



Dear Prospective Participant:

Thank you for your interest in the Transylvania Habitat for Humanity (THFH) Critical Home Repair Program. THFH is a non-profit organization financed through grants and private donations while utilizing volunteer labor.

The purpose of the THFH Critical Home Repair Program is to create a safe, healthy, accessible, and affordable home for existing homeowners. The Critical Home Repair program is **not** meant to complete typical homeowner tasks (mowing the lawn on a regular basis, cleaning gutters, changing air filters, etc.) or make cosmetic repairs.

To Qualify:

- You must be the homeowner **and** living in the home that needs repair and the home must be in Transylvania County, NC.
- You must have a critical repair need. The condition of your home should be such that repairs can be completed by volunteers.
- Applicants under the age of 62 must have household income less than 80% of the area median income.
- You will be required to provide your permission so that we can verify information on your application such as income, and homeownership.
- You must be current on taxes and mortgage payments.
- The value of your home must not exceed \$350,000.00.

If Approved to Participate:

- **You must agree not to sell the home for three years after the job is completed. If sold within 3 years, you must reimburse THFH for the cost of repairs.**

If you are interested in working with THFH and believe you qualify for the Critical Home Repair Program, we encourage you to complete the attached application and return it to Transylvania Habitat for Humanity at 692 Ecusta Road, Brevard, NC 28712.

Your application will be reviewed, and we will contact you to let you know of your qualification for a home visit to determine the extent of work that has been requested to make sure that it fits the scope of the Critical Home Repair Program.

If you have any questions, please feel free to contact the Transylvania Habitat for Humanity office at 828-862-5116, or email Home Repair Program Manager Cathy Wood at cathy.wood@transylvaniahabitat.org.

Cathy Wood

Home Repair Program Manager





Return the completed application to:
 Transylvania Habitat for Humanity
 Attention: Home Repair Program
 692 Ecusta Road
 Brevard, NC 28712
 Telephone: 828-884-3464



For Office Use Only:

Date Received:

Received By:

CRITICAL HOME REPAIR APPLICATION

SECTION 1 – Homeowner Information

Are you the Homeowner(s)?	Name:	Name:	
	Age:	Age:	
Home Address:		City:	Zip:
Mailing Address:		Phone:	Phone:
# Years at Address:	Did you or anyone in your household serve in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: _____	SSN: _____ SSN: _____	
List the names, ages, and relationship to the homeowner of ALL people living in the home (attach list if more space is needed)			
Name/relationship: _____		Age: _____	
Name/relationship: _____		Age: _____	
Name/relationship: _____		Age: _____	

SECTION 2 – Optional Fields Due to specialized funding sources, we offer the opportunity to identify anyone in your home who meets one or more of the following:

Is the homeowner or anyone in the home disabled? ☐ Yes ☐ No (check all that apply, please describe other)

If yes, indicate the type of disability:

☐ Uses a Walker, Cane, or Crutches ☐ Wheelchair Bound ☐ Blind ☐ Hearing-Impaired

☐ Loss of Limb ☐ Intellectual or Mental Health Disability

☐ Other: _____

Are translation services needed? ☐ Yes ☐ No If yes, what language?

SECTION 3 – Household Income

What is the total, combined income before taxes for **ALL** adult persons living in the home?

\$_____ per month **OR** \$_____ per year

If under the age of 62, you must attach verification of Household Income for **ALL** adults (18 to 61 years of age) in the house unless proven full time student (up to 26 years old).

SECTION 4 – Mortgage and Insurance Information

Name(s) on Deed or Title of Property: _____
Are you still making loan payments on your house? ☐ No ☐ Yes Monthly Payment: \$ _____
Are you in compliance of the terms of your mortgage? ☐ Yes ☐ No
Are you current on your property taxes? ☐ Yes ☐ No
Do you currently have homeowners' insurance? ☐ No ☐ If yes:
Property Insurance Co.: _____ Policy #: _____ Exp. Date: _____

SECTION 5 – House & Property Information

Which most resembles the size of your house? <input type="checkbox"/> 1 Story <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 Story Split <input type="checkbox"/> Other: _____	Exterior of house: <input type="checkbox"/> Brick <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Other
Which most resembles the type of your house? <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	Year Built: _____ Year Purchased: _____
*Applicants are required to provide statements on all asset accounts. If undisclosed asset accounts are discovered the applicant is immediately disqualified. This information will remain confidential and used only to determine eligibility. (use back of form if more space is needed)	<u>Current balance or value</u> *Real Property _____ *Trust Fund _____ *Other _____

SECTION 6 – Checklist (Must be complete)

Did you answer all questions and complete ALL sections of this application?
Did you attach a copy of proof of income for ALL persons over 18 in the household? (social security letters, retirement payout, pay stubs, etc.)
Did you attach a copy of your current homeowner's insurance policy? <i>If applicable.</i>
Did you attach any applicable DD-214 Certificate of Release or Discharge from Active Duty general or honorable discharge? <i>If applicable.</i>

SECTION 7 – Media and Publicity

Where did you learn about Habitat Critical Repair Program?
☐ TV ☐ Radio ☐ Newspaper ☐ Flier ☐ Friend ☐ Neighbor
☐ Other: _____

If your house is selected by THFH for repair, these conditions may apply.
Please Initial :

_____ I give permission to be photographed on the day(s) of repair.

_____ I give permission to have my name and photograph printed in the local newspaper and other THFH social media.

_____ I am willing to be interviewed by the media about what THFH is doing with my house.

SECTION 8 – Needed Urgent/Critical Repairs

Briefly describe the type of urgent work you need done on your home. Attach a separate sheet if there is not enough space to list all repairs. Remember 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 at the discretion of Transylvania Habitat for Humanity Construction Manager. The work done by THFH will focus on warmth, safety, and independence. Our volunteers are NOT professionals and may not be able to make all repairs.

Area of Repair	Description
Accessibility Modification: ex: wheelchair ramp, grab bars, door handles, etc.	
Carpentry Repairs: Describe problems with the doors, floors, porches, steps, walls, etc.	
Minor Roofing Repairs: Identify where roof leaks	
HVAC/Plumbing: Describe problem	
Doors and Windows: Describe repairs needed, including locks, glass, frames, weather-stripping, etc.	
Other: Identify other repairs needed not listed above:	

SECTION 9 – Personal Statement

Please tell us the impact that the proposed repair has had on your situation and what has prevented you from having it fixed on your own.

SECTION 10 – Authorization and Release

I understand that by submitting this application, I am authorizing Transylvania Habitat for Humanity (THFH) to evaluate my eligibility for the Critical Home Repair Program. I understand that the evaluation will include personal visits, photographs of my property, and research on my property title. By signing below, I am agreeing to this evaluation. I also understand that THFH screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all adults listed to a sex offender background check. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and, even if I have already been selected to receive a THFH home repair, I may be disqualified from the program. The staff at THFH wishes to have a positive, rewarding experience with each applicant. To that end, we consider this process to be upheld with mutual respect. If at any time the relationship established becomes one of contention or disrespect, THFH reserves the right to close the file and discontinue any home repairs at any time and at its sole discretion.

Homeowner #1 Signature

Date

Please print name: _____

Homeowner #2 Signature

Date

Please print name: _____

SECTION 11 – Homeowner's Agreement *(please initial)*

____ I certify that the information on this application is accurate. **I have no present intention to move or offer my home for sale for at least 3 years or I will be required to pay back 100% of the total cost of my repair.**

____ I confirm that any physically able person residing in my home or visiting on the project day(s) will work alongside the Transylvania Habitat for Humanity, its volunteers, employees, officers, directors, agents and their successors and assigns (collectively "THFH") from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, dependents, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to the home repairs to be performed, including but not limited to: (1) DAMAGES FOR BODILY INJURY OR DEATH TO PERSONS OR (2) DAMAGES TO PROPERTY. This release applies to all damages and claims, including if such damages are caused wholly or in part by negligence, fault or other misconduct of THFH, other than THFH's intentional or grossly negligent conduct. This waiver is intended to waive fully, for the benefit of THFH, any rights and/or claims, which might rise based upon a right of subrogation.

____ I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that THFH MAKES NO WARRANTIES, EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.

Homeowner #1 Signature

Date

Please print name: _____

Homeowner #2 Signature

Date

Please print name: _____

COMPLETE THE FOLLOWING IF YOU ARE **NOT** THE HOMEOWNER BUT ARE ASSISTING THE HOMEOWNER IN COMPLETING THIS APPLICATION.

Print Name

Date

Relationship to Homeowner

Is homeowner aware of application?
___ Yes ___ No

Does homeowner approve of application? ___ Yes ___ No

Cell Number

Email

**Transylvania Habitat for Humanity
FAIR HOUSING POLICY STATEMENT**

Equal housing opportunity for all persons, regardless of race, color, national origin, religion, age, sex, familial status, marital status, or disability, is a fundamental policy of TRANSYLVANIA HABITAT FOR HUMANITY. TRANSYLVANIA HABITAT FOR HUMANITY is committed to diligence in assuring equal housing opportunity and nondiscrimination to all aspects of its housing financing activities. TRANSYLVANIA HABITAT FOR HUMANITY has an ethical as well as legal imperative to work aggressively to ensure that TRANSYLVANIA HABITAT FOR HUMANITY financed housing programs comply fully with all state and federal fair housing laws.

