

**Application for CDBG Emergency Housing Repair Grant**  
City of Martinsburg - Community Development Department  
232 North Queen Street Martinsburg, WV 25401  
Tel. (304) 254-2131, ext. 278 Fax. (304) 264-2137

**A. APPLICANT**

Last Name/First Name/Middle Initial \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**B. CO-APPLICANT**

Last Name/First Name/Middle Initial \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**ALL OTHERS LIVING IN HOUSEHOLD**

Name	Age	Relationship	Monthly Income
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_____			
_____			
_____			

TOTAL MONTHLY INCOME, ALL SOURCES: \$ \_\_\_\_\_

**TOTAL ANNUAL INCOME, ALL SOURCES:** \$ \_\_\_\_\_

Is there a handicapped person in your household? Yes \_\_\_ No \_\_\_

Is anyone in your household age 62 or older? Yes \_\_\_ No \_\_\_

Is the head of household a female? Yes \_\_\_ No \_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Martinsburg, WV 25401

DESCRIPTION OF NEEDED REPAIRS:

EHRP GRANT AMOUNT REQUESTED: \_\_\_\_\_

**IMPORTANT – READ BEFORE SIGNING**

**AGREEMENT AND CERTIFICATION**

\_\_\_\_ I/we certify that I own and occupy the property as my sole and primary residence.

\_\_\_\_ The undersigned agrees that the grant funds requested will be used solely for the benefit of the applicant household for the purpose of making emergency home repairs, make dwellings handicapped accessible and to correct health and safety code deficiencies within the dwelling unit. This grant assistance must be used for items that threaten the health and/or safety of the household. It is not the intent of this program is to be a rehabilitation program or to provide routine maintenance or cosmetic housing repairs.

\_\_\_\_ I/We further agree that information I/we provide to Telamon Corporation as part of the grant application will be disclosed and provided to the City of Martinsburg as part of this application for assistance.

\_\_\_\_ I/We understand that the selection of a Contractor, acceptance of material used and work performed is my/our responsibility. The City of Martinsburg does not guarantee the materials or workmanship.

\_\_\_\_ **I/We certify that I/we have received a copy of the EPA booklet “Protect Your Family From Lead In Your Home.”**

\_\_\_\_ I/We certify that the above information is a true and correct statement to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

\_\_\_\_\_  
Interviewer's Signature Date

