

# Hearts & Homes of Arkansas



Application for Housing Assistance Due To:  
(Please select one)



- \_\_\_\_\_ Catastrophic Illness
- \_\_\_\_\_ Catastrophic Event
- \_\_\_\_\_ Natural Disaster

**Eligibility:**

*Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States and he/she must reside in the state of Arkansas. Recipients must not have received assistance from Hearts & Homes of Arkansas within the previous 24 months.*

**Confidentiality:**

*All information provided on the form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender or landlord, if requested. It will not be shared with other parties for any other purpose.*

**Disbursement of Funds:**

*In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first served basis. All grants are contingent upon the availability of funds. Hearts & Homes of Arkansas reserves the right to accept or reject any application, and for good and sufficient reasons, to cancel any grant that it has made. The Foundation also reserves the right to change the application criteria at any time. Grants will be jointly payable to applicant and mortgage lender/landlord, utility company, or property tax collector.*

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**Section 1.**

*Please Complete All Information to be Considered for Assistance*

**Full Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**Unit #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Type of Dwelling?** Single Family: \_\_\_\_\_ Condo/Townhome: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Do You Own or Rent?** Own: \_\_\_\_\_ Rent: \_\_\_\_\_ **Is this Your Primary Residence?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Relationship of Person Seeking Aid for Owner or Renter:** \_\_\_\_\_

**List Names & Ages of Any Dependents, And State Whether They Occupy the Dwelling:**

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**Section 2.**

*Need Information*

**Describe the need for housing-related assistance (i.e., the reason assistance is needed, damage/loss to dwelling, if any, and its cause, financial assistance needs, etc.):**

**Section 3.**

*Housing & Expense Information*

**Have You Been Displaced From Your Primary Residence?** Yes: \_\_\_\_ No: \_\_\_\_ **If Yes, How Long?** \_\_\_\_\_

**Type of Request?** Mortgage: \_\_\_\_\_ Housing Assistance: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name on Mortgage or Lease:** \_\_\_\_\_

**Phone Number of Owner/Lessor:** \_\_\_\_\_

**Name of Lender/Mortgage Servicer:** \_\_\_\_\_

**Loan Number (if applicable):** \_\_\_\_\_

**Website of Lender/Mortgage Servicer:** \_\_\_\_\_

**Telephone Number of Lender/Mortgage Servicer:** \_\_\_\_\_

**Mortgage Loan Amount:** \$ \_\_\_\_\_ **Monthly Payment:** \$ \_\_\_\_\_

**Section 3, Cont'd.**

*Housing & Expense Information*

Name of Landlord or Shelter Provider: \_\_\_\_\_

Telephone Number of Landlord or Shelter Provider: \_\_\_\_\_

Address of Landlord or Shelter Provider: \_\_\_\_\_

\_\_\_\_\_

Monthly Rent Payment: \$ \_\_\_\_\_

**\*\*\* A RECENT COPY OF YOUR LAST MORTGAGE STATEMENT, INCLUDING PAYMENT AMOUNT AND BALANCE OWED, OR A COPY OF YOUR RENTAL AGREEMENT/PROOF OF TEMPORARY HOUSING COSTS (RECEIPTS) MUST BE SUBMITTED WITH YOUR APPLICATION TO BE CONSIDERED FOR ASSISTANCE\*\*\***

Amount of Monthly Expenses: \_\_\_\_\_ Amount of Housing-related Expenses: \_\_\_\_\_

Taxes: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_

Name of Tax Collector: \_\_\_\_\_ Property Tax Number: \_\_\_\_\_

County or Township: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Carrier Telephone Number: \_\_\_\_\_

**Section 4.**

*Necessary Personal Information*

Employment Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Gross Monthly Income From All Contributing Members in Household**  
(includes alimony, child support, separate maintenance, government benefits, etc.): \_\_\_\_\_

**Please Detail Any Financial Assistance You Have Received From Other Sources:**

Provider	Description of Assistance	Amount Received

**Do you have a relationship with any officer, director, or employee of Hearts & Homes or Arkansas REALTORS® Association?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please state who: \_\_\_\_\_

**Have you received previous assistance from Hearts & Homes of Arkansas?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please state when: \_\_\_\_\_

**Section 5.**

*Declaration of Applicant*

***By signing this application, I verify that all information is true and correct to the best of my knowledge. I understand that Hearts & Homes of Arkansas may request additional information before approving this request. I acknowledge that unsigned and/or incomplete applications will not be accepted.***

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have You Ever Applied for Hearts & Homes Assistance Prior to this Application? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, When: \_\_\_\_\_

**REQUIRED DOCUMENT CHECKLIST:**

***Please ensure your application is submitted with the proper supporting documents so that your application is not delayed. No assistance will be granted for incomplete applications.***

**The following documents are necessary when requesting mortgage assistance:**

- Most Recent Mortgage Statement and/or Tax Bill
- Home Insurance Bill or Statement

**The following documents are necessary when requesting housing assistance:**

- Signed and dated rental or lease agreement
- Most recent Utility Bill for proof of residency
- Temporary Housing Cost Receipts (if applicable)

**Privacy Policy:**

*By signing this application, the submitting party agrees all future communication and disclosures pertaining to this application and the proposed recipient of assistance shall only be between Hearts & Homes of Arkansas, and such proposed recipient. By submission of this application, the submitting party agrees to forward any communication or disclosure received thereby from or on behalf of Hearts & Homes of Arkansas regarding the proposed recipient or this application to the proposed recipient and further to promptly advise Hearts & Homes of Arkansas if any communication or disclosure pertaining to such subject matter has been erroneously delivered to the submitting party.*

**Printed Name of Submitting Party (if applicable):** \_\_\_\_\_

**Signature of Submitting Party (if applicable):** \_\_\_\_\_

**Mail this application to:** Hearts & Homes of Arkansas  
Attn: Arkansas REALTORS Hearts & Homes  
11224 Executive Center Drive, Little Rock, AR 72211

**Email this application to:** heartsandhomesinfo@gmail.com

**For inquiries:** Call 501-225-2020 or visit [www.arkansasrealtors.com](http://www.arkansasrealtors.com)

# For Hearts & Homes Use Only

Recommended Amount: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Hearts & Homes Chair: \_\_\_\_\_

Date Grant Application Received: \_\_\_\_\_

Date Grant Application Approved: \_\_\_\_\_

Date Grant Application Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

## Please Mail All Applications To:

*Hearts & Homes of Arkansas  
Attn: Arkansas REALTORS Hearts & Homes  
11224 Executive Center Drive  
Little Rock, AR 72211*

