



**CNCS**  
Clarksville Neighborhood & Community Services

One Public Square  
2nd Floor, Suite 201  
Clarksville, TN 37040

931.648.6133

931.503.3092

cityofclarksville.com

Dear Homeowner:

Thank you for your interest in the Clarksville Neighborhood and Community Services Emergency Repair Program. Please be sure to complete all of the questions on both the application and income questionnaire and sign both documents.

The Emergency Repair Program is a federally funded program and qualification for the program is based on income eligibility. Please refer to the enclosed income guidelines for income limits.

Repairs that are eligible under this program must be posing a serious threat to health, safety and welfare of the home or affecting the immediate livability of the home. The items listed on your emergency application will be evaluated to determine if they are eligible for repair under the guidelines of the program. Please be sure to include a detailed description of your emergency. Applications will be processed in the order that they are received.

Qualification for the program is based on gross annual household income. Please provide the following information with your application (for all occupants 18 years and older), as this will expedite the processing of your application:

- Affidavit Demonstrating Lawful Presence in the United States
- Copy of driver's license or birth certificate
- Authorization for the Release of Information
- Right to Financial Privacy Act Certification
- Deed to property
- Most Current Property Tax Receipts
- Most recent Signed Federal and State Income Tax Returns, including W-2 and 1099 forms
- Last three (3) Pay Stubs for employment
- Last three (3) Bank Statements (include all pages of each statement)
- Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- Last three (3) statements of the following Assets (Investments, Stocks, Bonds, IRA's, CD's, Money Market, Trusts, Life Insurance, Real Estate)
- Most current Utility Statement, include all that apply (Electric, Water, Gas)

Please note that your application shall not be processed, and assistance shall not be granted, until the above information has been received and you have been qualified for the program. If you have any questions, please feel free to contact me at (931) 648-6133.

Sincerely,

*Clarissa Tucker*

Project Manger



It is the policy of the city to not discriminate and provide equal opportunity to all persons regardless of actual or perceived race, color, religion, sex, national origin, age, sexual orientation, gender identity or disability in the access, provision and treatment of city services, programs and activities. Each person has the right to receive service from the city in a manner that promotes equality under the law and prohibits unlawful discrimination, including harassment and retaliation.





## COMMUNITY DEVELOPMENT BLOCK GRANT

# EMERGENCY REPAIR

### ANNUAL INCOME GUIDELINES

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Funding for the program comes from the Federal Community Development Block Grant Program. These are the funds the City receives through the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. Federal rules limit eligibility to low- and moderate-income households. The maximum income varies by the number of people in the household and it changes each year. Below are the current income guidelines for this program.

HOUSEHOLD SIZE (Persons)	INCOME LIMIT
1	\$39,500
2	\$45,150
3	\$50,800
4	\$56,400
5	\$60,950
6	\$65,450
7	\$69,950
8	\$74,450

**Effective: May 26, 2022**

**These limits are determined by the U.S. Department of Housing and Urban Development (HUD)**



## COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR FREQUENTLY ASKED QUESTIONS

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Thank you for your interest in applying for the Clarksville Neighborhood and Community Services Emergency Home Repair Program!

The Emergency Repair Program (“Emergency Program” or “Program”) provides assistance to homeowners in Clarksville to perform emergency repairs to substandard housing conditions. Substandard conditions include those posing a serious threat to the health, safety or welfare of the household or affecting the immediate livability of the home. Emergency assistance shall be granted based on priority and eligibility of emergency.

Homes in need of more extensive, but less urgent repairs and/or replacements that are not eligible for the Emergency Program (such as cabinetry, upgrading electrical systems or addressing aging heating/cooling systems that are operable) may be addressed through the Housing Rehabilitation Program.

### **HOW DOES THE EMERGENCY REHAB PROGRAM WORK?**

Assistance is provided on a “first come, first serve” basis. The program provides one-time assistance to qualified homeowners with housing emergencies. The level of assistance is limited solely to the amount required to address the specific emergency. The maximum amount of assistance per household may not exceed \$20,000. Emergency Repairs are limited to those issues that affect the habitability of the home such as: lack of running water, electricity or heating/cooling.

Accessibility modifications needed for the elderly and disabled are also eligible under this program. These improvements must directly affect the immediate livability of the home and the applicants cannot wait for these items to be installed through the Housing Rehabilitation Program.

### **HOW DO I QUALIFY FOR THE PROGRAM?**

- Income Eligibility
  - A household must be income eligible. The total household income may not exceed 80% of the area median income by family size. (Income Limits are published by the U.S. Department of Housing and Urban Development).
- Homeowner Requirements
  - The home must be located within the city limits of Clarksville.
  - The home must be your primary residence and you must have lived in your home for a minimum of twelve (12) months prior to assistance.
  - You must be able to provide a copy of the deed to your home and the title must be clear from all extraordinary liens and encumbrances including:
    - Past due property tax liens
    - Past due special assignment liens
    - Mechanics liens
    - Real estate contracts not between the title owner and borrower
    - Paid off mortgages not released
    - Law Suits
    - Life Estates (Not eligible under this program)
    - Judgments

## HOW DO I APPLY FOR ASSISTANCE?

To process your application, you, the homeowner will need to submit a completed application and provide the required documentation. When completing your application be sure to do the following instructions and provide all forms of documentation required.

- Complete every section of the application
- Read and sign the applicant certification statements.
- Complete Homeowner Description of Need.
- Separation or Divorce Settlement Statement: A separation or divorce settlement statement for alimony will need to be evidenced by regular payment of the alimony payments, if applicable.
- Regular Contributions or Payments from Others: This includes funds contributed by other family members, regardless of whether they live in the same dwelling as the prospective borrower, will be included and income verified with cancelled checks written by payer, bank statements showing deposits in the prospective borrowers account, or written notarized letter concerning the contribution or payment.
- Unemployment or Temporary Disabilities: When calculating income for applicants who are unemployed or temporarily disabled, six (6) months of unemployment or disability compensation plus six (6) months of income from the last job will be used to calculate yearly income.
- Pension, disability, social security or social service benefits: Acceptable methods of verifying such income include any one or more of the following, which are listed in order of preference:
  - A copy of benefits form obtained by the borrower
  - A copy of the award letter

After submitting your application, CNCS staff may contact you for more specific information about your home and schedule a preliminary inspection.

## WILL THE CNCS PLACE A LIEN ON MY HOUSE EQUAL TO THE GRANT AMOUNT?

Yes. Clarksville Neighborhood and Community Services will hold a lien on the property. The lien will be in the form of a five (5) year forgivable grant; it will self-amortize twenty percent (20%) each year. Meaning, if the applicant lives in their home as their primary residence AND maintains ownership for five (5) years, they will owe nothing back to CNCS. If ownership changes **or** the applicant no longer resides in their home on a primary basis, they will repay the remaining balance on a prorated basis.

**Example:** A homeowner receives \$20,000 for emergency repairs, and has lived in the home for three years and one month after repairs were completed. The property changes ownership due to sale of the property. The repayment will be calculated as:

Amount of assistance received / 60 months term \* (X) number of months remaining in term = amount to repay. **Example:** [ $\$20,000/60*(23) = \$7,666.67$ ]

In this example, the homeowner that received \$20,000 will repay \$7,666.67 for the 23 months remaining in the five-year contract. The other \$12,333.33 will be forgiven.

There will also be a Rights of 1<sup>st</sup> Refusal clause placed on the home for six (6) years after repairs are complete. In the event the home sells before the grant term is complete, CNCS will have first rights at purchasing the home.

## **WHAT NEIGHBORHOODS ARE ELIGIBLE FOR ASSISTANCE?**

The property must be located within the city limits of Clarksville.

## **WHO DETERMINES WHAT WORK NEEDS TO BE DONE OR CAN BE DONE?**

Once the homeowner has been income-qualified, CNCS staff will arrange to visit the house to inspect the conditions of the house. The staff will develop a list of the work to be completed and complete a cost estimate for the work. Repairs may include leaking roofs, faulty heating and air conditioning systems, electrical, and plumbing systems, to name a few. The Emergency Housing Rehabilitation Program is not intended to repair all substandard conditions in a home. The program addresses only those potential urgent conditions that may make a home uninhabitable if not addressed. No cosmetic installs or repairs.

## **WHO DOES THE WORK AND HOW ARE THEY SELECTED?**

CNCS will maintain a list of qualified and insured contractors and tradesmen. The City will solicit price quotes from them, and the homeowner then enters into a contract with the lowest and best contractor. CNCS reserves the right to deny a homeowner assistance if the repair work exceeds the budget set for the project. In some extreme cases, the department may only address the most urgent safety hazards allowable by the budget.

## **HOW IS MY HOUSEHOLD INCOME CALCULATED?**

- **Inclusions:**
  - All earnings, including salary and wages, tips, overtime and bonuses of the prospective borrowers, and his or her spouse and all adults (18 years of age or older living in the property)
  - Taxable interest and dividends
  - Taxable refunds, or credits (There are some exceptions)
  - Alimony (or separate maintenance payments (received)
  - Business income (loss)
  - Capital Gain (loss)
  - Rental real estate, royalties, partnerships, S corporations, trusts, etc.
  - Farm Income (loss)
  - Unemployment compensation payments
  - VA Disability Income
  - Taxable amount of Social Security benefits
  - Other Income: This includes prizes and awards; gambling, lottery or raffle winnings; jury duty fees; income from any rental property, any income.
- **Exclusions**
  - Income from employment of children (including foster children) under age 18
  - Payments received for the care of foster children
  - Lump sum additions to family assets, such as inheritances, or insurance payments
  - The full amount of student financial assistance paid directly to the student or to the educational institution
  - Special pay to family member serving in the Armed Forces
  - Temporary, nonrecurring or sporadic income
  - Health insurance payments not paid by employer
  - Alimony or maintenance payments paid
  - Non-reimbursable extraordinary medical costs that reliable medical opinion dictates are likely to continue for more than one (1) year.

### **Maximum Property Value**

To use funds the value of the assisted property after rehabilitation must not exceed 95% of the median purchase price as stated in the HUD FHA Mortgage Limits as in the 203(b) program on all loans.

### **Application Submission**

The completion and submission of an application is no promise or guarantee of forthcoming funding or assistance of any type. All supporting documentation must be included prior to an application being accepted for review and approval. **APPLICATIONS SHALL NOT BE PROCESSED IF INCOMPLETE AND ALL OF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED.**

Completed applications should be returned to:

**Clarksville Neighborhood & Community Services**  
One Public Square, Suite 201  
Clarksville, TN 37040



# COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR CHECKLIST

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**PLEASE BE SURE YOU HAVE INCLUDED ALL OF THE REQUIRED INFORMATION LISTED BELOW WITH YOUR EMERGENCY REPAIR APPLICATION.**

**APPLICATIONS SHALL NOT BE PROCESSED IF INCOMPLETE AND ALL OF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED.**

- Have you completed all of the questions on all pages of the application?
- Have you included your gross annual household income?
- Have you initialed and signed at all the appropriate spaces on the second page of the application?
- Have you included all names and social security numbers for all occupants 18 and older?
- Have you included the following documentation for all occupants 18 and older?
  - Any dependents over the age of 18 must provide proof of school status
  - Copy of recorded deed for the home (Register of Deeds Office is located on Pageant Lane)
  - Copy of Divorce decrees or separation papers, if applicable
  - Copy of Bankruptcy closing documents, if applicable
  - Paid receipts of property taxes (even if exempt) for the City and County (City taxes may be obtained on the 1<sup>st</sup> floor of City Hall; County taxes may be obtained at the County Trustee Office on Pageant Lane)
  - A copy of our current mortgage statement; if you are no longer paying on the mortgage please provide a statement
  - Verification of Homeowners Insurance (Declaration page)
  - Copy of the last three (3) months or six (6) consecutive pay stubs from employer verifying income for all working individuals residing in the home. If receiving social security, the current year monthly benefit statement is needed.
  - If self-employed, two (2) most recent year's income tax returns (1040 forms, W-2's, schedules)
  - Unemployment benefits, Workman's Compensation, and/or regular contributions or gifts from anyone not residing in the household must be documented, if applicable.
  - If receiving child support or alimony, verification from the court is required (plus six (6) months proof of payment)
  - If receiving Food Stamps, SNAP, and/or AFDC, a letter from DHS is required
  - Copy of the last 401K, Stocks, and Bonds statements, if applicable
  - Copies of the last two (2) months of checking and savings account statements (all pages) or a signed statement explaining that no account exists
  - If you are 60 years of age or older, or disabled, and spend more than 3% of your income on medical expenses please provide copies of expenses. Do not include services paid by insurance companies or Medicare/Medicaid.



# COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR APPLICATION

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Please PRINT and complete ALL pages of this application in its entirety and sign the last page. List the type of Emergency you are experiencing on the next page. Please note that assistance is based on priority of emergency at the discretion of CNCS staff. Your application will be processed in the order in which is received and may be placed on a waiting list in accordance to priority.

DATE:
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Head of Households Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Home: <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home	Number of Bedrooms:	<b>Total</b> Number of Household Members:
THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Native Alaskan <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian/Native Alaskan & White <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Am. Indian/Native Alaskan & Black/African-American <input type="checkbox"/> Other Multi-Racial		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Head of Households Social Security #:	Spouses Social Security #:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Address: (Number) (Street)	(City):	(State):      (Zip):
Phone Number:	Alternate Phone Number:	
Email Address:		
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list address(es):		



<b>HOMEOWNERSHIP INFORMATION: REQUIRED</b>	
This House is for sale now? <input type="checkbox"/> Yes <input type="checkbox"/> No	I/We intend to put the house up for sale within the next 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own this home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in this house?	When was the house built?
Have you ever had a bankruptcy of any kind? If yes, please explain when and what type. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever lost a home through foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received assistance from CNCS before? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate a business out of your home? If yes please give the name and nature of your business. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you rent out any portion of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed by or a relative of any employee of the City of Clarksville or any non-profit? If yes, please list names, relationship, agency, department, and dates of employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;">Names:                      Relationship:                      Agency:                      Department:                      Dates:</p> <p>1. _____</p> <p>2. _____</p>	

<b>Please list the names, relationships, social security numbers, and dates of birth of <u>all</u> other adults (18 and older) in the household:</b>			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			
5.			
6.			

<b>Please provide household income information (Documentation must be attached)</b>		
Name:	Gross Monthly Income:	Source:
1.		
2.		
3.		
4.		
5.		
6.		

<b>Other Assets: Please list any other assets such as checking/savings accounts, IRA's, stocks, bonds, boats, livestock, recreational vehicles, or real estate that you may have.</b>		
Type of Asset:	Amount:	Attached Documentation:
1.		
2.		
3.		
4.		
5.		

<b>Monthly Housing Expenses:</b>	
Type of Expense:	Monthly Amount:
1. Mortgage	
2. Other Financing Secured by Property	
3. Property Insurance	
4. City Taxes	
5. County Taxes	



COMMUNITY DEVELOPMENT BLOCK GRANT  
**EMERGENCY REPAIR**  
EMERGENCY DESCRIPTION

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PLEASE PRINT BELOW AND PROVIDE A BRIEF DESCRIPTION OF YOUR EMERGENCY.

A. AIR CONDITIONING/  
HEATING

B. PLUMBING

C. ROOFING

D. ELECTRICAL

E. OTHER

Title reports may be processed on each person and their property receiving emergency rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to CNCS staff.



# COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR CODE OF CONDUCT

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## Applicants Shall:

1. Treat CNCS staff and contractors with courtesy and professionalism. Dishonest, disrespectful, threatening, harassing, ridiculing or disparaging behavior will not be tolerated. Such prohibited behavior includes, but is not limited to, statements that endorse or promote discriminatory stereotypes, making false accusations, and any type of physical violence or threat of physical violence.
2. Respect CNCS staff's time by keeping scheduled appointments and provide at least eight hours advance notice prior to a cancellation.
3. Respect the contractor's time by keeping scheduled appointments and provide at least twenty-four hours advance notice prior to a cancellation.
4. Understand CNCS staff may not always be available on a drop-in basis; an appointment may be necessary.
5. Communicate problems and concerns to CNCS staff and contractors in a professional and respectful manner.
6. Submit all requested documentation in a timely manner and/or within the date requested.
7. Acknowledge that the homeowner may occupy the residence during execution of work.
8. Prepare residence for the construction process. Excessive personal belongings must be removed by the homeowner prior to the contractor walkthrough, to avoid delaying the bid process.
9. Take all reasonable and necessary precautions to protect your possessions and those of the contractors.
10. Understand property may be unsafe for pets during the construction process. Take all necessary precautions to protect and secure your pets.
11. Cooperate with the contractor and make the property available to the contractor during normal work hours in conformance with the Construction Contract.
12. Make the property available for all necessary inspections.
13. Conform to the contract specifications. Any work not contained in the construction documents shall not delay job completion, city inspections or the payment process.
15. Agree to authorize payment disbursement in accordance to Article VIII: Payment Terms and Schedule, of the Construction Contract.
16. Acknowledge that the Housing Rehabilitation Programs are not entitlement programs. The City reserves the right to delay, postpone or deny participation in any of the programs for 5 years. At all times participation requires adherence to terms of the Construction Contract, Program Guidelines, Code of Conduct, applicable Federal Program regulations and any other Program documents.

I acknowledge and agree that my continued participation in the Housing Rehabilitation Programs is contingent upon adherence to all of the above statements, regulations and any subsequent amendments thereto.

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Homeowner

Date

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Homeowner

Date



COMMUNITY DEVELOPMENT BLOCK GRANT  
**EMERGENCY REPAIR**  
RIGHT TO FINANCIAL PRIVACY CERTIFICATION

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The Department of Housing and Urban Development (HUD) and the Clarksville Neighborhood and Community Services' Community Development Block Grant Program certify compliance with the Right to Financial Privacy Act of 1978, and that information with regard to applicant's financial records will be kept confidential within the requirements of applicable provisions.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



COMMUNITY DEVELOPMENT BLOCK GRANT  
**EMERGENCY REPAIR**  
APPLICANT CERTIFICATION STATEMENT AND SIGNATURE

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**In applying to participate in this program, I agree to:**

1. Provide the title to my home and the financial and personal information necessary to enable CNCS staff and participating lending institution (if applicable) to determine my eligibility for program assistance.
2. Invite a representative of the City of Clarksville to survey my home with me to help me determine the scope of work to make the necessary Emergency Housing Rehabilitation allowable or required under program guidelines, and inspect the work as necessary upon completion.
3. Meet with CNCS staff as requested to answer questions regarding my request for assistance or the kinds of work to be done.
4. Carry out all of the obligation of the homeowner to include signing bid requests, contracts, homeowner acceptance forms, and other documents, and generally aiding and cooperating with contractor(s) and the CNCS staff to achieve efficient and timely completion of the work. I understand that if I do not cooperate or meet my responsibilities as outlined above, I may be declared ineligible for further assistance.
5. Allow all Emergency Housing Rehabilitation work financed through the program in accordance with the guidelines and standard set forth in the Program's Policy and Procedures Manual to be performed and impose this requirement on any contractors that I hire.

**In making this application, I understand that:**

1. I have voluntarily applied for assistance, and may withdraw from the program at any time **before** signing contracts for the Emergency Housing Rehabilitation program.
2. CNCS staff will assist in the management of the project to ensure program compliance and completion of work.
3. Before work can be done, I must meet all of the eligibility requirements of the program as set for by the policy and procedures handbook.
4. There may be program restrictions on the kinds of improvements that I can receive to my home.

I have provided the information in this statement to determine my eligibility for the Emergency Housing Rehabilitation Program and I authorize CNCS staff to verify the information I have submitted by contacting title companies, my employer, and other persons I may list as references. I certify that the above information is true and correct as of today. I understand that if I have willfully misrepresented any information, I may be disqualified from participation in the Emergency Rehab program.

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*Applicant's Signature*

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*Date*

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*Co-Applicant's Signature*

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*Date*



# COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR RELEASE OF INFORMATION & FAIR HOUSING LAW

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## AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your Clarksville Neighborhood and Community Services Emergency Housing Rehabilitation Program Application for the purpose of verifying information supplied in your application and for reports to the Department of Housing and Urban Development (HUD).

I, \_\_\_\_\_ (your name), hereby grant permission to the City of Clarksville to verify information provided in this application and to release to its authorized representatives and HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose of need and the extent or nature as stated above.

A photographic or fax copy of this authorization may be deemed to the equivalent of the original, and may be used as a duplicate original. The information is for confidential use in determining our eligibility for the Emergency Home Repair program.

\*If this form is returned with the application for home repair assistance, but this specific part of the form is unsigned or this form is NOT returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a release of information form for each adult household member who has an income.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*

## FAIR HOUSING LAW

This Emergency Housing Rehabilitation program is run in accordance with Federal Fair Housing Law (The Fair Housing Amendments of Act 1988). "It is illegal to discriminate against any person because of race, religion, sex, handicap, familial status, or national origin."

Please note: The completion of this application is not a guarantee of home repair funding. The applicant and the home repair must meet HUD's CDBG Guidelines and the Clarksville Neighborhood and Community Services CDBG Emergency Home Repair program guidelines.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*