

**"CONFIDENTIAL"**  
**KINSTON'S URGENT REPAIR PROGRAM 20**

**REQUEST FOR ASSISTANCE**

PROPERTY ADDRESS: \_\_\_\_\_

OWNER/OCCUPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SIZE OF STRUCTURE: \_\_\_\_\_ SQUARE FEET

LIST OF ALL PEOPLE LIVING IN DWELLING:

	NAME	DATE OF BIRTH	SEX	RACE	DISABLED/ HANDICAPED	QUALIFYING VETERAN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

TOTAL NUMBER OF OCCUPANTS: \_\_\_\_\_

Is there a child less than 6 years of age and lead hazards in the house? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please attach lead hazard documentation.

**COMPUTATION OF FAMILY INCOME**

INCOME: EARNED, UNEARNED AND OTHER

NAME	TYPE OF INCOME	DATE VERIFIED	MONTHLY AMOUNT	YEARLY AMOUNT

TOTAL HOUSEHOLD YEARLY INCOME: \$ \_\_\_\_\_

I understand that it is against the law to willfully withhold information or make false statements and that I am subject to prosecution if I do so. I certify that the information that I have provided, pertaining to household income and ownership, is a true and correct statement of facts according to my best knowledge and belief. I understand that all statements will be thoroughly investigated. I understand that the State or Federal reviewer may check the information on this form and I agree to this investigation. I do hereby acknowledge that I have received a copy of the URP20 Assistance Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach proof of ownership (deed, title or tax card), current income verifications for all household members with income and honorably discharged US Veteran documentation (if applicable).**

Provide a list of URGENT housing or handicap accessible needs that you would like to be considered if you are selected to participate in the Urgent Repair Program:

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