



## Hearts & Homes of Arkansas



### Application for Housing Assistance due to

\_\_\_\_\_ Catastrophic Illness (Complete Sections 1-6)

OR

\_\_\_\_\_ Natural Disaster (Complete Sections 1-6)

**Type of Assistance ---- Please select one of the above**

#### **Eligibility**

Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United State and he/she must reside in the state of Arkansas.

#### **Confidentiality**

All information provided on the form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender or landlord, if requested. It will not be shared with other parties for any other purpose.

#### **Disbursement of Funds**

In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first served basis. All grants are contingent upon the availability of funds. Hearts and Homes of Arkansas reserves the right to accept or reject any application and, for good and sufficient reasons, to cancel any grant that it has made. The Foundation also reserves the right to change the application criteria at any time. Grants will be jointly payable to applicant and mortgage lender/landlord.



**Section 2. Housing Information:**

**Required- ALONG WITH THIS APPLICATION MUST BE A COPY OF:**

**Your last mortgage statement and/or tax bill, home insurance bill or statement, utility bill, signed and dated rental/lease agreement.**

**HOUSING INFORMATION:** Name of owner (name on mortgage or lease):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Amount of monthly expenses: \_\_\_\_\_

Amount of monthly housing-related expenses: \_\_\_\_\_

- Mortgage \$ \_\_\_\_\_
- Rent \$ \_\_\_\_\_
- Taxes \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_

Name of Tax Collector: \_\_\_\_\_ County or Township: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Tax Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Contact Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Combine family gross income from all sources (including alimony, child support or separate maintenance, government benefits): \_\_\_\_\_

Frequency of Income: \_\_\_\_\_

Please state whether you have a relationship with any officer, director, or employee of Hearts and Homes or Arkansas REALTORS® Association?

YES                      NO

If you marked YES, please state who: \_\_\_\_\_

Have you received previous assistance before?

YES                      NO

If you marked yes, when? \_\_\_\_\_

### **Section 3. NEED**

**Describe need for housing-related assistance (i.e., reason for need assistance, damage/loss to dwelling, if any, and its cause, financial assistance needs, etc.):**

## Section 4.

Have you been displaced from your primary residence? Yes No

If yes, estimated length of displacement: \_\_\_\_\_

Type of request: Mortgage Housing Assistance

Name of Lender/Mortgage Servicer: \_\_\_\_\_

Website address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Mortgage Loan Account#: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

**REQUIRED:** Please include a copy of your last mortgage statement, including payment amount and balance owed.

Name of Landlord or Shelter Provider: \_\_\_\_\_

Telephone Number of Landlord/Shelter Provider: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

**REQUIRED:** Please include a copy of your rental agreement or proof of temporary housing costs (receipts)

Address of Landlord:  
\_\_\_\_\_  
\_\_\_\_\_

## Section 5.

Please detail any financial assistance you have received from other sources:

Provider	Description of Assistance	Amount Received

## Section 6.

### Declaration of Applicant:

By signing this application, I verify that all information is true and correct to the best of my knowledge. I understand that the Hearts and Homes of Arkansas may request additional information before approving this request.

(unsigned and/or incomplete applications will not be accepted)

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever applied for Hearts & Homes assistance prior to this application?

Yes

No

If Yes, then when: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Privacy Policy:**

By signing this application, the submitting party agrees all future communication and disclosures pertaining to this application and the proposed recipient of assistance shall only be between Hearts and Homes of Arkansas and such proposed recipient. By submission of this application, the submitting party agrees to forward any communication or disclosure received thereby from or on behalf of Hearts and Homes of Arkansas regarding the proposed recipient or this application to the proposed recipient and further to promptly advise Hearts and Homes of Arkansas if any communication or disclosure pertaining to such subject matter has been erroneously delivered to the submitting party.

Print Name of Submitting Party (if applicable): \_\_\_\_\_

Signature of Submitting Party (if applicable): \_\_\_\_\_

Mail this application to: Hearts and Homes of Arkansas

Att. Arkansas REALTORS, Juli Olsen

11224 Executive Center Drive, Little Rock, AR 72211

Email this application to: [juli@arkansasrealtors.com](mailto:juli@arkansasrealtors.com)

For Inquires: 501-225-2020 or visit [www.arkansasrealtors.com](http://www.arkansasrealtors.com)

**For Hearts and Homes Use Only**

Recommended Amount: \_\_\_\_\_

Special Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Hearts and Homes Chair: \_\_\_\_\_

Date Grant Application Received: \_\_\_\_\_

Date Grant Application Approved: \_\_\_\_\_

Date Grant Denied: \_\_\_\_\_