



Critical Home Repair Program application

CONTACT KATE CHESNEY AT [KATEC@JACKSONHABITAT.ORG](mailto:KATEC@JACKSONHABITAT.ORG) OR 517-784-6620 X 6 TO SCHEDULE A TIME TO DROP OFF YOUR APPLICATION AND DOCUMENTS

SECTION 1 - Homeowner Information

TODAYS DATE      -      -     

Legal Name of Homeowner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List anyone else on the title of your home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ *please note, this program is for Jackson County homeowners only*

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Year you moved into your home: \_\_\_\_\_

List the name, **birthdate** and **relationship** to homeowner of **all** people in the household (attach a list if more space is needed):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has anyone in your household ever served in the U.S. Military? → Yes → No

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Is anyone in your household currently in the military? → Yes → No

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Name: \_\_\_\_\_ Branch: \_\_\_\_\_

**SECTION 2 – Special Needs**

Is anyone in the home disabled? → Yes → No *Please list the resident name and type of disability.*

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Is interpretation needed? → Yes → No If yes, what language: \_\_\_\_\_

**SECTION 3 - Household Income and Mortgage Information**

Please answer all questions in this section-

The *total, combined income before taxes* for ALL persons in the household is:

**\$\_\_\_\_\_ per year**

**You must attach verification of all HOUSEHOLD income and a copy of the driver's license or state ID card** for each person on the title of the home (even if they do not live there) and adult resident 18 and older, unless a full time student (provide proof of registration) and benefits for children. We accept copies of the most recent income tax return, monthly social security statements, other retirement income statements, three months of employment check stubs and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.

Are you still making loan payments on your home?  Yes  No

If yes, what is your monthly payment? \$\_\_\_\_\_/month

Are you up to date on your property taxes?  Yes  No

Please attach a copy of your policy along with your application.

How much are your property taxes? \$\_\_\_\_\_

Are you behind on your mortgage payments?  Yes  No

If yes, how many months? \_\_\_\_\_

Do you currently have homeowner's insurance?  Yes  No

If not, why? \_\_\_\_\_

Do you have a city citation?  Yes  No When is the due date? \_\_\_\_\_

## SECTION 4 Application History

Have you ever received assistance from Habitat in the past? → Yes → No

Have you ever received assistance from any other place including the city of Jackson, Community Action Agency or elsewhere? → Yes → No When? \_\_\_\_\_

If yes, please explain the work done and which program it was done through?

## SECTION 5 Personal Statement

**Please write a *brief* explanation of why you feel you should be selected and how it will help you.**

**SECTION 6 – House Information / Exterior**

**HOUSE INFORMATION**

Place a large “X” over the house (below), which most resembles the size of your house.



Mobile Home    1 Story    1.5 Story    2 Story    2.5 Story

Year Purchased: \_\_\_\_ Year Built: \_\_\_\_\_

Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

**House Exterior**

**Siding**

**Trim**

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

**Garage Exterior**

**Siding**

**Trim**

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

Parts of house and garage that need painting:

- House siding
- House trim (around doors, windows, overhangs, etc.)
- Garage siding
- Garage trim (around doors, windows, overhangs, etc.)
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Repairs needed on exterior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7 - Requested Repairs**

Briefly describe the type of work you would like 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 our Critical Home Repair program.

*Please print*

Area of Repair	Description
<p><b>Accessibility Modifications.</b> Examples: wheelchair ramp, bathroom grab bars, handrails, etc.</p>	
<p><b>Doors and Windows.</b> Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	

**SECTION 8 – Sharing Your Personal Information** – Your answers do not affect your acceptance into the program

If your application is a more appropriate fit with other, similar programs may we share it with them? → **Yes** → **No**

\_\_\_\_\_  
**SIGNATURE OF HOMEOWNER**

\_\_\_\_\_  
**DATE**

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give GJHFH your consent to share the information you provide on this application with similar organizations if GJHFH is not able to assist you. Please sign above to confirm your decision.*

**SECTION 9 – Media and Publicity** – Your answers do not affect your acceptance into the program

Where did you learn about this program? \_\_\_\_\_

TV Radio Newspaper Flyer Friend/Family Neighbor Social Worker Hospital/Rehab Website

OTHER: \_\_\_\_\_ please describe

If ABWK selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

YES Interviews are okay

YES Visits by elected officials are okay

NO I do not want interviews

NO I do not want visits by elected officials

## SECTION 10 – Homeowner’s Checklist

- Did you complete all 11 sections of this application?
- Did you sign the application? (SECTION 8 and SECTION 11)**
- Did you enclose a copy of the deed on your home or other proof of ownership**, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Did you enclose proof of homeowner’s insurance that shows you are current?**
- Did you include a statement verifying income?** This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, three months of employment check stubs or other documentation of household income. **All persons listed on the title of the home (even if they do not live in the home) and all adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.**
- Did you include a copy of the driver’s license or state ID card for each person on the title of the home (even if he or she does not live in the home) and each adult resident 18 or older in the home?**

Please note:

We may be unable to assist with mold, lead and asbestos remediation through this program. In addition, this program is not intended as a rehab program. Some repairs may be beyond the capacity of this program. If you qualify for the program, a home visit will be scheduled, and you will receive a written statement of either an acceptance with a scope of work defined, or a denial based on capacity.

## Section 11 Homeowner Agreement

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application.

I/we understand that the application can be rejected at any time if information provided is incorrect or untrue. I/we have no intention to move or offer our home for sale for at least 3 years. I/we authorize Greater Jackson Habitat for Humanity (GJHFH) to examine my/our income, residency, income, and any other requirements through the application process. I/. we confirm, that except for the conditions listed in the application, my/our home is a safe place. Additionally, I/we certify that no member of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize to allow GJHFH to investigate my/our criminal history. As an applicant I/we understand that GJHFH has obtained public and non-public information for the application to be processed. I/we understand that GJHFH will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

Signature of homeowner \_\_\_\_\_ Date \_\_\_\_\_

**Complete the following if you are not the homeowner, but are assisting the homeowner in filling out this application**

Name/title \_\_\_\_\_ Relationship to homeowner \_\_\_\_\_

Your email address \_\_\_\_\_ phone number \_\_\_\_\_

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers in obtaining housing because of race, color, religion, sex, handicap, familial status, national origin, age, marital status or source of income.

