



HOME REPAIR PROGRAM APPLICATION

City of Moore, Oklahoma

City Use Only: Application No.: _____ Received Date: _____ Submission Method: ☐ In Person ☐ Email ☐ Mail

SECTION 1 – APPLICANT & HOUSEHOLD INFORMATION

Homeowner Information

APPLICANT NAME	SSN (LAST 4)	PHONE	EMAIL
JOINT APPLICANT NAME	SSN (LAST 4)	PHONE	EMAIL
ADDRESS	CITY	STATE	ZIP CODE

Household Occupants

List all individuals currently residing in the household, including the Applicant and Joint Applicant (if applicable).

HOUSEHOLD MEMBER NAME	RELATION	AGE	RACE	HISPANIC OR LATINO (Y/N)
HOUSEHOLD MEMBER NAME	RELATION	AGE	RACE	HISPANIC OR LATINO (Y/N)
HOUSEHOLD MEMBER NAME	RELATION	AGE	RACE	HISPANIC OR LATINO (Y/N)
HOUSEHOLD MEMBER NAME	RELATION	AGE	RACE	HISPANIC OR LATINO (Y/N)
HOUSEHOLD MEMBER NAME	RELATION	AGE	RACE	HISPANIC OR LATINO (Y/N)

SECTION 2 – HOUSEHOLD INCOME

Self-Employed Household Members

☐ N/A

HOUSEHOLD MEMBER NAME	2025 INCOME (\$)	2026 INCOME (\$)	2027 ANTICIPATED INCOME (\$)
HOUSEHOLD MEMBER NAME	2025 INCOME (\$)	2026 INCOME (\$)	2027 ANTICIPATED INCOME (\$)
HOUSEHOLD MEMBER NAME	2025 INCOME (\$)	2026 INCOME (\$)	2027 ANTICIPATED INCOME (\$)

Employed Household Members

☐ N/A

HOUSEHOLD MEMBER NAME	EMPLOYER	HOURLY WAGE (\$)	GROSS SALARY (\$)	ANNUAL INCOME (\$)	PAY FREQUENCY
HOUSEHOLD MEMBER NAME	EMPLOYER	HOURLY WAGE (\$)	GROSS SALARY (\$)	ANNUAL INCOME (\$)	PAY FREQUENCY
HOUSEHOLD MEMBER NAME	EMPLOYER	HOURLY WAGE (\$)	GROSS SALARY (\$)	ANNUAL INCOME (\$)	PAY FREQUENCY

Household Members Other Income

☐ N/A

(Social Security, child support, pensions, VA benefits, or other monthly income.)

HOUSEHOLD MEMBER NAME	INCOME TYPE	MONTHLY AMOUNT (\$)
HOUSEHOLD MEMBER NAME	INCOME TYPE	MONTHLY AMOUNT (\$)
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HOUSEHOLD MEMBER NAME	INCOME TYPE	MONTHLY AMOUNT (\$)





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SECTION 2 – HOUSEHOLD INCOME (continued)

Financial Accounts

List all financial accounts held by the Applicant or Joint Applicant (if applicable), including the current balance as of the application date.

ACCOUNT HOLDER(S)	FINANCIAL INSTITUTION	ACCOUNT TYPE	CURRENT BALANCE (\$)
ACCOUNT HOLDER(S)	FINANCIAL INSTITUTION	ACCOUNT TYPE	CURRENT BALANCE (\$)
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SECTION 3 – HOME REPAIR SUMMARY

Repairs Requested

(Check all that apply)

- ☐ EXTERIOR DOORS ☐ HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) ☐ PAINTING
☐ ROOFING ☐ SOFFIT REPLACEMENT ☐ WINDOWS
☐ OTHER: _____

Repair Description

Describe the requested repairs, their location and any safety concerns.

SECTION 4 – PROPERTY OWNERSHIP & FINANCIAL STATUS

Property Ownership

- DO BOTH THE APPLICANT AND JOINT APPLICANT APPEAR ON THE PROPERTY TITLE? ☐ YES ☐ NO
IF NO, WHO IS NOT LISTED ON THE TITLE? ☐ APPLICANT ☐ JOINT APPLICANT ☐ APPLICANT & JOINT APPLICANT
ARE THERE ANY LIENS, JUDGEMENTS, OR PENDING LEGAL ACTIONS AGAINST THE PROPERTY? ☐ YES ☐ NO

Rental Property

☐ N/A

DO YOU OWN ANY RENTAL PROPERTY? IF SO, COMPLETE THE INFORMATION BELOW. ☐ YES ☐ NO

RENTAL PROPERTY INFORMATION

PROPERTY ADDRESS	CITY	STATE	ZIP CODE	MONTHLY RENT (\$)
PROPERTY ADDRESS	CITY	STATE	ZIP CODE	MONTHLY RENT (\$)
PROPERTY ADDRESS	CITY	STATE	ZIP CODE	MONTHLY RENT (\$)

WHAT IS THE MONTHLY TOTAL INCOME FOR ALL PROPERTIES COMBINED? \$ _____

Mortgage Information

☐ N/A

- IS THERE A MORTGAGE ON THE PROPERTY? IF YES, COMPLETE THE INFORMATION BELOW. ☐ YES ☐ NO
ARE PROPERTY TAXES AND INSURANCE INCLUDED IN YOUR MORTGAGE PAYMENT? ☐ YES ☐ NO
ARE ALL MORTGAGE PAYMENTS CURRENT? ☐ YES ☐ NO
DO YOU HAVE A REVERSE (CONVERSION) MORTGAGE? ☐ YES ☐ NO

FIRST MORTGAGE

LENDER	ACCOUNT NUMBER (#)	LOAN BALANCE (\$)	MONTHLY PAYMENT (\$)
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SECOND MORTGAGE ☐ N/A

LENDER	ACCOUNT NUMBER (#)	LOAN BALANCE (\$)	MONTHLY PAYMENT (\$)
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SECTION 5 – ASSISTANCE HISTORY

Assistance Information

Indicate whether you or the property have previously received housing, repair, FEMA, or insurance assistance.

- HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE THROUGH THE CITY OF MOORE HOME REPAIR PROGRAM? ☐ YES ☐ NO
- HAVE YOU RECEIVED ASSISTANCE FROM ANOTHER HOME REPAIR OR HOUSING PROGRAM? ☐ YES ☐ NO
- HAVE YOU RECEIVED FEMA ASSISTANCE FOR DAMAGE TO THIS PROPERTY? ☐ YES ☐ NO
- HAVE YOU FILED AN INSURANCE CLAIM FOR THE REPAIRS REQUESTED IN THIS APPLICATION? ☐ YES ☐ NO

IF YOU ANSWERED "YES" TO ANY QUESTION ABOVE, PLEASE PROVIDE ADDITIONAL DETAILS BELOW.

PROGRAM/AGENCY NAME	TYPE OF ASSISTANCE	APPROXIMATE DATE	AMOUNT (\$)
PROGRAM/AGENCY NAME	TYPE OF ASSISTANCE	APPROXIMATE DATE	AMOUNT (\$)
PROGRAM/AGENCY NAME	TYPE OF ASSISTANCE	APPROXIMATE DATE	AMOUNT (\$)

SECTION 6 – CERTIFICATION

Applicant Certification

Read each statement carefully before signing to certify your understanding and agreement.

- TRUE** ☐ I/We certify that all information and supporting documentation is true and accurate to the best of my/our knowledge.
- ☐ I/We own and reside in the property listed on this application.
- ☐ I/We verify that this application includes all occupants of my/our home.
- ☐ I/We understand that providing false, misleading, or incomplete information may result in the denial of assistance.
- PERMISSION** ☐ I/We authorize the City of Moore to verify the information provided in this application to determine program eligibility.
- ☐ I/We understand that the City of Moore may inspect the property to verify program compliance.
- ELIGIBILITY** ☐ I/We understand that only City-approved and pre-authorized repairs are eligible for assistance.
- ☐ I/We understand that participation in the home repair program is subject to the availability of funding.
- NO GUARANTEE OF WORK** ☐ I/We understand that submission of this application does not guarantee eligibility or approval for assistance.
- NOT LIABLE** ☐ I/We release and hold the City of Moore harmless from any claims arising out of or related to this application.

SIGNATURE(S)

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF JOINT APPLICANT:

DATE:

BEFORE YOU SUBMIT 	SUBMIT YOUR APPLICATION 	QUESTIONS
☐ Read the Home Repair Program Application Guide. ☐ Completed all application sections. ☐ Included government-issued ID(s). ☐ Included proof of homeownership. ☐ Included income documentation. ☐ Included any additional documentation requested. ☐ Reviewed the application to ensure all information is complete and accurate.	In Person: City of Moore Department of Community Development 301 North Broadway Moore, Oklahoma 73160 By Mail: City of Moore Department of Capital Planning & Resiliency 301 North Broadway Moore, Oklahoma 73160 By Email: cdbq@cityofmoore.com Office Hours: 8:00 AM – 5:00 PM, Monday – Friday	Phone Number: (405) 793-4571 Application Questions: Sky Larson Administrative Assistant slarson@cityofmoore.com Kahley Gilbert Project-Grants Manager kgilbert@cityofmoore.com Inspection & Contractor Questions: Ryan Coggins Compliance Specialist rcoggins@cityofmoore.com

