



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!

To participate in the program, you must be able to meet ALL the following qualifications:

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?
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 OUTDOOR home repairs? Common repair projects include roofing, siding, porches, ramps, and railings. We DO NOT currently offer assistance with any indoor or underground repairs.
Is your household's annual income below 60% of the Area Median for Spartanburg County?

Household Size	Maximum Household Income
1	\$27,174
2	\$31,056
3	\$34,938
4	\$38,820
5	\$41,926
6	\$45,031

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 determine the specific payment amount before you make your final commitment.			
WI	WILLINGNESS TO PARTNER			
	Are you willing to maintain a law-abiding household?			
	Are you willing to maintain a safe environment for repair work?			
	Are you willing to fulfill all requirements in a timely, honest manner?			
	Are you willing to be present and engaged while all repair work is performed?			

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!

☐ Are you willing to share your experience through conversations, events, and media?







REQUIRED DOCUMENTATION CHECKLIST You must include a copy of ALL the following documents with your application packet! Failure to submit all required documentation may result in denial of your application

	documentation may result in denial of your application.
	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 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 <u>Household</u> includes everyone residing in your home at the time of this application and your spouse if legally married unless a separation of more than 12 months can be documented.
	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
	DD 214 form for any veterans in the household
	Different or additional documentation may be required in unique circumstances. Call (864) 279-7875 if you have questions on any of the required documentation!
*	You will be contacted to submit a \$6 fee AFTER a preliminary review is complete! Acceptable payment methods include cash in exact change, check, or money order.





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, if applicable)			
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 (Adults & children who also live in the home)				
Name Relationship	Birth Date (MM/DD/YY) Age Gender			
	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.				
$\hfill\square$ I do not wish to furnish this information. (If you can be seen to	neck this, please leave the rest of this section blank.)			
# of Household Members with a Diagnosed Mental or Physical Disability:				
# of Household Members who have ever been a m	•			
# 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 infor	mation about your curre	nt housing to the best of y	our present knowledge:	
Street Address:		Mailing Address (if different):		
Total Years at this Residence	ə:	Total Monthly Mortgage Payment: \$		
		/ manufactured □ Multi-family:ay be subject to additional limitations on repairs.		
Year Built: Square	e Footage:	# of Stories:	# of Rooms:	
Year of Last Roof Replacement	ent:	Crawl Space? Y / N	Attic? Y / N	
Have rooms, garages, or oth	er spaces been added s	ince the original constructi	on? Y / N	
If yes, please briefly describe	all additions:			
Provide any details you can a	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:				
Other Repairs: Y / N If	yes, when?	By whom?		
Brief description:				
We DO NOT consider indoor ranking them first to last in or				
1:				
2:				
3:				
4:				
5:				





SECTION III: EMPLOYMENT

Critical Home Repair Application Packet

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 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:	\$	\$	\$	\$
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: 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 _ Est. Value: \$_____ Unpaid Balance: \$_____ Do you own any land? Y/N Do you own any vehicles? 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 VI: WILLINGNESS TO PARTNER** Describe any recent experience with volunteer work or community involvement: Please list names & phone numbers for anyone you know who would be willing to volunteer to help you: How did you hear about our Critical Home Repair Program? Please check all that apply: ☐ Familiar with Habitat ☐ Saw a post on social media ☐ Referred by another agency ☐ Heard from family or friends ☐ Shopped in the ReStore ☐ Read about it in the news ☐ Referred by a homeowner ☐ Heard about it on the radio ☐ Heard from work

☐ Watched a TV report on it

☐ Referred by a volunteer

☐ Heard from church





SECTION VII: 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 volunteers, current and former employers, landlords, creditors, and financial institutions disclosed in this packet and throughout the application process, as well as photos of my current residence. 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