**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:**

Driver’s License or State ID **(household members 18 years & over)**  Paystubs- Main Applicant **(three months’ worth)**

Property Deed or Title  Paystubs **(Co-Applicant/Household members 18 years & older)**

Current Mortgage Statement  Social Security Summary

Bank Statements **(three months’ 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

County, City, Property Tax Statement  Alimony

Public Assistance (Food, TANF, etc.)  Pension/Annuity

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** **EMAI**

[**REPAIRS@CENTRALDELAWAREHABITAT.ORG**](mailto: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 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)** |
| 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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | X  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declarations:** **Applicant** **Co-applicant**

1. Is your mortgage currently paid off?  Yes  No  N/A  Yes  No  N/A
2. Are you receiving alimony or child support?  Yes  No  N/A  Yes  No  N/A
3. Are you receiving public assistance?  Yes  No  N/A  Yes  No  N/A
4. Are you receiving periodic or regular lottery payments?  Yes  No  N/A  Yes  No  N/A
5. If you have been declared bankrupt, has it been  Yes  No  N/A  Yes  No  N/A

discharged for at least one year?

1. Do you have any assets?  Yes  No  N/A  Yes  No  N/A

(e.g., 401k, additional properties, etc.)

1. Are you a U.S. citizen or permanent resident?  Yes  No  N/A  Yes  No  N/A

Who were you referred by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** | |
|  |  | |
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**\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**