



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 (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. ***Income requirements for applicants seeking Hurricane Helene repairs may differ.**
- You will be required to provide your permission so that we can verify information on your application such as income, and homeownership.

***Disaster victims will be required to share FEMA correspondence and Homeowners Insurance information.**

- 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.**

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 contact the Transylvania Habitat for Humanity office at 828-862-5116, or email Home Repair Program Manager Cathy Wood at 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 this application,
 are requests repairs
 due to damage from
 Helene?
 ___ Yes ___ No

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: _____ | Date of Birth: _____ |
| | Age: _____ | Age: _____ |
| Home Address: | | City: _____ Zip: _____ |
| Mailing Address: | Phone: _____ | Phone: _____ |
| Email Address: _____ | | |
| # Living in Home: | Did you serve in the United States Armed Forces? ___ Yes ___ No | SSN: _____ |
| | Branch of Service: _____ | 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

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** adult persons living in the home?
 \$ _____ per month **OR** \$ _____ per year

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?
 ___ 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 home & land) _____
 *Trust Fund _____
 *Other (checking/savings/bonds) _____

DISASTER RELATED REPAIRS – If your repairs are related to Hurricane Helene, please complete the section below. If not, continue to SECTION 6.

At the time of the storm,...

Did you own the home for which you are seeking repairs? ___ No ___ Yes

Did you occupy the home? ___ No ___ Yes

***If yes, include proof of occupancy (ex. bill addressed to you at the home address dated Sept '24)**

Due to Helene damage, did you reach out to your insurance company for support? ___ No ___ Yes

***If yes, include insurance documentation/correspondence** Attached

Did you reach out to FEMA for support? ___ No ___ Yes

***If yes, include FEMA documentation/correspondence** Attached

FUNDING OBLIGATIONS (if project is approved as disaster-related repair)

Price and Payment. **The total price for performance of the work, including all labor, materials and other charges** will be equal to the amount of all monies received by the Homeowner from all funding sources for Hurricane Helene home repairs including but not limited to The Red Cross, FEMA, Insurance, Flood Insurance, Samaritan's Purse, and any other organization, non-profit, individual, or government agency. **The price will be paid by Homeowner to Transylvania Habitat for Humanity within one week prior to the start of construction.** Please make transactions payable to Transylvania Habitat for Humanity.

Homeowner has read/understands funding obligations **(PLEASE INITIAL):** _____

| SECTION 6 – Checklist (<i>Must be complete</i>) | |
|--|--|
| | 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 |
|--|
| <p>Where did you learn about Habitat Critical Repair Program?</p> <p>___ TV ___ Radio ___ Newspaper ___ Flier ___ Friend ___ Neighbor Other _____</p> <p>If your house is selected by THFH for repair, these conditions may apply. Please INITIAL All:</p> <p><input type="checkbox"/> I give permission to be photographed on the day(s) of repair.</p> <p><input type="checkbox"/> I give permission to have my name and photograph printed in the local newspaper and other THFH social media.</p> <p><input type="checkbox"/> I am willing to be interviewed by the media about what THFH is doing with my house.</p> |

| SECTION 8 – Needed Urgent/Critical Repairs | |
|--|--------------------|
| <p>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 Construction Director. 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.</p> | |
| 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 will 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.

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 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.

