



Central Delaware
Habitat
for Humanity®



Home Repair Application

Checklist – 2021

Thank you for your interest in the Central Delaware Habitat for Humanity Home Repair Program. On the following pages, you will see the program application. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. Please review this checklist to ensure you are eligible to apply for the program and have attached all of the necessary documentation to be considered for the program.

Program Checklist

- Must be located in the Dover Downtown Development District
- Home must be owner-occupied
- Cannot be past due on your mortgage
- Cannot owe a significant amount on your utility bills
- Cannot be past due on any county, property, or city taxes
- Must have homeowner's insurance
- Bankruptcy must be discharged for 1 year
- Earn 60% or less of the area median income for Kent County (income qualifications can be found on page 6)

Application Checklist – please attach *copies* of all documents that apply to you

- | | |
|--|---|
| <input type="checkbox"/> Photo ID for all household members | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Deed | <input type="checkbox"/> Must be located |
| <input type="checkbox"/> Paystubs and/or income statements for the last 3 months | <input type="checkbox"/> Proof of Homeowner's Insurance |
| <input type="checkbox"/> Current electricity and water bills (paid) | <input type="checkbox"/> Must be located |
| <input type="checkbox"/> Proof that county and property taxes are paid | |

Submit application and requested documentation in person or by mail to:

Central Delaware Habitat for Humanity
Attn: Neighborhood Revitalization
2311 S Dupont Highway
Dover, DE 19901



FOR AFFILIATE USE ONLY. DO NOT WRITE IN THIS SPACE.
 Date application received ____
 Approved? Y/N

Application

Home Repair Program

Dear Applicant: Please complete this application to determine if you qualify for the Central Delaware Habitat for Humanity Home Repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

| Applicant | Co-applicant | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|
| Applicant's Name | Co-applicant's Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number _____ Date of Birth _____ Email Address _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | Phone number _____ Date of Birth _____ Email Address _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents and others who live with you <table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | 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"/> | Present address (street, city, state, ZIP code) _____ _____ Number of years at address _____ Best time(s) to contact you: _____ |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | |

2. WILLINGNESS TO PARTNER

| To be considered for the Home Repair program, you and your family must be willing to partner with CDHFH through workshops, financial counseling, and sweat equity. This could range from 5-10 hours. | I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Co-applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Yes | No | Applicant | <input type="checkbox"/> | <input type="checkbox"/> | Co-applicant | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--------------------------|-----|----|-----------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| | Yes | No | | | | | | | | |
| Applicant | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Co-applicant | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |

4. MONTHLY INCOME

| Income Source | Applicant | Co-applicant | Others in household | Total |
|-----------------|-----------|--------------|---------------------|-----------|
| Wages | \$ | \$ | \$ | \$ |
| TANF | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child support | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

5. SPECIAL POPULATIONS

Has the COVID-19 pandemic affected anyone in the home?

- Yes, explain _____
- No

Does anyone in the home have special needs or limitations that would prevent them from making the home repairs on their own or would limit the availability to complete sweat equity?

- Yes, explain _____
- No

Is translation needed?

- Yes - language _____
- No

Did you or anyone in your household serve or is currently serving in the military?

- Yes – branch _____
- No

6. APPLICANT AGREEMENT

I, _____ (print name) certify that the information on this application is true and accurate and that I own the property at the address specified below. I have no present intention to move or offer my home for sale for at least one year. I confirm that, except for the conditions listed in this application, my home is a safe place for CDHFH volunteers, staff, and local contractors. I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Central Delaware Habitat for Humanity or any affiliated organizations or the suppliers of an tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Central Delaware Habitat for Humanity activities. I hereby release Central Delaware Habitat for Humanity and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Central Delaware Habitat for Humanity activities. I hereby grant and convey unto Central Delaware Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Central Delaware Habitat for Humanity during the site assessment, repair, or volunteer work day(s).

Address: _____

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

Are all homeowners aware of this application?

- Yes
- No

7. PERMISSION TO REFER

If your needs can be met more appropriately by another program, may we share your application with them?

- Yes
- No

Unless we have your explicit permission, your application is a confidential document and will be used solely evaluate the acceptability of your home for repair by Central Delaware Habitat for Humanity.

INCOME GUIDELINES

To qualify for this program, you must earn 60% or less of the Area Median Income for Kent County. When funding is available, we are sometimes able to accept applicants who earn 80% or less. Please refer to this table to determine your eligibility.

| Family Size | 60% AMI Maximum | 80% AMI Maximum |
|-------------|-----------------|-----------------|
| 1 person | \$28,980 | \$38,650 |
| 2 person | \$33,120 | \$44,200 |
| 3 person | \$37,260 | \$49,700 |
| 4 person | \$41,400 | \$55,200 |
| 5 person | \$44,760 | \$59,650 |
| 6 person | \$48,060 | \$64,050 |
| 7 person | \$51,360 | \$68,450 |
| 8 person | \$54,660 | \$72,900 |