



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, 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 and property must not exceed \$350,000.00.

**If Approved to Participate:**

- You must agree not to sell and will reside in the home for 3 years after the job is completed or you must reimburse THFH for the cost of repairs.
- There is a 2-year waiting period before eligible to apply for the next repair need.

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 [cwood@transylvaniahabitat.org](mailto:cwood@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:

**CRITICAL HOME REPAIR APPLICATION**



**SECTION 1 – Homeowner Information**

|   |   |            |                     |
|---|---|------------|---------------------|
| Are you the Homeowner(s)? Y/N   | Name:   | Name:      |                     |
| # Years at Address: _____   | Date of Birth:  | Age:       | Date of Birth: Age: |
| Home Address:   |   | City:      | Zip:                |
| Mailing Address:  |   | Phone:     | Phone:              |
| Email Address:  |   |            |                     |
| # Living in Home:   | Did <u>you</u> serve in the United States Armed Forces?<br>___Yes ___No | SSN: _____ |                     |
|   | Branch of Service: _____  | SSN: _____ |                     |
| List the names, ages, and relationship to the homeowner of <b>ALL</b> 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**

**Do you currently receive Medicare or SSI?** \_\_\_ Yes \_\_\_ No **Do you currently receive Medicaid?** \_\_\_ Y \_\_\_ N

What is the total **combined** income (before taxes) for **ALL** people living in the home?  
 \$\_\_\_\_\_ per month OR \$\_\_\_\_\_ per year

**You must attach verification of Household Income for ALL people** in the home, 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?  
 1 Story  1.5 Story  2 Story  
 2 Story Split  Other: \_\_\_\_\_

Exterior of house:  
 Brick  Aluminum  Wood  
 Vinyl  Other \_\_\_\_\_

Which most resembles the type of your house?  
 Single Family  Duplex  Townhouse  
 Mobile Home  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)*

*Current balance or value*  
 \*Real Property (including all home & land)  
 \_\_\_\_\_  
 \*Trust Fund \_\_\_\_\_  
 \*Other (checking/savings/bonds) \_\_\_\_\_

**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 in the household? (social security letters, retirement payout, pay stubs, etc.)**
- Did you attach a copy of your current homeowner's insurance policy? **If applicable.**
- Did you attach any applicable DD-214 Certificate of Release or Discharge from Active Duty general or honorable discharge? **If applicable.**

**SECTION 7 – Media and Publicity**

Where did you learn about Habitat Critical Home Repair Program?  
 TV  Radio  Newspaper  Flier  Friend  Neighbor  Other \_\_\_\_\_

**If your house is selected by THFH for repair, these conditions may apply.**

**Please INITIAL All:**

- \_\_\_\_\_ 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**

Note that while your requests are considered, the final decision on the repairs THFH can undertake depends on our resources and is at the discretion of our Director of Construction THFH prioritizes repairs that ensure warmth, safety, and independence. Keep in mind our volunteers, though dedicated, are not professionals, and we may not be able to address all types of 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 is leaking.  |             |
| HVAC/Plumbing: Describe problem.  |             |
| Doors and Windows: Describe repairs needed, including locks, glass, frames, weather-stripping |             |
| 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. *(use back of page if more space is needed)*

**SECTION 10 – Authorization and Release**

By submitting this application, I give THFH permission to assess my eligibility for the Critical Home Repair Program, which includes property visits, photos, and title research. I agree to these evaluations and understand that THFH may check all adults in the household against the sex offender registry. I affirm that my answers are truthful, acknowledging that any dishonesty could result in denial or disqualification from the program. THFH aims for a positive experience based on mutual respect and may discontinue repairs if the applicant relationship becomes contentious. THFH reserves the right to close the file and discontinue any home repairs at any time and at its sole discretion.

\_\_\_\_\_ Date \_\_\_\_\_  
 Homeowner #1 Signature  
 Please print name: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
 Homeowner #2 Signature  
 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 reimburse Transylvania Habitat for the cost of my repair.**

\_\_\_\_\_ I agree that any able-bodied individual living in my home or present during the project days will participate alongside Transylvania Habitat for Humanity and its volunteers, employees, officers, directors, agents, successors, and assigns (collectively "THFH"). I release THFH from all liability, claims, demands, costs, and damages of any kind, whether due to tort, contract, or otherwise, that I, my heirs, dependents, assigns, next of kin, or legal representatives may have now or in the future, related to the home repairs being performed. This includes: (1) personal injury or death, and (2) property damage. This release covers all damages and claims, even those caused in whole or in part by THFH’s negligence, fault, or misconduct, except for intentional or gross negligence by THFH. This waiver is meant to fully relinquish, for THFH’s benefit, any rights or claims that may arise, including those based on subrogation rights.

\_\_\_\_\_ 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 and 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.

