

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 <u>must</u> 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:

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

*Please note: The repair process takes approximately three months for completion from submission of an application to the completed repair. *

Applications are not a guarantee that work will be done in your home



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

TOTAL NUMBER OF HOUSEHOLD MEMBERS Including Applicant:

NAME	RELATIONSHI	P AGE	GENDER	RACE/ ETHNICITY	ESTIMATED ANNUAL INCOME (members over 18)
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		Χ	
Applicant Signature	Date	Co-Applicant Signature	Date



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

I	Declarations: Applicant		cant	Co-applicant			
а	. Is your mortgage currently paid off?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
b	o. Are you receiving alimony or child support?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
C	. Are you receiving public assistance?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
Ċ	l. Are you receiving periodic or regular lottery payments?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
e	. If you have been declared bankrupt, has it been	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
	discharged for at least one year?						
f	. Do you have any assets?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
	(e.g., 401k, additional properties, etc.)						
و	g. Are you a U.S. citizen or permanent resident?	□ Yes	□ No	□ N/A	□ Yes	□ No	□ N/A
if	ECA), HELP Initiative, Energize Delaware, and Milford I qualify for CDHFH's repair program and other repair hereby authorize that a photocopy of this authorization	r progra	ams aff	iliated with CD	HFH.		rmine
I de	also hereby authorize Energy Coordinating Agency, esignated representatives to examine all information gas the repair programs/weatherization listed above.	, HELP	' Initiat	ive, and Milfo	rd Hou	sing or	
	y signing this form, I acknowledge and agree that I has contents.	ave rece	eived it,	have no questi	ons, an	d under	stand
—— App	licant Signature	Date					
Co A	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.

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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 En	d
Official Completion Date:	