

Dear Prospective Participant:

Thank you for your interest in the Habitat Critical Home Repair Program at Habitat for Humanity of Carroll County, Incorporated ("HHCC"). HHCC is a non-profit organization financed through private donations and utilizing volunteer labor. We are a "Hand Up, Not A Hand Out" program. Our purpose is to partner with families in need to provide a homeownership opportunity and to preserve homeownership.

HHCC offers a Critical Home Repair Program. The purpose of this program is to create a safe, healthy, accessible, and affordable home for existing homeowners. The Critical Home Repair program is not meant to complete typical homeowner tasks (mowing the lawn on a regular basis, cleaning gutters, changing air filters, etc.) or make cosmetic repairs due to homeowner neglect. Please read the following to see if you have an interest in our program and if you meet our general guidelines:

To Qualify:

- You must be the homeowner that lives in the home that needs repair and the home must be in Carroll County, MD.
- You must have a need. The condition of your home should be such that minor exterior repairs and maintenance, landscaping, clean up, painting, deck and ramp construction can be completed by volunteers.
- Total household income range cannot be more than 80% of the median income for Carroll County, MD based upon family size.
- You will be required to provide your permission so that we can verify information on your application such as employment, income, debt, homeownership, and insurance coverage.

If Approved to Participate:

- We require that you and other adults living or visiting your home on the day of the event participate with our volunteers.
- The amount you pay for your repairs depends on the total costs of the project and your ability to pay.
- Our goal is to keep project expenses as low as possible while still performing quality work.
- You must contribute a portion of the total cost of your approved projects based on a sliding scale repayment system.
- For families in the top two income levels, we require 10% of the total project costs as a down payment. The balance will be divided into an affordable payment plan with 0% interest.
- *Please see chart on the next page.*

If you are interested in working with HHCC and believe you qualify for the Critical Home Repair Program, we encourage you to complete the attached application and return it to Habitat for Humanity of Carroll County at 255 Clifton Blvd, Suite 310, Westminster, MD 21157 or by email to repairs@cchabitat.org.

Your application will be reviewed within 14 business days of receipt. Then we will contact you to let you know if you qualify for a home visit to inspect what needs to be done and determine the extent of work that has been requested to make sure that it fits the scope of program.

If you have any questions, please feel free to contact the Habitat office at (410) 871-4131.

Sincerely,



Scott Swartz, Executive Director



The amount you pay for your repairs depends on the total costs of the project and your ability to pay. Our goal is to keep project expenses as low as possible while still performing quality work. For families in the 50%-80% income range, we require 10% of the total project costs as a down payment. The balance will be divided into an affordable payment plan with 0% interest.

Calculate your Homeowner Contribution

| You Pay | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| Income level* | under \$36,651 |
| | 5% of the repair, or \$100.00, whichever is lower |
| | \$36,651-\$61,100 |
| | 50% of the repair with 10% down 40% on a payment plan |
| | \$61,100- \$97,750 |
| | 100% of the repair with 10% down 90% on a payment plan |
| *Income level includes all wage earners and sources of income for your household | |

Please note, this payment plan is for repairs \$2500.00 or less. If your repair is over \$2500.00, we may be able to help on a case-by-case basis, depending on grant funding.

HABITAT FOR HUMANITY OF CARROLL COUNTY FAIR HOUSING POLICY STATEMENT



Habitat for Humanity of Carroll County is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout our service areas. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing based upon race, sex, familial status, physical or mental disability, color, religion, national origin, ancestry, presence of children, source of income, sexual orientation, gender, identity, age and family responsibilities.



Mail or email completed application to:
 Habitat Home Repair Program
 Habitat for Humanity of Carroll County
 255 Clifton Blvd. Suite 310
 Westminster MD 21157
 Tel: (410) 871-4131
 Email: repairs@cchabitat.org

| | |
|---------------------|--|
| For Office Use Only | |
| Date Rec'd | |
| Rec'd by | |

Please Print Legibly



SECTION 1 - Homeowner Information

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|-------|
| Legal Name of Homeowner(s): | | Age: | Age: |
| Home Address: | | City: | Zip: |
| Email: | | Home: | Cell: |
| # Years at Address: | Is the homeowner a Veteran or widow of a Veteran? If so, please fill out Section 10 | Social Security # _____ Social Security # _____ | |
| List the names, ages, and relationship to homeowner of all people living in the home (attach list if more space is needed) | | | |
| Name/relationship: _____ | | Age: _____ | |
| Name/relationship: _____ | | Age: _____ | |
| Name/relationship: _____ | | Age: _____ | |
| Name/relationship: _____ | | Age: _____ | |

SECTION 2-Optional Fields

Due to specialized funding sources, we offer the opportunity to identify anyone in your home who meets one or more of the following:

Is the homeowner or anyone in the home disabled? Yes No (check all that apply, please describe if "other")

If yes, indicate the type of disability:

Uses a Walker, Cane, or Crutches Wheelchair Bound Blind Hearing-Impaired Loss of Limb

Intellectual or Mental Health Disability

Other _____

Are translation services needed? Yes No If yes, what language? _____

SECTION 3 - Household Income and Debts

What is the total, combined income before taxes for ALL adult persons living in the home? \$ _____ per year.

You must attach verification of Household Income for ALL adults (18 years old and older) in the house unless proven full time student (up to 26 years old). See Section 6 for Checklist that MUST be provided with this application to be complete.

Balances of the following accounts (provide current statements for all):

Savings _____

Checking _____

IRA/401k or other retirement accounts _____

Property owned:

Real Property (other than the home you are requesting repair work for)

Vehicles (cars, trucks, boats, etc.) _____

SECTION 4-Mortgage & Insurance InformationName(s) on Deed or Title of Property:
_____Are you still making loan payments on your house?
Monthly payment: \$

Are you in compliance of the terms of your mortgage?

 Yes NoAre you current on your property taxes? Yes No
Property Insurance Co.

Policy #

Expiration Date:

Please note that repairs cannot be performed on any property that is not insured.**SECTION 5 – House Information**

Which most resembles the size of your house?

 1 Story 1.5 Story 2 Story 2 Story Split Other

Exterior of house:

 Brick Aluminum Wood Vinyl_____
Year Built_____
Year Purchased**SECTION 6 - Checklist** Did you complete ALL sections of this application? Did you sign the application/homeowners agreement? Did you attach a copy of two month's most recent pay stub/proof of income for ALL persons over 18 in the household? (Copies of pay stubs, retirement payout/social security letters.) Did you attach a copy of the past two month's bank/credit union statements? (Checking, Savings, etc.) from all adult residents of the home? Did you attach two years most recent signed tax returns (Federal & State), including W-2 & 1099 Forms, for all adult residents of the home? Did you attach a copy of your current homeowner's insurance? DD-214 Certificate of Release or Discharge from Active Duty general or honorable discharge (if applicable)**SECTION 7 – Media and Publicity**Where did you learn about Habitat Critical Repair Program? TV Radio Newspaper Flier Friend Neighbor
 Other:

If HHCC selects your house to be repaired:

_____ I give permission to be photographed on the day(s) of repair

_____ I give permission to have my name and photograph printed in the local newspaper

_____ I am willing to be interviewed by the media about what HHCC is doing with your house

SECTION 8 – Needed Repairs

Briefly describe the type of work you need done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Habitat Home Repair Program committee. The work done by HHCC will focus on warmth, safety and independence. Our volunteers are NOT professionals and may not be able to make all repairs.

PLEASE PRINT LEGIBLY

| Area of Repair | Description |
|-----------------------------------------------------------------------------------------------------|-------------|
| Accessibility Modification: ex: wheelchair ramp, grab bars, door handles, etc. | |
| Carpentry Repairs: Describe problems with the doors, floors, porches, steps, walls, etc. | |
| Minor Roofing Repairs: Identify where roof leaks | |
| Painting: List any Exterior painting needs | |
| Doors and Windows: Describe repairs needed, including locks, glass, frames, weather-stripping, etc. | |
| General Cleaning: Indicate if there is yard work needed. | |
| Other: Identify other repairs needed not listed above.: | |

SECTION 9– Personal Statement

Please tell us the impact that the proposed repair has had on your situation and what has prevented you from having it fixed on your own.

SECTION 10– Military Service

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

SECTION 11 Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity of Carroll County, Incorporated ("HHCC") to evaluate my eligibility for the Habitat Home Repair Program. I understand that the evaluation will include personal visits, photographs of my property, and research on my property title. By signing below, I am submitting to this evaluation and agreeing to permit HHCC to obtain a background report. I also understand that HHCC screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all adults listed to a sex offender background check. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and, even if I have already been selected to receive a HHCC home repair, I may be disqualified from the program. The staff at HHCC wishes to have a positive, rewarding experience with each applicant. To that end, we consider this process to be upheld with mutual respect. If at any time the relationship established becomes one of contention or disrespect, HHCC reserves the right to close the file and discontinue any home repairs at any time and at its sole discretion.

Homeowner #1 signature _____

_____ Date

Please print name _____

Homeowner #2 signature _____

_____ Date

Please print name _____

SECTION 11- Homeowner's Agreement

____ I certify that the information on this application is accurate and that I own the property and am a primary resident at the address given on this application. **I have no present intention to move or offer my home for sale for at least 3 years or I will be required to pay back 100% of the total cost of my repair.**

____ I confirm that any physically able person residing in my home or visiting on the project day(s) will work alongside the Habitat for Humanity of Carroll County volunteers. I confirm that, except for the condition for which the repairs listed above are to be performed, the property is a safe place for volunteers and staff.

____ To the extent permitted by law, and without limiting the coverage provided by the required homeowner insurance, I do hereby release and forever discharge and hold harmless Habitat for Humanity of Carroll County, Incorporated, its volunteers, employees, officers, directors, agents and their successors and assigns (collectively "HHCC") from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, dependents, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to the home repairs to be performed, including but not limited to: (1) damages for bodily injury or death to persons or (2) damages to property. This release applies to all damages and claims, including if such damages are caused wholly or in part by negligence, fault or other misconduct of HHCC, other than HHCC's intentional or grossly negligent conduct. This waiver is intended to waive fully, for the benefit of HHCC, any rights and/or claims, which might rise based upon a right of subrogation.

____ I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that HHCC MAKES NO WARRANTIES, EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.

Homeowner #1 Signature _____

_____ Date

Please Print Name _____

Homeowner #2 Signature _____

_____ Date

Please Print Name _____

Complete the following if you are not the homeowner but are assisting the homeowner in completing this application.

Print Name

Date

Relationship to Homeowner

Is homeowner aware of this application?

YES

NO

Cell Number

E-mail



**HABITAT FOR HUMANITY OF CARROLL COUNTY
FAIR HOUSING POLICY STATEMENT**

Equal housing opportunity for all persons, regardless of race, color, national origin, religion, age, sex, familial status, marital status, or disability, is a fundamental policy of HABITAT FOR HUMANITY OF CARROLL COUNTY. HABITAT FOR HUMANITY OF CARROLL COUNTY is committed to diligence in assuring equal housing opportunity and nondiscrimination to all aspects of its housing financing activities. HABITAT FOR HUMANITY OF CARROLL COUNTY has an ethical as well as legal imperative to work aggressively to ensure that HABITAT FOR HUMANITY OF CARROLL COUNTY financed housing programs comply fully with all state and federal fair housing laws.