Tennessee Disability Housing Assistance Program

United Cerebral Palsy of Middle Tennessee
1200 9th Avenue North, Suite 110
Nashville, TN 37208
Email: John_Pickett@ucpnashville.org
Telephone: 615/242-4091
Fax: 615/242-3582
Home Page: www.ucpnashville.org

Dear Applicant,

Thank you for your inquiry regarding the Tennessee Disability-Related Housing Assistance Program. The program is designed to assist qualifying individuals who have disabilities with housing accessibility modifications or other housing related needs.

The fund is made available through a grant from Tennessee Housing Development Agency, and as such, certain regulations apply. Before you may be considered for assistance you must provide all of the information required in the application package. Also, please note that the fund requires a 50% match for the total amount requested from the fund. In other words, if you are asking for a $500 grant, the required match is $250. This may be in the form of cash or in-kind resources. While we urge families to seek their own matching resources, if you do not have the matching resources, you may go ahead and apply for the grant, and state on the application that you do not have the required match. If your application is approved, we will try to connect you with a community organization to help you find the match. Please be aware that we will not be able to fund the grant until the match is secured.

Mail your completed application to UCP at the address below. Be sure to keep a copy for your records.

United Cerebral Palsy of Middle Tennessee
1200 9th Avenue North, Suite 110
Nashville, TN 37208

Please make sure you have the appropriate postage on the envelope. You may also fax your materials to us at 615-242-3582. Requests are handled on a first come first serve basis. The earlier we receive your information, the sooner we will be able to assess your situation.

Once we have all the completed materials in hand, a Project Manager will be assigned to you. This individual will gather information about your specific needs and ensure that your information is presented to a council that will make the final determination about your request and the level of funding that may be awarded. If your request is funded, the Project Manager will follow up with you to ensure that the project is completed according to specifications. If your request includes a home modification, the Project Manager will work with you to obtain project bids and ensure that any and all modifications are completed in compliance with community building codes and ADA compliance standards.

Please be aware that we are not able to fund all requests. The determination regarding whether your request is appropriate for the fund is made after we conduct an evaluation of the application. This may include a visit to your property. The evaluation is made only after all information has been received and the household has qualified under current THDA guidelines. Please feel free to contract us should you have other questions.

Sincerely,
John Pickett

John Pickett
Director of Home Access Services

United Cerebral Palsy of Middle Tennessee
Application for Tennessee Disability Housing Assistance Program

Information about individual for whom this request is being made:

First Name: ____________________________ Last Name: ____

Date of Birth: __________________________ Current Age: ____

Address: ____

____

Telephone: __________________________________ Email: ____

Allowed Tennessee County: ____

The following counties are <u>not allowed</u> for this fund: Davidson, Hamilton, Knox and Shelby

Social Security Number: ______________________________ Race:___________________________________

Gender: Male_______ Female________

Type/Description of Disability:____

____

____

Number of people living in the home: _____ Below Age 18: ____ Above Age 18: _____

Wheelchair User? [ ] Yes [ ] No Type of Chair [ ] Manual [ ] Electric

Contact Information:

Name of person to contact concerning this application:____

Relationship: ____

Address (if different from above):____

____

Telephone: ____
(home) (work)

Type of Request:

[ ] Home Modification or Repair
[ ] Financial Assistance to Move from Nursing Home or Other Congregate Facility
[ ] Financial Assistance to Move from Inaccessible Home to an Accessible Home
[ ] Financial Assistance to Move from Homelessness to a Home
[ ] Emergency Housing-Related Need
[ ] Weatherization of Home

Please describe the Housing Related Need or Home Modification you are requesting (attach additional documentation if necessary):

Anticipated Project Beginning Date:	Anticipated Project End Date:

Amount of Request

The Tennessee Disability Related Housing Assistance Fund is designed for small projects, generally not exceeding $2,000. Applicants must demonstrate that they will match a minimum of 50% of the amount allocated from the fund. If you do not have the match, you may continue with the application, but matching funds will need to be identified before the grant can be approved or finalized.

A. Amount Requested From Fund:	**$**
B. Applicant Match (must be at least 50% or one-half of the Amount Requested above)	**$**

Source of Match

[ ] Family will provide Cash Match (i.e., Family will pay for the remainder of the cost of the project)

[ ] Non-Profit or Faith Based Organization will provide Cash Match (describe):

____

____

[ ] Volunteer or other Donated Services or Labor (describe):

____

____

[ ] Donated Materials or Supplies (describe):

____

____

[ ] No Match has been identified (describe reason):

____

____

____

I give United Cerebral Palsy permission to contact other community organizations on my behalf in order to identify matching resources for this request: [ ] Yes [ ] No

Complete this section if you have a home modification request

Site where Home Modification is needed:

Address:______________________________

City, State, Zip: ______________________________

County: ______________________________

Phone Number:______________________________

Directions:

____

____

____

Does applicant (or guardian) own this home? [ ] Yes [ ] No

Full name of property owner: ______________________________

ATTACHMENTS

All Applications: Please enclose the following attachments:

1. Documentation of Disability – Letter or other document from a physician, therapist, school personnel or other professional that verifies that the application has the disability described in the application
2. Functional Limitations Form – Complete the enclosed form that describes how the above disability affects the applicant
3. Complete and sign the Household Member Income form. All household members, regardless of age, must be listed. If the member has no income, write zero on the appropriate income line.
4. Documentation of Household income such as a Social Security benefits letter, bank statement, pay stub, or current tax return for each member listed.

Applicants requesting Home Modifications:

1. Permission for Home Modification form. This form must be provided whether you or someone else owns the home.

Functional Limitations

Name of Applicant: ____
Date: ____

The Tennessee Disability-Related Housing Assistance Fund is established to provide services to persons with specific functional limitations. Please complete the following information related to functional limitations of the individual applying for services:

Physical Limitations	**Yes**	**No**	**Child/Does not Apply**
Able to Walk with no Supports or Assistance?			
Able to Use Arms and Hands?			
Able to Sit Up without Supports?			
Able to transition from chair to standing, or from bed to standing position			
Able to Dress without Assistance?			
Able to Eat Without Assistance?			
Able to go to the Bathroom Without Assistance?			
Able to Bathe Without Assistance?			
Able to see clearly enough to read with or without glasses?			
Able to hear without hearing aid?			
Able to speak clearly enough to be understood by others?			

Behavioral Limitations	**Yes**	**No**	**Child/Does not Apply**
Able to behave in a generally socially acceptable manner without guidance and supervision			
Able to self-supervise (i.e., can be left alone for long periods of time)			
Able to self-regulate emotions/emotional behavior			
Able to comprehend and follow directions			

Life Skills Limitations	**Yes**	**No**	**Child/Does not Apply**
Able to earn a living or care for others			
Able to make critical decisions for himself/herself			
Able to conduct personal finances without assistance			

Please provide other information below or on a separate document that may be helpful in ascertaining the level of functional disability this individual has:

Household Member Income: List the income of **all household members**. Attach documentation (i.e., copies of pay stubs, Social Security statement, Current Tax form, etc.) that substantiates information provided below. If household member makes no income, place a zero on the monthy and yearly income lines.

	Name	Relationship	Source of Income	Monthly	Yearly
1				$	$
2				$	$
3				$	$
4				$	$
5				$	$
6				$	$
7				$	$
8				$	$

Total Income/Earnings $ ______________

Other Assets: List the value of all single assets exceeding $5,000 in value, including bank accounts, stock, annuities, investments, rental property, other real estate holdings, etc.

	Owner Name	Type of Asset		Value	Annual Earnings on Asset
1				$	$
2				$	$
3				$	$
4				$	$
5				$	$

Total Income/Earnings $ ______________

Tennessee Disability-Related Housing Assistance Fund
PERMISSION FOR HOME MODIFICATION
This form is required for Home Modification and Weatherization Projects Only

Name of Homeowner:____

Homeowner Address: ____

____

____

Homeowner Telephone: ____

I, ______________________________, verify that I am the owner of the home at the
(name)
following address *(address at which home modification is planned):*

____

____

____

I give my permission for United Cerebral Palsy of Middle Tennessee to perform modifications to the home at the address above in order to accommodate individual(s) with disabilities. I further acknowledge that upkeep and maintenance of the modification is not the responsibility of United Cerebral Palsy of Middle Tennessee.

______________________________ ______________________________
Signature of Homeowner *Date*