



Community Action Partnership of North Central Missouri  
1506 Oklahoma Ave., Trenton, MO 64683  
Phone: (855) 290-8544 / Fax: (844) 503-1872  
Web: [www.capncm.org](http://www.capncm.org) / email: [contactus@capncm.org](mailto:contactus@capncm.org)

### **Home Repair Program Checklist**

- Verification of Ownership (whichever apply)
  - copy of recorded warranty deed
  - copy of recorded quit claim deed
  
- Copy of paid tax receipts for county and city (if applicable)
  
- Proof of identity
  - Driver's license copy for Head of Household
  - Social security card copies for everyone in household
  
- Proof of insurance on home or certificate of insurance from agent
  
- Written verification of income (whichever apply)
  - Social Security Benefits letter
  - Child support court order
  - Zero support for children form
  - Verification form from employer
  - Unemployment benefits letter or printout of benefits from website
  - Zero income form
  - Last year's W-2

MAIL APPLICATION AND COPIES OF ABOVE DOCUMENTATION TO:

**CAPNCM HOME REPAIR PROGRAM  
1506 OKLAHOMA AVENUE  
TRENTON, MO 64683**



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*THIS FORM MAY BE PHOTOCOPIED*

## **AUTHORIZATION**

I/We Do Hereby Authorize Community Action Partnership of North Central Missouri and its staff or authorized representative to contact any agencies, banks, insurance companies, government entities, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing programs administered by Community Action Partnership of North Central Missouri.

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SIGNATURE(S):

\_\_\_\_\_  
Homeowner/Applicant

\_\_\_\_\_  
Homeowner/Applicant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated