



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?

NEED FOR ASSISTANCE

- Are you a U.S citizen or permanent resident?
- Have you owned & lived in your current home for at least the past 2 years?
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 taxes?
- 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?
- 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!**



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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***

Applicant Signature

Date

Co-Applicant Signature

Date

**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!**



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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): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried |
| Phone Number: _____ | Phone Number: _____ |
| Email Address: _____ | Email Address: _____ |

All Other Household Members (Both Adults & Children)

| Name | Relationship | Birth Date (MM/DD/YY) | Age | Gender |
|-------|--------------|-----------------------|-------|--------|
| _____ | _____ | _____ | _____ | 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: _____



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SECTION II: CURRENT HOUSING CONDITIONS

Provide all the following information about your current 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 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: _____

List all EXTERIOR critical home repairs requested for consideration, ranking them first to last in order of importance to you, and including as much detail as possible about the work that needs to be performed:

- 1: _____

- 2: _____

- 3: _____

- 4: _____

- 5: _____



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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 & phone numbers for anyone you know who would be willing to volunteer to help you:

List at least 3 professional, academic, or community references (*do not* include purely personal references such as family, friends, or romantic partners) who can vouch for your qualifications:

| | |
|---------------------|------------------------------------|
| Reference #1 | Name: _____ Relationship: _____ |
| | Phone Number: _____ Address: _____ |
| Reference #2 | Name: _____ Relationship: _____ |
| | Phone Number: _____ Address: _____ |
| Reference #3 | Name: _____ Relationship: _____ |
| | Phone Number: _____ Address: _____ |

How did you hear about our Critical Home Repair Program? Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Familiar with Habitat | <input type="checkbox"/> Attended information session | <input type="checkbox"/> Referred by another agency |
| <input type="checkbox"/> Know a Habitat homeowner | <input type="checkbox"/> Read about it in the news | <input type="checkbox"/> Heard from family or friends |
| <input type="checkbox"/> Referred by a volunteer | <input type="checkbox"/> Heard about it on the radio | <input type="checkbox"/> Heard from work |
| <input type="checkbox"/> Shopped in the ReStore | <input type="checkbox"/> Watched a news report on it | <input type="checkbox"/> Heard from church |



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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 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: _____ |



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SECTION VI: ASSETS

Provide the following information regarding ALL financial accounts or other assets held by applicant(s):

| | | | |
|------------------------------------|------------------------------|-------------------------------|-----------------|
| CIRCLE ONE: | Bank / Financial Institution | Account Type (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 Balance: \$ _____ | |
| Do you own any vehicles? Y / N | Est. Value: \$ _____ | Unpaid Balance: \$ _____ | |
| Do you own any mobile homes? Y / N | Est. Value: \$ _____ | Unpaid Balance: \$ _____ | |
| Do you own any other houses? Y / N | Est. Value: \$ _____ | Unpaid Balance: \$ _____ | |

If you are approved for the Critical Home Repair Program, you will be required to pay a percentage of the project budget, and this will have to be paid in advance. Describe your plan to save up this money:

SECTION VII: DECLARATIONS

| Declaration | Applicant (Homeowner) | Co-Applicant (Co-Homeowner) |
|--|--------------------------|--------------------------------|
| (a) Are you a U.S. citizen or permanent resident? | Y / N | Y / N |
| (b) Are you paying alimony, child support, or maintenance? | Y / N | Y / N |
| (c) Are you currently involved in any legal proceedings? | Y / N | Y / N |
| (d) Do you have any outstanding judgments against you? | Y / N | Y / N |
| (e) Have you ever declared or discharged a bankruptcy? | Y / N | Y / N |
| (f) Have you been evicted in the past 7 years? | Y / N | Y / N |
| (g) Have you had property foreclosed in the past 7 years? | Y / N | Y / N |
| (h) Have you been convicted of a felony in the past 7 years? | Y / N | Y / N |

If you answered “**Y**” to any of the questions **(b) through (h)**, please explain below, or on an attached sheet of paper which you must sign, date, and submit along with this application packet:
