



Senior Services is now Sound Generations



City of
Bellevue



Minor Home Repair Program
Sound Generations
2208 Second Ave, Ste 100 Seattle, WA 98121

Interpreter Services are Available

Korean 통역 서비스 이용 가능

Punjabi ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ

Russian Доступны услуги переводчика

Simplified Chinese 提供口译服务

Spanish Servicios de interpretación disponibles

Traditional Chinese 提供口譯服務

Vietnamese Dịch vụ thông dịch viên có sẵn

Enclosed you will find application and income documentation guidelines needed for the Minor Home Repair Program funded by the City of Bellevue and the Department of Housing and Urban Development, Community Development Block Grant. Kindly complete the forms and return them in the provided envelope. You may also email us at MHR@soundgenerations.org.

Please complete and sign the enclosed application and return it to us in the envelope provided along with documentation verifying the income of each adult member of your household. Verification is required by our funding source, the US Department of Housing and Urban Development (HUD). Your documents will be stored securely in accordance with HUD guidelines.

Income verification documents may include (but are not limited to):

- **Social Security, SSI, or survivor benefits:** Your most recent check stub or award letter, or a recent bank statement detailing deposits.
- **Employment income:** At least one month's recent paystubs.
- **Pension/annuity/interest/dividend income:** Recent statement.
- **Tax documents:** Your W-2, or the first few pages of your 1040 tax documents.
- **Labor and Industry (unemployment):** Recent statement.
- **Rental/investment property income:** Copy of lease/rental agreement.
- **Self-employed:** Most recent 1040 tax return or three months' profit and losses.

Please note that if you have more than one source of income, you must provide documentation for each source.

2208 2nd Ave, Suite 100
Seattle WA 98121

OFFICE 206.448.5751

WA RELAY 7-1-1

FAX 206.652.0433

WEB soundgenerations.org

After we receive your documents, you will be notified when you are certified in the program and may call to schedule assessments or repairs as needed for the following three years.

Please email us at [**MHR@soundgenerations.org**](mailto:MHR@soundgenerations.org) or call the number below if you have any questions or require assistance with the application. We look forward to serving you!

The Minor Home Repair Team
Phone: (206) 448-5751



Minor Home Repair Homeowner Application

I am applying for: Minor Home Repair Water Conservation Program (free toilet for Seattle Public Utilities customers)

Name of Homeowner			
Street Address			
City, Zip Code			
Phone Number	()	--	
Email Address			
Alternate Contact Name			
Alternate Contact Phone	()	--	Relationship
Date of Birth			
Total number of people living in home		Total Number of People Aged 18 & over	

* Alternate contact would be a family member, caretaker, case manager, etc. that MHR may contact if we cannot reach you

Source(s) of Income (attach copies to this form)	Monthly Gross Income (before deductions)
Paycheck	\$
Social Security	\$
Retirement	\$
Rent Collected	\$
Other	\$
Homeowner Monthly Gross Income Total	\$ (A)

Additional Household Members <small>* Anyone age 18 & over not paying rent.</small>	Source(s) of Income (Attach copies to this form)	Monthly Gross Income (Before deductions)
		\$
		\$
		\$
		\$
Additional Household Member* Monthly Gross Income Total		(B)
Add together (A+B) for TOTAL HOUSEHOLD INCOME		

By signing below, I certify the above information is complete and accurate to the best of my knowledge

Signature of Applicant or representative: X _____ **Date** _____

Optional Questions

Optional Questions		Adults	Children
1.	Gender		
	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
	Transgender Man/Trans man/female-to-male (FTM)	<input type="checkbox"/>	<input type="checkbox"/>
	Transgender Woman/Trans woman/male-to-female	<input type="checkbox"/>	<input type="checkbox"/>
	Not listed	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
2.	Hispanic/Latino Ethnicity	Adults	Children
	Yes, Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
	No, Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
3.	Race	Adults	Children
	American Indian, Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
	Asian, Asian-American	<input type="checkbox"/>	<input type="checkbox"/>
	Black, African-American, Other African	<input type="checkbox"/>	<input type="checkbox"/>
	Hawaiian Native or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
	White	<input type="checkbox"/>	<input type="checkbox"/>
	Multi-racial (2 or more races identified)	<input type="checkbox"/>	<input type="checkbox"/>
	Other race		
4.	Veteran	Adults	
	Yes, Veteran	<input type="checkbox"/>	
	No, Not Veteran	<input type="checkbox"/>	
	Disabled	Adults	Children
	Yes, Disabled	<input type="checkbox"/>	<input type="checkbox"/>
	No, Not Disabled	<input type="checkbox"/>	<input type="checkbox"/>
5.	Limited English Proficiency	Adults	Children
	Yes, Limited	<input type="checkbox"/>	<input type="checkbox"/>
	No, Not Limited	<input type="checkbox"/>	<input type="checkbox"/>