

Springfield Preservation and Revitalization Council

1334 Walnut St. Unit #1

Jacksonville, FL 32206

Office: 904.353.7727

Email: sparoffice@sparcouncil.org

**RESIDENTIAL REVIVAL HOMEOWNER APPLICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Name of homeowner(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you lived in your home? \_\_\_\_\_\_ E- mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status**

Are you or someone living at this address a U.S. Veteran? Yes No

Are you the widow or widower of a U.S. Veteran? Yes No

If so, what branch of service? Rank:

Still active in the military: Yes No Injured or wounded during service? Yes No

**Household information**

Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_\_\_\_\_

Year Built: \_\_\_\_\_\_\_\_\_

Type of Construction: Wood Cinderblock Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of residents living at this address: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Gender** | **Disabled** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**Disabilities**

Please list all disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Income Verification**

Please list all sources of income, taxable and nontaxable, for all residents in the home. Please send statements to verify income such as current tax returns and social security statements. You **MUST** disclose the income of **ALL** residents in the home. Please check all forms of income that apply:

Total **Annual** Household Income (everyone in home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual** Income of homeowner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sources of income: Social Security Pension Disability VA Benefits Wages Other

**Annual** Income of **others** living in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sources of income: Social Security Pension Disability VA Benefits Wages Other

Does the property still have a mortgage? Yes No

Have you taken out a reverse mortgage on the property? Yes No

**Background Information**

Please detail the following information: place of birth, education, past jobs, children, marriage information, community involvement and retirement.

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

**Disclaimers**

I understand that the Springfield Preservation and Revitalization Council (SPAR) is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners or families with children who have no other means to afford home repairs. By signing this statement, I guarantee that I am eligible to receive this assistance, as follows:

I am the owner of the home at the above address. \_\_\_\_\_\_\_\_ (initial)

This same house is my full – time residence. \_\_\_\_\_\_\_ (initial)

I understand that if my home is selected, friends and family who are present at the home on work days are expected to work with us, including helping and thanking volunteers. \_\_\_\_\_\_\_\_\_ (initial)

I will take full responsibility for securing valuables located in my home when volunteers are working in my home. I understand that SPAR cannot be held responsible for misplaced or broken items.

\_\_\_\_\_\_\_\_\_\_ (initial)

I have no present intention to move or offer my home for sale over the next three years. I understand that if I should sell my home within the three years following SPAR’s work on my home, I will be responsible for paying SPAR for the cost of the home repairs completed by SPAR. \_\_\_\_\_\_\_ (initial)

I certify that ALL information provided on this application is accurate. \_\_\_\_\_\_\_\_ (initial)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Homeowner)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Homeowner)

**Required Documents and Check List**

All applicants requesting housing rehabilitation are required to provide the following documentation with application before any work begins.

* Picture ID, such as a driver’s license
* Social security cards for all persons appearing on the application
* Proof of Disability if it is not evident
* Proof of all income, including: a letter from Social Security, Veteran’s Administration, pensions, employment, and child support payments. The verification of Social Security benefits must be provided prior to a scheduled appointment.
* A copy of most recent water and electric bill (for Energy Efficiency Program)
* **US Veterans , US Reserves National Guard, Coast Guard Reserves must submit a copy of the DD-214 (discharge certificate) or military ID until DD-214 is obtained**
* Name and phone numbers of a person to contact in case of emergency
* Signature and agreement not to sell home for up to three years from date of final repairs

**Return all information via mail or email to:**

Attn: Kelly Rich

SPAR Council  
1334 Walnut St. Unit #1

Jacksonville, FL 32206  
E-mail: [kelly.rich@sparcouncil.org](mailto:kelly.rich@sparcouncil.org)

Image release form?

Repairs needed?