



Home Repair Application

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 completely and accurately. Failure to complete the application could result in denial of application. 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 Requirements

- Must be located in Kent County, DE
- Home must be owner-occupied for at least 12 months
- Must have current homeowner's insurance
- Earn 80% or less of the area median income for Kent County
- Repairs requested **MUST** be health/safety related
- All additional documents must be submitted within 30 days of initial application

| Family Size | 80% AMI Maximum Annual Household Income |
|-------------|---|
| 1 person | \$43,250 |
| 2 person | \$49,400 |
| 3 person | \$55,600 |
| 4 person | \$61,750 |
| 5 person | \$66,700 |
| 6 person | \$71,650 |
| 7 person | \$76,600 |
| 8 person | \$81,550 |

Additional documents required with application – please attach *copies*

- Photo ID for all household members
- Paystubs and income statements for all household members for the last 3 months
- Bank statements for all household members for the last 3 months
- Deed or Title (Must be in applicant or co-applicants name)
- Proof of current Homeowner's Insurance
- Proof of utility bills paid
- Proof that current county and property taxes are paid
- Proof that current mortgage balance is paid

Submit application and requested documentation by email to (preferred):

repairs@centraldelawarehabitat.org

Submit application in person or by mail to:

Central Delaware Habitat for Humanity
Attn: Neighborhood Revitalization
2311 S Dupont Highway
Dover, DE 19901
302-526-2366



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 for the Central Delaware Habitat for Humanity Home Repair program. Please fill out the application truthfully, completely, and accurately. All information you include on this application will be maintained in accordance with our privacy policy. We reserve the right to deny any application that is not completed in full.

1. APPLICANT INFORMATION

Applicant's Name

 Phone number _____ Date of Birth _____

Email Address _____ (Required)

Married Separated Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship)

Gender _____ Race _____ Age _____

Disability Status:

Disabled Not applicable

Present address (street, city, state, ZIP code)

Number of years at address ____

Single Family Home Other

Mobile Home Year _____

Own land Lease Land

Co-applicant's Name (if applicable)

 Phone number _____ Date of Birth _____

Email Address _____ (Required)

Married Separated Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship)

Gender _____ Race _____ Age _____

Disability Status:

Disabled Not applicable

Dependents and others who live with you

| Name | Age | Gender | Race |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. PRESENT HOUSING CONDITIONS

In the space below, describe the condition of the home where you live. Why do you need a repair?

Please describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list **all requested** work. Remember that the items listed below will be **considered**. The final decision on what repairs can be completed with CDHFH time and financial resources will be made at the discretion of the CDHFH Home Repair program and grant restrictions. The work done must fit into the program guidelines. At this time, CDHFH only has the funding to complete repairs that are health/safety related. CDHFH reserves the right to deny work that is not within the program parameters or if the cost of the repair exceeds our cut off as determined by available grant funding. **Anything not included in this application will not be considered, unless suggested by CDHFH Repairs Manager.**

Critical Home Repair (extensive interior or exterior work to address health and safety issues or code violations)

Health Related Repairs (mold abatement, asbestos abatement, accessibility repairs, etc.)

Other

| 3. MONTHLY INCOME | | | | |
|--------------------|-----------|--------------|---------------------|-----------|
| Income Source | Applicant | Co-applicant | Others in household | Total |
| Wages (gross) | \$ | \$ | \$ | \$ |
| TANF | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child support | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ | \$ |
| Unemployment | \$ | \$ | \$ | \$ |
| VA Compensation | \$ | \$ | \$ | \$ |
| Retirement/pension | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

PLEASE NOTE:
 Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.
 *This section **MUST** be completed in full and documentation to support total income **MUST** be attached.

4. 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 your deceased spouse) serve, or are you currently serving in the United States Armed Forces?

- Yes – check all that apply:
 - Currently Serving on active duty with a projected expiration date of service/tour ___/___/___ (mm/dd/yyyy)
 - Currently retired, discharged, or separated from service
 - Only a period of service as a non-activated member of the Reserve or National Guard
 - Surviving spouse
- No

Is anyone else in your household service, or did they serve, in the United States Armed Forces?

- Yes – check all that apply:
 - Currently Serving on active duty with a projected expiration date of service/tour ___/___/___ (mm/dd/yyyy)
 - Currently retired, discharged, or separated from service
 - Only a period of service as a non-activated member of the Reserve or National Guard
 - Surviving spouse
- No

Have you previously applied for repair services through any other agency within the past six months? If yes, who?

5. PARTNERSHIP AND EXPECTATIONS

| <p>To be considered for the Home Repair program, you and your family must be willing to partner with CDHFH through sweat equity by maintaining a clean home for visitors and being available for CDHFH to schedule visits.</p> <p>CDHFH asks that you remain available for communications including emails and phone calls. Email communication is required. If CDHFH misses you in an effort to contact, you must try to return the communication within 48 hours. Lack of effort to communication could result in denial from the program. All additional documentation requested by CDHFH must be submitted within 30 days of initial application or the application will be void.</p> <p>We also ask that your home be a safe, inviting space for CDHFH and contractors. CDHFH also reserved the right to terminate any agreement or deny an applicant if there is a risk to staff, volunteers, or contractors through the presence of weapons, offensive material, drugs and/or drug paraphernalia, or violent/disorderly behavior.</p> <p>CDHFH also requires repair clients to sign up for and complete a free home energy check-up counseling appointment. This can be completed within 1 year after initial approval into the program.</p> | <p>I AM WILLING TO PARTNER WITH CDHFH AND I UNDERSTAND THE EXPECTATIONS AS DESCRIBED:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th></tr></thead><tbody><tr><td>Applicant</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>Co-applicant (if applicable)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> | | Yes | No | Applicant | <input type="checkbox"/> | <input type="checkbox"/> | Co-applicant (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|-----|----|-----------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| | Yes | No | | | | | | | | |
| Applicant | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Co-applicant (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |

7. APPLICANT AGREEMENT

I, _____ (print name) certify that the information on this application and all documents provided are 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. If approved, I agree to the partnership and expectations listed in this application. Failure to uphold the agreed upon expectations, could result in termination of agreement or denial of application. 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).

CDHFH reserves the right to deny or return applications that are incomplete

Address: _____

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

Are all homeowners aware of this application?

- Yes
- No

8. 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.