Habitat for Humanity®
of Carroll County

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 302, 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) 751-7722.

Sincerely,

Amy Larocque-Rumano

Amy Larocque-Rumano, Executive Director

Critical Home Repair Program
Calculate your Homeowner Contribution

	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household		
5% of the repair, or $100, whichever is lower	$51,610 and below	$58,980 and below	$66,350 and below	$73,730 and below	$79,670 and below	**60% AMI and below**	**Income Level**
100% of the repair with 10% down and 90% repayment	$51,611 - $74,800	$58,981 - $85,450	$66,351 - $96,150	$73,731 - $106,800	$79,671 - $115,350	**61% - 80% AMI**	

This includes all wage earners and sources of income in the household.
Please note, our repair costs are usually much lower than retail.
Please do not let fear of being able to repay keep you from applying.
If you qualify and need help, please apply.

EQUAL HOUSING OPPORTUNITY

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.

Habitat for Humanity® of Carroll County

Mail or email completed application to:
Critical 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

EQUAL HOUSING OPPORTUNITY

For Office Use Only
Date Rec'd:
Rec'd By:

PLEASE PRINT LEGIBLY - Additional information may be requested

SECTION 1 - Homeowner Information

Legal Name of Homeowner #1:	Birthdate:	Age:
Legal Name of Homeowner #2:	Birthdate:	Age:
Home Address:	City:	Zip:
Email:	Home:	Cell:
Are you a Veteran? ____Yes ____ No	Years in Address:	Preferred Method of Contact:

If the homeowner is a Veteran or widow of a Veteran please fill out Section 8

List the names, ages and relationship to the homeowner of ALL people living in the home	
Name/Relationship:	Age:
Name/Relationship:	Age:
Name/Relationship:	Age:
Name/Relationship:	Age:
Name/Relationship:	Age:

SECTION 2 - Unique Needs and Demographics

Does anyone in the home have a disability: ☐ Yes ☐ No

If yes, check all that apply

_____ Uses a cane, walker or crutches _____ Vision _____ Loss of Limb

_____ Wheelchair bound _____ Hearing Impaired _____Intellectual or Mental Health Disability

_____ Chronic Health Condition _____ Other:_____

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

Homeowner #1	Homeowner #2
Race (may select more than 1 racial designation)	Race (may select more than 1 racial designation)
☐ American Indian or Alaska Native	☐ American Indian or Alaska Native
☐ Asian	☐ Asian
☐ Black / African American	☐ Black / African American
☐ Native Hawaiian or other Pacific Islander	☐ Native Hawaiian or other Pacific Islander
☐ White	☐ White
Ethnicity	Ethnicity
____ Hispanic or Latino _____ Non-Hispanic or Latino	____ Hispanic or Latino _____ Non-Hispanic or Latino

SECTION 3 - Household Income

Please list the monthly **income before taxes** for ALL household members 18 and older.

Income Source	Homeowner	Co-Owner	Other Household Members	Total
Salary/Wages				
Self Employment				
Unemployment				
Social Security				
Pension/Retirement				
Alimony/Child Support				
TANF				
Disability				
Military Entitlements				
VA Compensation				
Other (housing voucher, etc)				

You must attach verification of Household Income for ALL adults (18+) in the house UNLESS proven full time students (up to 26 years old) to the completed application.

Account Balances - *Must provide last 2 statements for each*

Type of Account	Amount
Checking	
Savings	
Money Market	

SECTION 4 - Mortgage & Insurance

Name (s) on Deed or Title of Property:

_____

Are you still making loan payments on your house?

☐ Yes ☐ No

Are you in compliance with the terms of your mortgage?

☐ Yes ☐ No

Are you current on your property taxes?

☐ Yes ☐ No

Property Insurance Company

_____

Policy # _____

Expiration Date: _____

SECTION 5 - House Information

Year Built _____ Year Purchased _____

Which most resembles the size of your home?

☐ 1 Story ☐ 1.5 Story

☐ 2 Story ☐ 2 Story Split

☐ Other

Which most resembles the exterior of your home:

☐ Brick ☐ Wood

☐ Aluminum ☐ Vinyl

Which most resembles the type of your home?

☐ Single Family ☐ Duplex

☐ Townhouse ☐ Other

☐ Mobile Home

Please note that repairs cannot be performed on any property that is not insured.

SECTION 6 - 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. The items listed below will be considered.

PLEASE PRINT LEGIBLY

Area of Repair	Description
Accessibility Modifications: Examples: Wheelchair ramp, grab bars, door handles, etc	
Carpentry Repairs: Describe problems with doors, floors, railings, porches, steps, walkways, etc.	
Roofing Repairs: Identify where roof leaks	
Painting: List any Exterior painting needs due to rot and lead paint concerns	
Doors and Windows: Describe repairs needed including locks, glass, frames, weather-stripping, leaking air, etc.	
Heating and Air Conditioning: Describe concerns with your current heating and air systems	
Other: Identify other repairs needed not listed above.	

SECTION 7 - Personal Statement

How will the home repairs impact the health and daily living activities of those in your home? What has prevented you from having this fixed on your own? Attach additional paper if needed.

SECTION 8 - Military Service

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?
- Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, 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 9 - Media and Publicity

Where did you learn about the Habitat Critical Repair Program?

____ TV ____ Radio ____ Flyer ____ Newspaper _____Friend _____ Neighbor _____ Program

____ 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 give permission to have my name and photograph to be on social media and websites

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

SECTION 10 - Authorization and Release

I understand that by filing the application, I am authorizing Habitat of Humanity of Carroll County, Incorporated ("HHCC") to evaluate my eligibility for the Habitat Critical 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 be selected to receive a HHCC home repair, I may be disqualified from the program. The staff at HHCC wishes to have a positive and 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

Please initial below to acknowledge

_____ 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 of 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 limited the coverage provided by the required homeowner insurance, I 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, EXPRESSED 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

Is the homeowner aware of this application?

_____

Relationship to Homeowner

_____ Yes _____ No

_____ _____

Cell Number Email

SECTION 12 - Checklist - Please complete

Please review that all items listed below are included in your application.

- ☐ Did you complete ALL sections of the application?
- ☐ Did you sign the application / homeowner's agreement (Section 12)?
- ☐ Are the following items attached?
  - ○ Copy of the past 2 months ALL bank / credit union statements for ALL residents in home 18 and older
    - ▪ Checking
    - ▪ Savings
    - ▪ Money Market
    - ▪ Other
  - ○ Copy of the past 2 months income for ALL residents in home 18 and older
    - ▪ Pay stubs
    - ▪ Social Security
    - ▪ Pension/Retirement payouts
    - ▪ Unemployment
    - ▪ Child support/Alimony
  - ○ Copy of the past 2 years most recent signed tax returns (Federal and State) for ALL residents in home 18 and older
    - ▪ W2s
    - ▪ 1099 Forms
  - ○ Copy of current Homeowners Insurance
  - ○ DD-214 Certificate of Release or Discharge from Active Duty general or honorable discharge (if applicable)



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.