd.
Sevierville, TN 37862

Mailing address:

ASP-Sevier County
PO Box 4611
Sevierville, TN 37864

Office phone #: (423) 430-7753

Email: tnsevier@asphome.org