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**Critical Home Repair Program Information and Application Packet**

If you are interested in the Critical Home Repair or Home Preservation programs, please complete the attached program application. All applications that meet the prerequisites will be placed on the program Assessment Waitlist. You will be notified of your status in writing. All applications are processed within 30 days of when the applications are received by the Homeowner Services Manager.

**Program Eligibility Requirements**

* Owner-occupied residences in York County that are in critical need of repair
* Earn no more than 60% of median income for the area (up to 80% for Veterans)
* Property taxes and mortgage payments must be in good standing/current
* Veterans applying must provide documentation of honorable discharge from service
* Building value must not exceed $200,000

**Assessment and Partnership**

* Homeowners must agree to allow HFHYC staff to conduct home assessment of residence in need of repair prior to approval
* Homeowners must agree to terms of partnership with HFHYC, including:
  + Program fee payment due by designated fee deadline
  + Completion of Sweat Equity or Social Sweat Equity assigned by HFHYC staff

**Project requests may include:**

* Grading/landscaping to improve drainage or accessibility
* Exterior repairs to roofs, doors, windows, porches, etc.
* Painting and/or siding repair
* Interior repairs
* Minor structural repairs
* Installation of handicap accessible ramps and railings
* Other necessary home repairs

**Project requests may not include:**

* Elective reconstruction or remodeling projects
* Redecorating projects or unnecessary aesthetic changes
* Projects exceeding the budget

# If you are in need of home repairs, please complete the following application. Applications must include all required attachments (see Page 6).

# Incomplete applications will be denied.

|  |  |
| --- | --- |
| **Submit this form and supporting documentation to the affiliate office at:**  *825 N. Anderson Road*  *Rock Hill, SC 29730*  *Tuesday-Friday, 9AM-5PM* | **Submit this form and documentation by mail to:**  *Habitat for Humanity of York County*  *Attn: Home Preservation*  *PO Box 4255*  *Rock Hill, SC 29732* |

# Home Repair Program Application

Homeowner Name:

Physical Address:

City, State:

Zip Code:

Home Phone:

Cell/Work Phone:

If we cannot reach you by phone, is okay to text you? Yes / No

Homeowner DOB: Social Security Number:

Do you own your home? Yes / No

Do you have a mortgage on your home? Yes / No

If yes, is the mortgage current? Yes / No

Do you have homeowner’s insurance? Yes / No

Who is your homeowner’s insurance provider?

(Please include insurance policy statement in supporting documentation.)

Emergency Contact: Phone:

Relationship to Homeowner:

# Home Occupants

Please list the following information for everyone currently living in your home. Include all adults and children.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | Race |  | Gender |
|  |  |  |  |  |  |  |
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# Family Employment & Income (Requires Attachments, see Page 6)

Please list all sources of income for your household including salaries, retirement, disability, social security, alimony, child support, etc. Applicant must submit documentation of income such as benefits letters for disability or social security and at least two months’ pay stubs for employment income.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Income Source |  | Individual Receiving |  | Relationship to Homeowner |  | Total Amount Received Monthly |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total household monthly income |  |  |  |  |  |  |

# United States Veteran’s Service (Requires Attachments, see Page 6)

Is the homeowner a United States Veteran? Yes / No

Is anyone in the home a veteran? Yes / No Relationship to homeowner:

Veteran Name:

Gender:

Race/Ethnicity:

Branch of Service:

Final Rank:

Time period served: From to (Years) Are you a widow/widower of a veteran? Yes / No

# Disability and Accommodations

Is anyone in the home disabled? Yes / No

Type of Disability (if applicable): Is the disability the result of action while serving in the United States Military? Yes / No

# Requested Repairs

Please give a detailed description of the repairs you require. Describe the work that needs to be done, reasons the repairs are necessary, and the desired end result. Attach additional pages (and pictures) if necessary. Please rank them from 1 to 10, with 1 being the most important.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

# To the best of your knowledge please answer the following questions:

What year was your house built?

What is the square footage of your home?

Have there been any rooms added to the house? Yes / No

How many rooms?

What is the square footage of these additions?

What year was the roof last replaced?

# Please indicate if repairs have been made to the following at any time:

Plumbing: Yes / No Date:

Roof: Yes / No Date:

Electrical: Yes / No Date:

Painting: Yes / No Date:

Other: Yes / No Date:

Are you able to provide some of the labor necessary to complete Yes / No your repair project? (You, family, friends, neighbors etc.)

If approved, are you able to contribute the required funds Yes / No towards the project costs on your home?

Is this a mobile home? Yes / No

Have you owned your home for at least 3 years? Yes / No How did you hear about the Home Repair Program? Circle below.

Word of Mouth

Television

Social Media

Internet Search

Another Agency

Other (specify

# Homeowner Agreement

I certify that the information provided on this application is accurate. I agree to offer my assistance and support to Habitat, and to the volunteers who complete my home repair project, to the best of my ability.

I understand that the labor for this program will be completed by unpaid volunteers. Habitat has assured me that repair volunteers will be properly trained and supervised by a member of Habitat’s construction staff. I also understand that the Home Preservation program and Habitat for Humanity of York County offer no warranties, expressed or implied, regarding any of the materials used or work completed during this project. I hereby release Home Preservation, Habitat for Humanity of York County and all volunteers and staff associated with this program form any liability whatsoever.

Homeowner Signature: Date:

## Please see following page for required document and attachment checklist.

## Failure to submit any of the required documentation will result in denial of application.

|  |  |
| --- | --- |
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**Questions? Call the Critical Home Repair Hotline on 803-985-9243.**

Required Document and Attachment Checklist:

* **Deed:** Copies the deed for your home if available.
* **Homeowner Insurance**: Documentation of current Homeowner’s Insurance.
* **Most recent property tax bill or statement:** This document must show the current tax value of the home and property, your name and physical address, recent payments and any balance due on the property.
* **Certificate of Title:** Documentation showing the certificate of title for mobile or manufactured homes.
* **Mortgage Statement:** If you are currently making payments on a mortgage for the home in need of repair, please attach the most recent copy of your mortgage statement. Again, this must show the name and physical address of the homeowner and the balance due on the mortgage.
* **Income:** Two months of documentation for all salaries/paychecks received by occupants of the home in need of repair (paystubs, income tax returns, etc.). These documents must include name of the income source, name of the recipient, and the amount received.
* **Supplemental Income:** Documentation of any additional or supplemental income received by members of the household. These income sources may include social security, disability, child support, alimony, etc.
* Additional pages needed to describe the repairs you are requesting. Also, if possible, attach photographs of the repairs you are requesting.
* **Biography**: Homeowner biography sharing your personal story and why this program is necessary for your family.

## United States Veterans:

* + For veterans discharged from regular active duty **after January 1, 1950**, a copy of DD Form 214 – Long Form.
  + For veterans discharged **prior to 1950**, one of the following forms is acceptable: WD AGO" (War Department Adjutant General's Office) Forms; NAVPERS discharge documents (for Naval personnel)
  + Selective Reserve: Latest annual points statement and evidence of honorable service
  + Army and Airforce National Guard: NG22 and NGB23