



**City of Bentonville, Arkansas
American Recovery and Investment Act of 2009
Housing Rehabilitation and Energy Assistance Program (HREA program)**

City of Bentonville, Community Development Department
Attn: Danielle Shasteen, Community Programs Coordinator
305 SW "A" Street, Bentonville, AR 72712
(479) 271-6827 (479) 271-6807 (fax), dshasteen@bentonvillear.com

Please print. Information is kept confidential. Complete and return this application to the above address.

Name: _____ Date of Birth: _____

Address: _____ City: Bentonville Zip: 72712

Phone Number: _____ Number of years at this address: _____

Are you a United State citizen? Yes _____ or No _____

Ages of all additional persons living in the home: _____

Is the homeowner or anyone else residing in the home disabled? Yes _____ or No _____

If yes, please describe nature of disability and any special needs: _____

Explain why you or your family members cannot complete the needed repair(s): _____

Do you own your home? Yes _____ or No _____

Do you own the land that your home is on? Yes _____ or No _____

Is your home a single family dwelling that is a permanent structure? Yes _____ No _____

If your home is selected, can you provide the following?

1. Proof of ownership? Yes _____ or No _____
(i.e.: warranty deed, mortgage payment book, etc. House title on the deed must be in homeowner's name.)

2. Proof that you are current on the mortgage? Yes _____ or No _____
(i.e.: payment receipt or a letter from the bank.)

3. Proof that you are current on the property taxes? Yes _____ or No _____
(i.e.: payment receipt or a letter from Benton County.)

4. Proof of income? Yes _____ or No _____
(i.e.: most recent income tax return, most recent paycheck stub, etc. All program recipients must meet the Department of Housing and Urban Development's most recent low- to moderate income guidelines.)

The combined INCOME (Social Security, interest, salary, other) for the owner(s) **and all persons living in this home** is _____ per month.

If your home is approved for the program, what work would you like done? _____

How did you find out about the City of Bentonville's Housing Rehabilitation and Energy Assistance Program? _____

May the City of Bentonville refer your application to other organizations, such as Rebuilding Together of Northwest Arkansas for assistance?
Yes _____ or No _____

My signature below indicates that the information provided above is accurate and complete. I have read the information provided by the City of Bentonville and I have a basic understanding of the program and its process. I give the City of Bentonville permission to inspect and photograph my home for purposes of home section and / or repair.

Signature of Homeowner(s)

Date of Application