



Critical Home Repair Program Information and Application

If you are interested in the Habitat for Humanity of Harnett County (HFHHC) Critical Home Repair Program, please review the eligibility requirements and types of repairs covered by the program and complete the attached application. All applications that meet the prerequisites will be placed on the program Assessment Waitlist. You will be notified of your application approval or denial in writing. All applications are processed within 30 days of receipt.

Program Eligibility Requirements

- Income level of property owner and other household members falls within current HUD limits for Harnett County
- Applicant must supply proof of adequate income to support their current debt
- Rehab property is owner occupied and homeowner must have been in residence for a minimum of 24 months
- Rehab property is within Harnett County
- Rehab property is a private residence
- Rehab building value must not exceed \$150,000 per most current Harnett County tax assessment
- HFHHC has not performed any work at the residence over the past 12 months (365 days)
- Property taxes for Rehab building must be current/in good standing at time of application
- Mortgage payments for Rehab building must be current/in good standing at time of application
- Rehab building must have an active homeowner's insurance policy
- Requested rehab work is exterior only
- Property is not a single-wide or double-wide manufactured home
- No household members are on the sex offender registry

Types of repairs **INCLUDED** in the HFHHC Critical Home Repair Program:

(For liability reasons, we will not cross the threshold or enter a crawlspace of a residence under any circumstances)

- Gutter or downspout repair (1 story only)
- Gutter cleaning (1 story only)
- Repair or replace damaged siding (if not asbestos)
- Storm window installation
- Storm door repair or installation
- Exterior painting
- Minor porch repairs
- Minor deck repairs
- Repair or replace steps
- Repair or replace porch or step railings
- Install or repair handicap ramps
- Sidewalk repairs
- Shutter replacement (1 story only)
- Bush trimming
- Yard clean up (storm related)
- Repair or replace mailbox
- Repairs to a fence or pedestrian gate
- Pressure washing
- Repair or replace well cover

Types of repairs **NOT INCLUDED** in the HFHHC Critical Home Repair Program:

- HVAC repairs
- Any gutter or downspout repair, replacement or cleaning above 1 story
- Any repair inside the home or crawlspace
- Elective reconstruction or remodeling projects
- Repairs exceeding the HFHHC Critical Home Repair Program allowance of \$5,000
- Window repairs or replacement
- Any shutter or siding repair, replacement or cleaning above 1 story
- Unnecessary aesthetic changes
- Roofing repairs





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Assessment and Partnership

The property owner must agree to allow HFHHC to conduct an onsite home assessment to survey the work request and determine if the cost of repairs falls within HFHHC program limits.

- Homeowner must be onsite during the HFHHC home assessment visit.
- All children and pets must be secured prior to HFHHC arrival.

If selected for the Program:

- HFHHC will send a Memorandum of Understanding (MOU) to the homeowner applicant after the assessment has been completed.
 - The MOU must be signed/dated by the homeowner applicant and returned to HFHHC using one of the methods below **within 10 business days from the date on the letter**.
 - If HFHHC does not receive the completed MOU by the deadline, HFHHC will continue with the next repair application received.
 - **If the MOU has not been received after 15 business days**, a denial letter will be issued, and the homeowner applicant must submit a new application to be considered for the program.
- After a completed MOU has been received, HFHHC will work to secure the funding and volunteers needed to complete the critical repairs. **No repair work will commence until all funding has been received by HFHHC.**
- The homeowner must complete 3 hours of HFHHC volunteer time for every \$100 in repairs **prior to start of repairs** volunteering at the HFHHC ReStore or an otherwise agreed upon HFHHC event or venue (at the discretion of the HCHHC Qualified Loan Originator or HFHHC Executive Director). Volunteer hours can be completed by the homeowner, a household / family member or friend. All volunteers must meet HFHHC minimum volunteer standards and guidelines (e.g., 16 years or older). Volunteer hours are coordinated and managed by the HFHHC ReStore Manager.
- **The property owner must be onsite when the repair is taking place** and must provide at least 48 hours' notice to the HFHHC Executive Director if they are not available. *Failure to provide at least 48 hours' notice will negate this agreement and the homeowner will have to reapply for the program.*
- Children and pets must always be secured and kept away from the work area.
- All personal effects and loose items in and around the planned work areas must be cleared before workers arrive, allowing full access to the job site.

If you qualify for the program and need critical home repairs, please complete the following application.

Applications must include all required attachments at the time of submission. Incomplete applications will be denied. An application is considered incomplete if it is not signed and dated.

<p>Submit this application in the DROP BOX inside the HFH Harnett County ReStore:</p> <p>2200 W Cumberland St Dunn, NC 28334 Monday-Saturday 9am-6pm</p>	<p>Submit this application by mail to:</p> <p>HFHHC Critical Home Repair Program P.O. Box 2157 Dunn, NC 28335</p>
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Questions? Call the HFHHC Executive Director at 910-891-4500, Monday - Friday between 9am and 3pm.





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Application

Applicant Information (to be completed by Homeowner Applicant)

Homeowner Name(s)			
Property Address			
Mailing Address			
Home Phone		Cell Phone	
Email			

A. Race/Ethnicity

- Asian
 Black
 Hispanic
 White
 Other

B. Special Needs (select all that apply)

- 62+ years
 Disabled
 Veteran
 Other _____

C. Marital Status

- Single
 Married
 Divorced
 Widow/er
 Separated

D. Household Composition (must list anyone living at property address, including tenants)

	Household Member Name (first and last name)	Relationship to Homeowner(s)	Birth Date (DD/MM/YY)	Minor or Dependent? (Y or N)	Disabled? (Y or N)	SSN (last 4 digits)
1		Self		N		
2						
3						
4						
5						
6						
7						
8						
9						
10						

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____





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Property Information

A. Property Ownership

Is this house the primary residence of the homeowner applicant? Yes No

Is the homeowner applicant the property owner of record for the home? Yes No

Is there a second owner of record who is not a resident of the home? Yes No

Are the property taxes on the home current? Yes No

Is there a mortgage on the home? Yes No

Mortgage Company Name and Address: _____

Is there a current homeowners' insurance on the home? Yes No

Insurance Company Name and Address: _____

B. Property Information and Characteristics

Single Family (detached) Townhouse Duplex/Triplex Mobile Home Manufactured Home

Year built: _____ Total square feet: _____

Total Number of rooms: _____ Number of bedrooms: _____ Number of bathrooms: _____

Has your home been repaired by HFHHC within the past five years? Yes No

If yes, what repairs were completed and in what year? _____

C. Description of Property Repairs Needed

What needs to be repaired on your home? _____

Is this a safety concern? Yes No

If yes, please describe: _____

Disclaimer and Signature

The Applicant acknowledges and understands that the information provided in this application is to be used to determine if the Applicant is eligible to receive assistance pursuant to the Critical Home Repair Program administered by HFHHC. The Applicant certifies that all information provided herein is true and correct. The Applicant acknowledges and understands that providing a false or fraudulent statement or information is grounds for denial of assistance.

The Applicant authorizes HFHHC and any of its duly authorized representatives to verify all information provided on this Application and/or to obtain additional information necessary to process this Application. The Applicant shall give permission to HFHHC and its duly authorized representatives to physically access the Property to document the need for repairs and to facilitate the actual repairs. The Applicants agree to submit any additional information requested by HFHHC for the processing of the Application.

The Applicant acknowledges and understands that completion of the Application does not guarantee or obligate HFHHC to provide any repairs to the Property.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____





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Certification of Income

A separate copy of this income certification must be completed by each adult household member (18 and older), including the Applicant. If a household member has zero income, that person must instead complete the attached Zero Income Affidavit on the next page.

Name	
Address	
Relationship to Applicant	

Gross Income of Household Member:

	Source/Type of Income	Employer <i>(if applicable)</i>	Length of service with employer	Amount of Income	Specify Income <i>per week, bi-week, month, or year</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Source documents submitted with this application to certify gross income:

- Copy of last two (2) bi-weekly or last four (4) weekly paycheck stubs. They must be 1) the most current and 2) consecutive
- Current year benefit award letters (social security, supplemental security income (SSI), benefits received on behalf of minors)
- Wages from employment including commissions, tips, bonuses
- Income from the operation of a business, such as Mary Kay or landscaping services
- Rental income from real or personal property
- Unemployment or disability payments
- Public assistance payments (excluding SNAP/food stamps)
- Alimony or child support
- Any other source of income not named above

Applicant certifies that the information presented along with this Certification is true and accurate. In addition, Applicant further acknowledges and understands that providing false representation herein constitutes an act of fraud. Applicant acknowledges and understands that false, misleading or incomplete information may result in the disapproval of this Application. Applicant further understands that additional income documentation may be required to verify household eligibility.

Household Member Name (printed): _____

Household Member Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____





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Zero Income Affidavit

This affidavit must be completed by each adult household member (18 and older) who has zero income.

Name	
Address	
Relationship to Applicant	

A. I hereby certify that I do not receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons living in the household
- Sales from the operation of a business, such as Mary Kay or landscaping services
- Any other source not named above

B. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next twelve (12) months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud, which may result in the repayment of the funds or assistance provided.

Household Member Name (printed): _____

Household Member Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____



Required Attachments

Applications must include all required attachments at the time of submission. Incomplete applications may be denied.

- **Certification of Income and Copies of Source Documents** – one for each household member who is 18 and older. Must include copies of income source documents.
- For those adults in the household with no income, a **Zero Income Affidavit** must be submitted.
- If there is a mortgage on the home, a **copy of the last mortgage bill** showing payments are current/in good standing. A letter from the mortgage company issued within the past 30 days is also acceptable.
- **Proof of insurance** showing active homeowners' policy for property.
- Copy of **last year's tax return for each adult** living in the household.
- If applicable, **copy of disability award letter or social security benefit letter**