



# 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 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 AND 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 offer assistance with indoor, underground, or detached structure repairs.*
- Is your household's annual income below 60% of the Area Median for Spartanburg County?

Household Size	Maximum Household Income
1	\$28,896
2	\$33,024
3	\$37,152
4	\$41,280
5	\$44,582
6	\$47,885

**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.*

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

**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 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.**

- 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  
*Household 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.***



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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, 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): <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 (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
_____	_____	_____	_____	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 have ever been a member of 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: \$ \_\_\_\_\_

Type of house:  Standard single-family  Mobile / manufactured  Multi-family: \_\_\_\_\_  
*Mobile / manufactured and multi-family housing may be subject to additional limitations on repairs.*

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: \_\_\_\_\_

**Other Repairs:** Y / N If yes, when? \_\_\_\_\_ By whom? \_\_\_\_\_

Brief description: \_\_\_\_\_

We DO NOT consider indoor or underground repairs. Please list all OUTDOOR repairs requested, ranking them first to last in order of importance to you, and including as much detail as possible:

- 1: \_\_\_\_\_  
\_\_\_\_\_
- 2: \_\_\_\_\_  
\_\_\_\_\_
- 3: \_\_\_\_\_  
\_\_\_\_\_
- 4: \_\_\_\_\_  
\_\_\_\_\_
- 5: \_\_\_\_\_  
\_\_\_\_\_



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## SECTION III: 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 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.*



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## 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	_____	_____	\$ _____

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 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
- Shopped in the ReStore
- Referred by a homeowner
- Referred by a volunteer
- Saw a post on social media
- Read about it in the news
- Heard about it on the radio
- Watched a TV report on it
- Referred by another agency
- Heard from family or friends
- Heard from work
- Heard from church

