

NEED FOR ASSISTANCE



Critical Home Repair Application Packet

Habitat for Humanity of Spartanburg seeks to share the love of Christ by bringing people together to build homes, communities, and hope!

What is the Critical Home Repair Program?

We help homeowners in Spartanburg County maintain their homes as safe, decent, and affordable places to live by offering critical home repairs at a fraction of the actual cost!

How can someone qualify for the Critical Home Repair Program?

Participants in any program offered by Habitat for Humanity must be able to meet 3 Qualifications: (1) Need for Assistance, (2) Ability to Pay, and (3) Willingness to Partner.

For the Critical Home Repair Program, can you say "YES!" to all the following questions?

 Do you need assistance with one or more EXTERIOR critical home repairs, such as Repair or replacement of exterior siding or roofing? Installation or repair of an exterior handicap-accessible ramp? Installation or repair of safety railings on a porch, ramp, or other exterior structure? Other exterior repairs or improvements for safety and/or accessibility? Is your total household's income below 60% of the Area Median for Spartanburg County We will evaluate your household's income at no charge after you submit your application. ABILITY TO PAY		
Mobile homes DO NOT qualify for program services. Is your home located within Spartanburg County? We may prioritize applications from VETERANS living anywhere in Spartanburg County and from homeowners in the Highlands, Northside, Regional, and South Converse areas. Do you need assistance with one or more EXTERIOR critical home repairs, such as Repair or replacement of exterior siding or roofing? Installation or repair of an exterior handicap-accessible ramp? Installation or repair of safety railings on a porch, ramp, or other exterior structure? Other exterior repairs or improvements for safety and/or accessibility? Is your total household's income below 60% of the Area Median for Spartanburg County' We will evaluate your household's income at no charge after you submit your application. ABILITY TO PAY Are you current on all payments due for housing costs, such as mortgage & property tax: Can you make a one-time payment up front to cover 10% of the total repair costs? We will give you the specific payment amount before you make your final commitment. WILLINGNESS TO PARTNER Will you maintain a law-abiding household? Will you maintain a safe environment for repair work? Will you fulfill all requirements in a timely, honest manner? Will you learn about home maintenance through the repair process?		Are you a U.S citizen or permanent resident?
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 □ Will you fulfill all requirements in a timely, honest manner? □ Will you learn about home maintenance through the repair process? 		Will you maintain a law-abiding household?
☐ Will you learn about home maintenance through the repair process?		Will you maintain a safe environment for repair work?
		Will you fulfill all requirements in a timely, honest manner?
☐ Will you share your experience through conversations, events, and media publications?		Will you learn about home maintenance through the repair process?
		Will you share your experience through conversations, events, and media publications?

If you can say "YES!" to ALL the above questions, YOU MIGHT BE ELIGIBLE! Please contact our Family Services Coordinator at (864) 279-7875 for details!

CHRP Application Packet
Revised April 2019





REQUIRED DOCUMENTATION CHECKLIST

You are required to submit a copy of each of the following with your application packet: ☐ Photo ID for the applicant(s) ☐ Proof of U.S. citizenship or permanent residence for the applicant(s) *Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or U.S. permanent resident card Current statement showing amount due for any mortgages or liens on the residence Current statement showing amount due for any property taxes on the residence ☐ Current statement showing amount due for any insurance on the residence ☐ Current statement showing amount due for any utilities at the residence Current statement showing balance in any bank accounts held by applicant(s) ☐ Documentation of the previous year's income for applicant(s) *Acceptable documentation includes Tax Return (Form 1040), a tax transcript from the IRS, OR a non-filing letter from the IRS accompanied by documentation of stable income from another source for at least the previous 12 months (e.g., 1099, W2, DSS Benefit History) ☐ Documentation of the past 6 months' gross earnings for all adult household members *Household includes your spouse if legally married (regardless of living arrangements) and everyone residing in your home at the time of this application □ Documentation of ALL other income currently received by adult household members *Examples include Supplemental Security Income, Social Security, Disability, Housing Choice Voucher / Section 8, SNAP / Food Stamps, Child Support, Alimony, etc. ☐ Birth certificates for all household members ☐ Social Security cards for all household members * You will be contacted to submit a \$25 fee AFTER a preliminary review is complete *Acceptable payment methods include cash in exact change, check, or money order

Different or additional documentation may be required in unique circumstances. Call us at (864) 279-7875 if you have questions on any of the required documentation!

Applicant Signature

Co-Applicant Signature

Date

Date





EQUAL HOUSING OPPORTUNITY STATEMENT



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. We pledge to keep information in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.

SECTION I: HOUSEHOLD INFORMATION						
Applicant (Homeowner)	Co-Applicant (Co-Homeowner)					
Name:	Name:					
Birth Date: Age: Gender: M / F	Birth Date: Age: Gender: M / F					
Social Security Number:	Social Security Number:					
Marital Status (check one):	Marital Status (check one):					
☐ Married ☐ Separated ☐ Unmarried	□ Married □ Separated □ Unmarried					
Phone Number:	Phone Number:					
Email Address:	Email Address:					
All Other Household Members (Both Adults & C	children)					
Name Relationship	Birth Date (MM/DD/YY) Age Gender					
	M/F M/F M/F M/F M/F M/F M/F M/F M/F					
Read this statement BEFORE completing the information below: The following information is requested by Habitat for Humanity of Spartanburg, Inc. to monitor our efficacy in serving diverse populations in need of housing assistance. You are not required to furnish this information but are encouraged to do so! In accordance with the letter and spirit of the law, we will not discriminate based on information in this section, nor on whether you choose to furnish it.						
☐ I do not wish to furnish this information. (If you check this, please leave the rest of this section blank.)						
# of Household Members with a Diagnosed Mental or Physical Disability:						
# of Household Members who are Veterans or Active Duty in the U.S. Military:						
# of Household Members of Race / Ethnicity: American Indian / Alaska Native; Asian; Native Hawaiian / Pacific Islander; Black / African-American; Hispanic / Latino; White / Caucasian: Other:						





SECTION II: CURRENT HOUSING CONDITIONS

Provide all the following information about your cur	rent housing to the best of your present knowledge:			
Street Address:	Mailing Address (if different):			
Total Years at this Residence:	Total Monthly Mortgage Payment: \$			
Year Built: Square Footage:	# of Stories: # of Rooms:			
Year of Last Roof Replacement:	Crawl Space? Y / N Attic? Y / N			
Have rooms, garages, or other spaces been added	since the original construction? Y / N			
If yes, please briefly describe all additions:				
Provide any details you can about repair work in the	e history of the home:			
Roof Repairs: Y / N If yes, when?	By whom?			
Brief description:				
Electrical Repairs: Y / N If yes, when?	By whom?			
Brief description:				
Plumbing Repairs: Y / N If yes, when?	By whom?			
Brief description:				
Painting Repairs: Y / N If yes, when?	By whom?			
Brief description:				
Other Repairs: Y / N If yes, when?	By whom?			
Brief description:				
	for consideration, ranking them first to last in order of possible about the work that needs to be performed:			
1:				
2:				
3:	······································			
4:				
5:				





SECTION III: WILLINGNESS TO PARTNER

Carefully review and answer all the following questions regarding program participation:

We seek to uphold the law in all regards. Will you ensure the law-abiding behavior of all household members and personal guests while repair work is being performed? Y / N

Safety is paramount to all the work that we do. Will you maintain a safe environment for our staff and volunteers, and follow all safety instructions given to you by work supervisors? Y / N

This program requires timely and honest completion of all requirements. Will you be timely and honest in submission of paperwork, attendance at appointments, and fulfillment of requirements? Y / N

All program participants must complete "Sweat Equity," which refers to hands-on involvement to develop partnership, pride in homeownership, and the knowledge & skills necessary to be successful as a homeowner. Are you willing to complete Sweat Equity by assisting with repair work on your home and being present for all repair work performed? Y / N

All program participants must be willing to share their experience in the program through conversations, speaking engagements, and media publications. Are you willing to open your home, discuss your experience, speak at events, and let us publish your experience? Y / N

Describe any recent experience with volunteer work or community involvement:					
List names & phon	e numbers for a	anyone you know who wo	uld be will	ing to volunteer to help you:	
		, ,		0 17	
		nic, or community referen or romantic partners) wh		ot include purely personal ch for your qualifications:	
Reference #1	Name:		Relationship:		
	Phone Number	r:	Address:		
			Relationship:		
		r:	Address:		
Reference #3			Relationship:		
		r: Addı		ess:	
How did you hear about our Critical Home Repair Program? Please check all that apply:					
☐ Familiar with Habitat		☐ Attended information session		☐ Referred by another agency	
☐ Know a Habitat homeowner		$\hfill \square$ Read about it in the news		☐ Heard from family or friends	
☐ Referred by a volunteer		$\hfill\Box$ Heard about it on the radio		☐ Heard from work	
☐ Shopped in the ReStore		☐ Watched a news report on it		☐ Heard from church	





SECTION IV: INCOME					
Income Source	Applicant (Homeowner)	Co-Applicant (Co-Homeowner)	Household Members	Total (\$ / Month)	
Earnings	\$	\$	\$	\$	
Alimony, Child Support, or Separate Maintenance*	\$	\$	\$	\$	
Housing Choice Voucher (Section 8, etc.)	\$	\$	\$	\$	
Social Security (SS, SSD, etc.)	\$	\$	\$	\$	
Supplemental Security Income (SSI, SSDI, etc.)	\$	\$	\$	\$	
Supplemental Nutrition (SNAP, Food Stamps, etc.)	\$	\$	\$	\$	
Temporary Assistance (TANF / FI)	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
	•	Total N	Monthly Income	: \$	

*As a Special Purpose Credit Program, we are authorized to inquire about income from alimony, child support, or separate maintenance. Applicants may request that this income not be used in determining their ability to repay a loan.

SECTION V: EMPLOYMENT				
Applicant (Homeowner)	Co-Applicant (Co-Homeowner)			
Current Job Title:	Current Job Title:			
Current Employer:	Current Employer:			
Address:	Address:			
Phone Number:	Phone Number:			
Years on this Job:	Years on this Job:			
Previous Job Title:	Previous Job Title:			
Previous Employer:	Previous Employer:			
Address:	Address:			
Years on this Job:	Years on this Job:			
Reason for Leaving:	Reason for Leaving:			





SECTION VI: ASSETS

Provide the following info		9			3 11 ()
CIRCLE ONE:	Bank / Finan	cial Institution	Account Typ	e (e.g., checking) Current Balance
Applicant / Co-Applicant					\$
Applicant / Co-Applicant					\$
Applicant / Co-Applicant					\$
Applicant / Co-Applicant					\$
Applicant / Co-Applicant					\$
Do you own any land? Y	/ N	Est. Value: \$_		Unpaid Baland	ce: \$
Do you own any vehicles	? Y/N	Est. Value: \$_		Unpaid Baland	ce: \$
Do you own any mobile h	omes? Y / N	Est. Value: \$_		Unpaid Baland	ce: \$
Do you own any other ho	uses? Y / N	Est. Value: \$_		Unpaid Baland	ce: \$
the project budget, and th		·			ve up this money:
	SECI	TION VII: DEC	CLARATIO	NS	
Declaration				oplicant omeowner)	Co-Applicant (Co-Homeowner)
Declaration (a) Are you a U.S. citizen	or permanent	t resident?	(H	•	
	•		(H Y	omeowner)	(Co-Homeowner)
(a) Are you a U.S. citizen	ny, child suppo	ort, or maintenar	Y Y	/ N	(Co-Homeowner) Y / N
(a) Are you a U.S. citizen (b) Are you paying alimor	ny, child suppo lved in any leg	ort, or maintenar gal proceedings?	Y Y Y	omeowner) / N / N	Y/N Y/N
(a) Are you a U.S. citizen(b) Are you paying alimor(c) Are you currently invo	ny, child suppo lved in any leg tanding judgm	ort, or maintenar gal proceedings? nents against yo	Y Y Y Y	/ N / N / N	Y/N Y/N Y/N
(a) Are you a U.S. citizen(b) Are you paying alimor(c) Are you currently invo(d) Do you have any outs	ny, child suppo lved in any leg tanding judgm ed or discharg	ort, or maintenar gal proceedings? nents against you ed a bankruptcy	(H) Y Ice? Y Y Y Y Y Y Y Y	omeowner) / N / N / N / N	Y/N Y/N Y/N Y/N
(a) Are you a U.S. citizen(b) Are you paying alimor(c) Are you currently invo(d) Do you have any outs(e) Have you ever declare	ny, child supportion of the control	ort, or maintenar gal proceedings? nents against you ed a bankruptcy years?	(H) Y ice? Y Y Y Y Y Y Y Y	omeowner) / N / N / N / N / N	Y/N Y/N Y/N Y/N Y/N Y/N
(a) Are you a U.S. citizen (b) Are you paying alimor (c) Are you currently invo (d) Do you have any outs (e) Have you ever declare (f) Have you been evicted	ny, child supported in any leg tanding judgmed or discharged in the past 7 y foreclosed in	ort, or maintenar gal proceedings? nents against you ed a bankruptcy years? In the past 7 year	(H) Y ice? Y If Y Y Y Y Y Y Y Y Y Y Y	/ N / N / N / N / N / N / N / N / N / N	(Co-Homeowner) Y/N Y/N Y/N Y/N Y/N Y/N Y/N
(a) Are you a U.S. citizen (b) Are you paying alimor (c) Are you currently invo (d) Do you have any outs (e) Have you ever declare (f) Have you been evicted (g) Have you had propert	ny, child supported in any leg tanding judgmed or discharged in the past 7 y foreclosed in the discharged of a felony of the ques	ort, or maintenar gal proceedings? nents against you ed a bankruptcy years? In the past 7 year y in the past 7 year tions (b) throug	(H) Y Ice? Y If Y Ice? Y If Y Ice? Y	/ N / N / N / N / N / N / N / N / N / N	Y/N





SECTION VIII: AUTHORIZATION & RELEASE

READ THE FOLLOWING INFORMATION <u>VERY CAREFULLY</u> BEFORE SIGNING BELOW! ASK OUR STAFF ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING BELOW!

By signing below, I confirm the following:

I understand that, by submitting this application packet, I am authorizing Habitat for Humanity of Spartanburg, Inc. and its designees to evaluate my qualifications for its Critical Home Repair Program. I understand that this evaluation will include an assessment of my actual need for the assistance, my ability to make any required payments, and my willingness to partner in the completion of Sweat Equity and other program requirements.

I understand that this evaluation includes verification of all information contained in this application packet regarding all household members, including, but not limited to, information pertaining to residence, income, employment, assets, debt, and background. I understand that verification may include, but is not limited to, credit checks, criminal background checks, sex offender registry checks, and public records checks of all household members, and I have the necessary authorization to submit these household members to such checks. I understand that verification may also include contact with references, volunteers, current and former employers, landlords, creditors, and financial institutions disclosed in this packet and throughout the application process. By submitting this application packet, I am authorizing Habitat for Humanity of Spartanburg and its designees to conduct this evaluation.

I have completed this application packet truthfully and to the best of my present knowledge. If any information included in this packet changes while my application is under review, I understand that I am required to promptly notify Habitat for Humanity of Spartanburg's staff and may be required to provide documentation verifying such changes. I understand that any discovery of inaccuracy, incompleteness, fraudulence, or change in the information supplies in this packet may result in the delay or denial of my application or deselection from the program, even after I have been offered approval to participate.

I understand that, if I am approved for the Critical Home Repair Program, I must abide by all program requirements to ensure the successful completion of repairs. I understand that I may be liable for the full cost of any repair work performed on my behalf if I fail to abide by all program requirements through the time of completion. I understand that Habitat for Humanity of Spartanburg and its designees offer no warranties, expressed or implied, regarding repair work done on my behalf, except for defects in materials or workmanship specific to the project, which will be warrantied for six months following project completion.

I hereby release Habitat for Humanity of Spartanburg, its staff, its volunteers, and all its designees associated with the Critical Home Repair Program of all liability of all kinds.

I understand that the original or a copy of this application packet and its attachments may be retained by Habitat for Humanity of Spartanburg, even if the application is not ultimately approved or deselection occurs.

Applicant Signature	Date	Co-Applicant Signature	Date