

Dear _____:

We have attached the documents you need for the Greater Blessings program. These include the home repairs application with authorization for a background check. Also included are the Federal Poverty Guidelines for financial eligibility and a financial disclosure form. Please review the income guidelines document to see if you qualify for our program. If you meet the income guidelines, please complete the entire application, sign it, and mail it to us at the address below or drop it off at the ReUse Store.

Rabun County Fuller Center for Housing, Inc.
P.O. Box 1394
Clayton, GA 30525

Once we receive your application, someone will contact you by phone to confirm we have received it. Please remember that we are a volunteer organization, and our ability to accept and fund applications depends on donations and volunteers to help complete Greater Blessings projects.

Should you have any questions, please feel free to call us at 706-212-0667. If we don't answer, please leave a message and we will return your call as soon as possible. Or email to adminmartin@rabunfullercenter.org

Thank you for your interest, and please let us know if we can be of further help with your application.

Warm regards,
Rabun County Fuller Center for Housing, Inc.

"...For every house is built by someone, but God is the builder of everything."
Hebrew 3:4



Return completed application and all requested documents to:

Rabun County Fuller Center for Housing
 PO Box 1394
 Clayton, GA 30525



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Rabun County Fuller Center Greater Blessing Program. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center. All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION					
Applicant's Name			Co-Applicant's Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time to Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -if yes please list address			Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address		
If Living at the Present Address for Less than Two Years Complete the Following					
Last Address (street, city, state, zip code)			Last Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					
Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Letter Sent _____		
Date Application Completed _____	Date Sent to Committee _____		Date Letter Sent _____		
Date of Home Visit _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied				

8. AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for repairs to my home, my ability to repay the no-interest loan and other expenses of home repair, and my willingness to be a partner family. I understand that the evaluation will include personal visits and a background check. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and I may be disqualified from the program. By further signing, I agree to convey to Fuller Center for Housing all right, title and all photographic images, video or audio recordings and story content of me by Fuller Center for Housing for the purpose of public relations. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the RCFCF.

I understand that Rabun County Fuller Center for Housing, Inc. screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Copies of a driver's license are required for both the applicant and the co-applicant.

This is to acknowledge that I have read and understand the details of the Application, Authorization, the Release, and the Privacy Statement.

**Applicant Signature
Date**

Date

Co-Applicant Signature

X _____

X _____

Use this space for additional information:

**2026 FEDERAL POVERTY GUIDELINES (FPG)
ANNUAL & MONTHLY INCOME LEVELS
FROM 100% to 250%**

FAMILY SIZE	FPG (100%)		125% of FPG		150% of FPG		175% of FPG		185% of FPG		200% of FPG		235% of FPG		250% of FPG	
	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH
1	\$15,960	\$1,330	\$19,950	\$1,663	\$23,940	\$1,995	\$27,930	\$2,328	\$29,526	\$2,461	\$31,920	\$2,660	\$37,506	\$3,126	\$39,900	\$3,325
2	\$21,640	\$1,803	\$27,050	\$2,254	\$32,460	\$2,705	\$37,870	\$3,156	\$40,034	\$3,336	\$43,280	\$3,607	\$50,854	\$4,238	\$54,100	\$4,508
3	\$27,320	\$2,277	\$34,150	\$2,846	\$40,980	\$3,415	\$47,810	\$3,984	\$50,542	\$4,212	\$54,640	\$4,553	\$64,202	\$5,350	\$68,300	\$5,692
4	\$33,000	\$2,750	\$41,250	\$3,438	\$49,500	\$4,125	\$57,750	\$4,813	\$61,050	\$5,088	\$66,000	\$5,500	\$77,550	\$6,463	\$82,500	\$6,875
5	\$38,680	\$3,223	\$48,350	\$4,029	\$58,020	\$4,835	\$67,690	\$5,641	\$71,558	\$5,963	\$77,360	\$6,447	\$90,898	\$7,575	\$96,700	\$8,058
6	\$44,360	\$3,697	\$55,450	\$4,621	\$66,540	\$5,545	\$77,630	\$6,469	\$82,066	\$6,839	\$88,720	\$7,393	\$104,246	\$8,687	\$110,900	\$9,242
7	\$50,040	\$4,170	\$62,550	\$5,213	\$75,060	\$6,255	\$87,570	\$7,298	\$92,574	\$7,715	\$100,080	\$8,340	\$117,594	\$9,800	\$125,100	\$10,425
8	\$55,720	\$4,643	\$69,650	\$5,804	\$83,580	\$6,965	\$97,510	\$8,126	\$103,082	\$8,590	\$111,440	\$9,287	\$130,942	\$10,912	\$139,300	\$11,608
*	\$5,680	\$473	\$7,100	\$592	\$8,520	\$710	\$9,940	\$828	\$10,508	\$876	\$11,360	\$947	\$13,348	\$1,112	\$14,200	\$1,183

*For family units over 8, add the amount shown for each additional member.

Notes: Federal Poverty Guidelines: 2026 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 15, 2026, Volume 91, Number 10, on pages 1797-1798.

Percentage Calculations: Annual income levels provided above for 125%-250% of FPG are derived by multiplying the FPG annual income for each family size by the appropriate percentage and rounding to the nearest whole dollar. Monthly income levels for FPG and 125%-250% of FPG are derived by dividing each annual income level by 12 and rounding to the nearest whole dollar.

Calculated and prepared by the Office of Health Planning, Georgia Department of Community Health, January 15, 2026.