



Plymouth HRA

3400 Plymouth Blvd.
Plymouth, MN 55447
Phone (763) 509-5410
Fax (763) 509- 5407

Application for Emergency Repair Grant

Name _____

Name of Spouse or co-applicant (if applicable) _____

Address _____ Home Phone _____

Plymouth, MN Zip Code _____ Work Phone _____

Email Address _____

Description of the Problem and Repairs Needed:

Estimate of Cost of Repairs (if known):

Ethnicity/ Racial INFORMATION

Please indicate the ethnicity and race of the Head of Household. This information is for statistical purposes only.

1. Ethnicity (please check one):

_____ Hispanic/Latino _____ Non-Hispanic/Latino

2. Race (please check all that apply):

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Do any of the household members have a disability? () yes () no

If any of the requested repairs are required as a result of the disability, please describe:

Is at least one member of the household 55 years of age or older? () yes () no

(Please be prepared to provide identification; valid driver's license, etc.)

Income Certification

Please check the range which best describes your total household income and family size:

- () \$0 - \$17,300 () \$17,301- \$28,850 () \$28,851 - \$34,560 () \$34,561 - \$45,100
() \$45,101 - \$51,550 () \$51,551 - \$58,000 () \$58,001 - \$64,400 () \$64,401 - \$69,600
() \$69,601 - \$74,750 () \$74,751 - 79,900 () \$79,901 - \$85,050 () \$85,051 - Above

Family size: (1)____ (2) _____ (Other-please specify # of household members) _____

I certify that this includes all income received from any source by all residents including full and part time employment, self employment, earnings, retirement, pensions, welfare, child care earnings, alimony, and child support and any other income received from rent or investments.

Any person who makes a false statement or misrepresentation in connection with the application for or use of Plymouth funds shall be subject to fine and/or imprisonment under the provisions of the Minnesota Criminal Code, and/or may be required to return all or part of the funds to the City of Plymouth. I certify subject to penalty under law that the information provided is true and correct and the provisions stated are accepted and agreed to.

Signed:

_____ Date:_____

If application is submitted by a nonprofit agency, please provide following information:

Nonprofit Agency:_____

Contact:_____

Phone: _____

Fax: _____

Address: _____

**This information for Government Data Collection purposes only.
 All information is kept confidential and data is only reported for statistical purposes.**

Please list each household member and check each box that applies to that individual.

Names of all Household Members	Age	Female	Male	Female Head of Household	White	African-American	Hispanic or Latino	American Indian or Alaska Native	Asian/Native Hawaiian	Other	Marital Status
											S=Single M=Married D=Divorced Sep=Separated W=Widow

In addition to the application, please also submit the following information to determine eligibility for the grant program:

- Current property tax statement
- Copy of homeowners insurance policy
- Complete tax returns from the last 3 years (for all household members eighteen or older)
- 2 months of paycheck stubs (for all household members eighteen or older)
- 2 most recent bank statements (checking and savings accounts – for all household members eighteen or older)
- Any additional income verification such as SSI, child support payments, rental income, etc.
- Documentation of assets (quarterly reports of retirement accounts, annuities, stocks, bonds, savings account(s), etc.)
- Most recent mortgage statement showing current balance and payment status (include statements on any other liens on the property as well)
- Letter from Association indicating that dues are current (if applicable)