

CDHFH REPAIRS APPLICATION

Central Delaware Habitat for Humanity’s Repair Program aims to create healthier lives and preserve homeownership for low to moderate-income homeowners in Kent County. The goal of our repair initiative is to identify health issues tied to substandard housing and complete repairs required to keep families safe, warm, dry, and in their homes.

Program Qualifications & Requirements

(Failure to meet the requirements may result in disqualification from our program)

- To be eligible for repairs, you **must** be a homeowner currently residing in the home for a minimum of one year.
- Home must be in Kent County.
- You must have homeowner’s insurance.
- If you are more than two months behind on your mortgage, electric, or water bills, please ensure you provide us with a copy of your payment arrangement.
- If you are delinquent on county, property, or city taxes, please ensure you provide us with a copy of your payment arrangements.
- If you have a bankruptcy, it must be discharged for a minimum of one year.
- All repairs are funded through grant awards. Each grant may have additional eligibility requirements.

COPIES OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED FOR APPLICATION TO BE CONSIDERED:

- | | |
|---|---|
| <input type="checkbox"/> Driver’s License or State ID (household members 18 years & over) | <input type="checkbox"/> Paystubs- Main Applicant (one month’s worth) |
| <input type="checkbox"/> Property Deed or Title | <input type="checkbox"/> Paystubs (Co-Applicant/Household members 18 years & older) |
| <input type="checkbox"/> Current Mortgage Statement | <input type="checkbox"/> Social Security Summary |
| <input type="checkbox"/> Bank Statements (one month’s worth) | <input type="checkbox"/> Social Security Disability or Death Benefits |
| <input type="checkbox"/> Current Utility Bills (Electric & Water Paid) | <input type="checkbox"/> Child Support (12-month history printout) |
| <input type="checkbox"/> Homeowner’s Insurance Declaration page | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> County, City, Property Tax Statement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Public Assistance (Food, TANF, etc.) | <input type="checkbox"/> Pension/Annuity |
| <input type="checkbox"/> Periodic, Regular Lottery Payments or Gifts | <input type="checkbox"/> Military Pay (not hazard duty pay) |
| <input type="checkbox"/> All Accounts (CDs, Savings, MMK, 401k) | <input type="checkbox"/> Worker’s Compensation, Disability or Severance Pay |

**SUBMIT YOUR COMPLETED APPLICATION VIA
 EMAIL- REPAIRS@CENTRALDELAWAREHABITAT.ORG
 MAIL OR DROP OFF- ATTN: REPAIRS 2311 S DUPONT HWY, DOVER, DE 19901
 AGING IN PLACE WITH CDHFH REPAIRS APPLICATION**

APPLICATION DEADLINE: MAY 1, 2024

HOMEOWNER INFORMATION			
Applicant Name	Date of Birth	Co Applicant Name	Date of Birth
Applicant Phone:		Co Applicant Phone:	
Applicant Email:		Co Applicant Email:	
Street Address			
City		State	Zip Code
Is either applicant disabled? (circle all the apply) Applicant Co Applicant Both N/A		Is either applicant a veteran? (circle all the apply) Applicant Co Applicant Both N/A	

	TOTAL NUMBER OF HOUSEHOLD MEMBERS Including Applicant:				
NAME	RELATIONSHIP	AGE	GENDER	RACE/ ETHNICITY	ESTIMATED ANNUAL INCOME (members over 18 yrs)
1.	Applicant				\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

By signing below, the homeowner(s) agree that they have answered all questions on this form truthfully and provided all the aforementioned documents that apply to their household's income, and have not withheld anything. The homeowner understands that if they have not submitted all the documents to the best of their knowledge, their application may be denied and that even if they have already been selected to receive repairs done through the Aging In Place with CDHFH program they may be disqualified.

X _____
Applicant Signature **Date**

X _____
Co-Applicant Signature **Date**

Briefly list any existing health issues or disabilities you or any household members have below. (ex. asthma, allergies, etc.)

Declarations:

Applicant

Co-applicant

- | | | |
|--|---|---|
| a. Is your mortgage currently paid off? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b. Are you receiving alimony or child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| c. Are you receiving public assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d. Are you receiving periodic or regular lottery payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e. If you have been declared bankrupt, has it been discharged for at least one year? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f. Do you have any assets?
(e.g., 401k, additional properties, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| g. Are you a U.S. citizen or permanent resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Disclosure and Authorization to Share Financial Information with Central Delaware Habitat for Humanity (CDHFH) for Qualification Purposes for its Healthy Homes Repair Program and other Delaware Agencies.

I understand and hereby authorize Central Delaware Habitat for Humanity (CDHFH) and its designated representatives to share financial and personal contact information with the Energy Coordinating Agency (ECA), HELP Initiative, Energize Delaware, and Milford Housing, for qualification purposes, to determine if I qualify for CDHFH’s repair program and other repair programs affiliated with CDHFH.

I hereby authorize that a photocopy of this authorization may be considered as valid as the original.

I also hereby authorize Energy Coordinating Agency, HELP Initiative, and Milford Housing or their designated representatives to examine all information gathered by CDHFH to pre-qualify me for any other of the repair programs/weatherization listed above.

By signing this form, I acknowledge and agree that I have received it, have no questions, and understand its contents.

Applicant Signature

Date

Co Applicant Signature

Date

REPAIR REQUEST FORM

Please fill out the following form to give us an idea of the amount of repair work needed. Requests should be directly related to health and/or safety.

Please note that these are only suggestions, and the scope of work will be determined after the review of your Home Inspection Report.

Address	Date
Repair Needed	Health or Safety Reason

CDHFH ADMIN ONLY Date of Submission _____ Date Reviewed _____ Staff Initials _____

Applicant AMI % _____ Total Annual Income \$ _____ Income Qualified Y / N _____

Qualified Grant Program _____

In Home Visit Date: _____

Estimate Received: Contractor _____ \$ _____

SOW Timeframe: Start _____ End _____

Official Completion Date: _____