HOPE

APPLICATION PREVIEW

The sole purpose of this document is to provide users with a preview of the questions and requirements they will encounter when completing the online application through the Neighborly portal. PLEASE DO NOT PRINT OR FILL OUT THIS DOCUMENT. The application must be completed online through the Neighborly portal. Users must first create an account to access and complete the application. IMPORTANT: Users must have access to a valid email address to create a Neighborly account. If you need assistance filling up this form please call 901 6367354 and make an appointment.

Program Overview

Housing, Opportunity, Programs and Empowerment (HOPE) is a program created by the City of Memphis -Division of Housing and Community Development (HCD) to assist low—to moderate-income homeowners in securing and maintaining safe, sanitary, and decent housing.

The program's main objective is to provide families or individuals within the service area who have insufficient resources or cannot obtain necessary credit at affordable costs with an opportunity to repair and beautify their homes.

This funding is structured as a deferred forgivable loan at a rate of 0% interest with no monthly payment. This means that for the affordability period (3 years), there will be a lien on the property.

Please note:

Homeowners will not be required to repay the loan as long as they continue living in the home for three years after the repairs and/or beautification are completed. During this three-year period, a lien will be placed on the property as a formality to ensure the home remains the homeowner's primary residence. For rental properties, landlords will not be required to repay the loan if the property is not sold during the three-year lien period. A lien will be placed on the property to ensure the home is not sold after the repairs are completed. The lien will be removed once the applicable lien period has been satisfied, three years for homeowners and three years for rental properties provided all program requirements have been met.

Funding for the Housing, Opportunity, Programs and Empowerment (HOPE) program is provided in compliance with the following ordinance:

Ordinance No.5953 (Aug.19, 2025): Ordinance Providing for the Allocation of Lawfully Available Funds of the City of Memphis Related to Artificial Intelligence Property and for Other Purposes. City of Memphis, Tennessee.

Before completing application, please verify that your address is in Zone 1 (see attendant for help)

For more information, please refer to the links down below.

https://benevate.blob.core.windows.net/memphistnpublic/EPA%202016_a_citizens_guide_to_radon.pdf

https://benevate.blob.core.windows.net/memphistn-public/EPA%20mold%20guide%2012.pdf

https://benevate.blob.core.windows.net/memphistnpublic/EPA%20renovate%20right%20brochure%20(1).pdf

A. Acknowledgment and Consent

Please provide the following information.

A.1. The home is within Shelby County.

	YES
	NO

	I am current on my mortgage or rent payments, and I am not currently modifying my mortgage payments.
	This property is my primary residence, and I have resided here for at least 12 months.
	I am current on my city and county property taxes, or I am currently on a payment plan.
	I certify that all the information provided in this checklist for "HOPE" assistance is true and correct. I understand that participation with this program includes a three-year lien for homeowners and a three-year lien for rental properties, meaning that if the property is sold during the lien period, I am obligated to repay the city the remaining percentage of the loan.

Applicant Signature

Please provide your **full legal first and last name** as it appears on your government-issued ID.

Signature

B. Applicant Information

Please provide the following information.

B.1. Applicant First Name	B.2. Applicant Last Name	B.3. Applicant Email

B.4. Home Address			
Address	City	State	Zip Code

B.5 Mailing Address			
Address	City	State	Zip Code

B.6. Phone Number	B.7. Alternate Phone

Emergency/Alternative Contact

B.8. Contact Name	B.9. Contact Phone Number	B.10. Contact Email

B.11 Would you be interested in other energy-saving programs that may assist with paying or lowering your utility bills?

	YES
	NO

C. Conflict of Interest

Please provide the following information.

Program Name

Memphis HOPE (Housing, Opportunities, Program, and Empowerment)

C.1. First and Last Name	

C.2. Address			
Address	City	State	Zip Code

Type of Potential or Actual Conflict

Family Member*: by blood, marriage, or adoption, spouse, parent, stepparent, child, stepchild, brother, sister, stepbrother, stepsister, grandparent, grandchild, and in-laws of the applicant*

C.3. Does applicant have a family member who is an employee working in the program area?

	YES
	NO

C.4. Does Applicant's Family Member have functions/responsibilities with respect to program area?

	YES
	NO

C.5. Is Applicant an employee working in the program area?

	YES
	NO

C.6. Does Applicant have functions or responsibilities with respect to program area?

	YES
	NO

C.6a. If you answered "Yes" to any of the questions above, please explain. Provide relevant details in the space provided. Failure to provide this information may result in disqualification from the receipt of services. Your responses will be submitted to our committee to determine if you are eligible to participate in this program.

C.7. Have you given ANY gift or gratuity to a city employee?

	YES
	NO

C.8. Do you have ANY business interests or investments that could create a conflict of interest with your work or with the city?

	YES
	NO

C.9. Are you currently involved in or may have future involvement in ANY legal proceedings and debarment that can create a conflict of interest in your work or with the City?

	YES
	NO
	N/A

Note: YES, to any one of the above Gifts, Business Relations, and/or legal proceedings and debarment responses means there is a Potential Conflict – Your responses will be submitted to our committee to determine if you are eligible to participate in this program.

D. Household Members (s)

List all household members below.

Household Member 1 — Primary Household Member*

First Name	Middle Name	Last Name
Birthday (MM/DD/YYYY)	Social Security Number	

If additional household members need to be added please ask attendant for applicable document.

Check which best applies to you.

Demographics

Family Type		
Single Female (no children)	Single male (no children)	Single parent female (children under 18)
2 parent household	More/Other	Single parent male (children under 18)

Relationship to applicant			
Self	Partner/Spouse	Parent	Child
Extended Family	Friend (Not Related)	Caretaker	

Race				
Black/ African American	White	Asian	Native Hawaiian/Alaskan Native	Native Hawaiian or Other Pacific Islander
African American and White	American Indian/ Alaskan Native/ African American	Asian and White	Indian American and Black	Other

Ethnicity	
Hispanic/Latino	Non-Hispanic/ Non-Latino

Marital Status			
Single	Separated	Married	Domestic Partner
Divorced	Widowed	Prefer Not to Say	

Female Head of Household	
Female HOH-YES	Female HOH-NO

Disabled	
YES	NO

Elderly	
Yes- Elderly (62+)	No -Elderly

Gender	
Female	Male

Education		
Not Applicable	Some High School	High School Graduate
Some Colleges	Bachelor's Degree	Master's Degree

E. INCOME

All required documents must be submitted to process your application. The application is not considered complete and will not be processed until all required documents have been received.

List the income for all household members.

Household Member 1 — Primary Household Member*

First and Last Name	Age	Birthday (MM/DD/YYYY)	Total Income

Source of Income — Check all that apply*

Business Net Income	Pension	SSDI — Social Security Disability Income
Child Support / Alimony	Regular Monetary Gifts	SSI — Supplemental Security Income
Gross Pay	Rental Net Income	TANF / Welfare — Temporary Assistance for Needy Families
No Income (Child)	Retirement	Unemployment Compensation
No Income	Social Security	Other
Workers' or Disability Compensation	Investment income	

Income Source 1	
Annual Income Amount ($)	Additional Information
Income Source 2	

Household Member 2 — Household Member

First and Last Name	Age	Birthday (MM/DD/YYYY)	Total Income

Type of Income — Check all that apply

Business Net Income	Pension	SSDI — Social Security Disability Income
Child Support / Alimony	Regular Monetary Gifts	SSI — Supplemental Security Income
Gross Pay	Rental Net Income	TANF / Welfare — Temporary Assistance for Needy Families
No Income (Child)	Retirement	Unemployment Compensation
No Income	Social Security	Other
Workers' or Disability Compensation	Investment income	

Income Source 1	
Annual Income Amount ($)	Additional Information
Income Source 2	

Household Member 3— Household Member

First and Last Name	Age	Birthday (MM/DD/YYYY)	Total Income

Type of Income — Check all that apply

Business Net Income	Pension	SSDI — Social Security Disability Income
Child Support / Alimony	Regular Monetary Gifts	SSI — Supplemental Security Income
Gross Pay	Rental Net Income	TANF / Welfare — Temporary Assistance for Needy Families
No Income (Child)	Retirement	Unemployment Compensation
No Income	Social Security	Other
Workers' or Disability Compensation	Investment income	

Income Source 1	
Annual Income Amount ($)	Additional Information
Income Source 2	

Household Member 4— Household Member

First and Last Name	Age	Birthday (MM/DD/YYYY)	Total Income

Type of Income — Check all that apply

Business Net Income	Pension	SSDI — Social Security Disability Income
Child Support / Alimony	Regular Monetary Gifts	SSI — Supplemental Security Income
Gross Pay	Rental Net Income	TANF / Welfare — Temporary Assistance for Needy Families
No Income (Child)	Retirement	Unemployment Compensation
No Income	Social Security	Other
Workers' or Disability Compensation	Investment income	

Income Source 1	
Annual Income Amount ($)	Additional Information
Income Source 2	

Household Income Limits — AMI 120%

Household Size	1 person	2 people	3 people	4 people	5 people	6 people	7people	8 people
AMI 120%	$77,850	$89,000	$100,100	$111,250	$120,150	$129,050	$137,950	$146,850

F. Housing Information

All required documents must be submitted to process your application. The application is not considered complete and will not be processed until all required documents have been received.

F.1. Do you reside within the City of Memphis limits?	YES	NO
F.2. Do you rent or own your home?	RENT	OWN
F.3. Year Built _____ F.4. Do you live in a historic district?	YES	NO
F.5. Do any household members have known or suspected health concerns?	YES	NO

F.5a. Please describe any health-related considerations you would like to share with City staff to assist us in providing appropriate home rehab/repair support.

Landlord Information-Renters Only

F.6. Landlord Name	F.7. Landlord Phone

F.8. Landlord Address			
Address	City	State	Zip Code

F.9. Select your top 3 home repair and/or improvement needs, with 1 being the highest priority. Write 1, 2, and 3 beside your three highest-priority needs. *

Accessibility Improvement	Plumbing	Doors
Gutters	Roof	Windows
Electrical	Beautification	Exterior Improvements
HVAC	Health & Safety	Accessibility (Other)

If "Other" Please explain in the space below

F.9a. Provide detailed information here, including location. For example, repair leaking toilet in hallway bathroom. Please note that we cannot guarantee your priorities will be addressed, but they will be considered. *

Type of Home Structure

F.10. Foundation Type — select one *

Crawl Space	Slab	Basement	Other

F.11. Building Exterior — select one *

Brick Exterior	Wood Exterior-Rotting	Vinyl Siding Exterior
Vinyl Siding Exterior	Concrete Exterior	Other Exterior

F.12. Single- or Multi-Family Building Type — select one *

Renter Occupied	Multi-Family — 2 to 4 Units

Renting Requirements

F.13. If renting, please have your landlord complete the Landlord Agreement form

Note: The Landlord Agreement and Renters are required for application processing.

Homeowner Documents
If you own the home, please provide the following documents. All documents below are required for application processing.

- City Taxes
- Current 3 Consecutive Mortgage Statements
- County Taxes
- Deed (if provided instead of mortgage statements)
- Proof of Homeowners Insurance

G. Utility Information

Please provide the following information.

G.1. Heating Source

Electric	Natural Gas	Propane	Kerosene
Wood	Fuel Oil	Coal	

G.2. Is MLGW your utility company?

	YES
	NO

G.3. Total electric cost over 2 months

G.4. Total gas cost over 2 months

You can collect all your utility bills from the MLGW website, MLGW.com. You will be required to provide 2 months of statements on the next step of your application. All bills must be from the last 12 months.

G.5. If renting, is this account in your landlord's name?

	YES
	NO

G.6. Please provide the name of the account holder

G.7. Account Number

H. Required Documents

- 1. Government-Issued State Identification for All Household Members Aged 18 and Older
- 2. Utility Bills (2 months)

I. Applicant Permission Rent

I certify that all of the information provided in this application for "HOPE" assistance is true and correct. I understand that participation with this program includes a five-year lien for homeowners and a five-year lien for rental properties, meaning that if the property is sold during the lien period, I am obligated to repay the City the remaining percentage of the loan. *

By signing below, I authorize:

1. The city will make arrangements for repair and rehab activities, including:
    - The inspection of the interior and exterior of my home;
    - Photographs to document work;
    - The installation of measures (e.g., repairs, weatherization) as determined appropriate;
    - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
    - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The city to share my information for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. Did a City of Memphis employee complete this application with your consent and submit this application on your behalf?

    ☐ Yes — A City of Memphis employee completed and submitted the application with applicant consent.

    ☐ No — I completed and submitted the application.

*Renter/Applicant

I.2. Renter/Applicant

Please sign your **full legal first and last name** as it appears on your government-issued ID.

Signature

I. Applicant Permission Owner

I certify that all of the information provided in this application for "HOPE" assistance is true and correct. I understand that participation with this program includes a five-year lien for homeowners and a five-year lien for rental properties, meaning that if the property is sold during the lien period, I am obligated to repay the City the remaining percentage of the loan. *

By signing below, I authorize:

- I am the owner of the property listed above,
- This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.

1. The city will make arrangements for repair and rehab activities, including:
    - The inspection of the interior and exterior of my home;
    - Photographs to document work;
    - The installation of measures (e.g., repairs, weatherization) as determined appropriate;
    - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
    - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The city to share my information for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The city to share information contained in my HOPE Program application with agencies and/or programs for which I may qualify for additional services.
4. Did a City of Memphis employee complete this application with your consent and submit this application on your behalf?

    ☐ Yes — A City of Memphis employee completed and submitted the application with applicant consent.

    ☐ No — I completed and submitted the application.

Signature