



CAPE FEAR HABITAT FOR HUMANITY

“We are a Christian housing ministry assisting families in the Cape Fear region towards the purchase of a Habitat home.”

Disaster REBUILD Program Application

Cape Fear Habitat for Humanity’s **Disaster REBUILD Program (DRP)** provides up to \$35,000 per home rebuilding assistance to low-to-moderate income homeowners in New Hanover, Pender, and Duplin Counties who have sustained damage to their home due to a natural disaster. Through this program, CFHFH aims to assist homeowners return to their homes quicker and prevent homeowners from being displaced.

There are two major criteria for selection in the Cape Fear Habitat for Humanity DRP:

1. **Need**
 - The homeowner(s) must be unable to afford and/or perform the REBUILD themselves, the total household income must fall below 80% of the median household income of New Hanover, Pender, and Duplin Counties households of the same size.
2. **Willingness to partner with CFHFH:**
 - The homeowner(s) must be willing to share in the costs to REBUILD. This payment is not intended to be a burden to the family, but rather to signify a willingness to partner. Any monies received from homeowner’s insurance, FEMA, and/or other outside sources will be submitted as reimbursement for REBUILD costs. Any repayment plan over and above monies received from outside sources will be calculated on a sliding scale based on percentage of area median income.
 - Homeowner(s) must provide copies of all required documentation, be honest and cooperative with CFHFH, and complete sweat equity hours as physically able to do so. Sweat equity consists of homeowner(s) working alongside volunteers on their own home REBUILD or working in the ReStore or Habitat office. Specific sweat equity activities are decided by CFHFH staff and will be fitting to the homeowner’s capabilities.

Qualified applicants must:

- Own and reside in a home that is in need of a REBUILD within New Hanover, Pender, and Duplin Counties, NC that is approximately 1,500 square feet or less. Note: Modular, manufactured or mobile homes do not qualify for this program. If you need housing due to a total loss of a modular, manufactured or mobile home, inquire about our homeownership program.
- Have homeowner’s insurance and be willing to purchase flood insurance if required by CFHFH.
- Have a total household income less than 80% of the median income for New Hanover, Pender, and Duplin Counties households of like size (see chart on next page).
- Be willing to partner with CFHFH through the contribution of sweat equity toward the completion of their home REBUILD, agree to a well-defined scope of work contract for requested REBUILD, agree to a media release of their story, photos, etc. for CFHFH promotional purposes, and last agree to a feasible payment for their REBUILD
- Understand a portion of each REBUILD is completed by CFHFH’s dedicated volunteers

Documents required of each person listed on the deed or mortgage:

- Current, consecutive pay stubs from the last 2 months for each job listed in section 6 of the application
- Most recent bank statements for the last 2 months for all accounts held by adult members of the household
- Copy of the deed or most recent mortgage receipt or statement
- Proof of any additional income (AFDC/TANF, Food Stamps, Social Security, Pension, 401K distributions, SSI, Disability, Alimony, Child Support etc. (listed in section 6 of application))
- Copies of previous 2 year’s tax returns (Sign & Copy ENTIRE tax returns)
- Proof of homeowner’s insurance
- 2 forms of ID, one must be a photo ID
- VETERANS ONLY: Proof of military service (DD214 or copy of VA card)



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Cape Fear Habitat for Humanity Annual Income Guidelines

Annual Gross Income from all sources			
	New Hanover Co.	Pender Co.	Duplin Co.
	Maximum	Maximum	Maximum
Family of 1	\$40,450	\$33,250	\$29,300
Family of 2	\$46,200	\$38,000	\$33,500
Family of 3	\$52,000	\$42,750	\$37,700
Family of 4	\$57,750	\$47,450	\$41,850
Family of 5	\$62,400	\$51,250	\$45,200
Family of 6	\$67,000	\$55,050	\$48,550
Family of 7	\$71,650	\$58,850	\$51,900
Family of 8	\$76,250	\$62,650	\$55,250

These Numbers are effective as of April 12, 2018, but they do change every year.

**Wages earned by people under the age of 18 are not counted.*

How to turn in your application

1. Fill out pages 3-8 of this application packet.
2. Make sure all required documents are attached.
3. If you have any questions, please contact us. Contact information is listed below.
4. Mail, fax, email, or drop off your application to address listed below.
5. Applications are reviewed by a committee of qualified staff and volunteers to determine eligibility. If you are deemed eligible for our program, you will be contacted, and a home visit will be scheduled.

Cape Fear Habitat for Humanity
Attn: Disaster Relief REBUILD Application
20 N. 4th St., STE 200
Wilmington, NC 28401
Phone: 910-762-4744
Fax: 910-762-0734
Email: info@capefearhabitat.org



Consent to the Release of Confidential Information

INSTRUCTIONS

Signing and returning this form authorizes Cape Fear Habitat for Humanity to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. Cape Fear Habitat for Humanity needs to share this information in order to coordinate

disaster relief services and assistance, and to reduce the paperwork and applications necessary in available order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the Spring Storms Pilot are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of Cape Fear Habitat for Humanity, not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to and assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.



CONSENT AND RELEASE

I, _____, hereby authorize the Cape Fear Habitat for Humanity
Client Name

Collecting Information to share any of my information in its possession, including, such as but not limited to my name, address, other personal information and the type of assistance I am receiving as a result of the following disaster Hurricane Florence with other disaster relief and voluntary organizations participating in the Spring Storms Pilot in order to coordinate available disaster relief services and assistance.

I understand that I may revoke this consent at anytime by contacting Cape Fear Habitat For Humanity except when action has already been

taken to obtain and/or release such information to organizations participating in the Spring Storms Pilot.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Signature Head of Household

DL or ID # _____

Date _____

Signature Spouse

DL or ID # _____

Date _____

Cape Fear Habitat for Humanity _____
Agency Name Agency ID



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Initial Home REBUILD Guidelines

Once your application has been reviewed and it is determined that you qualify for CFHFH’s REBUILD program, CFHFH will set up an initial home visit to begin to create a scope of work. At all times during a home visit and during construction, the safety of staff and volunteers is extremely important. If it appears the safety of staff or volunteers may be compromised, we will not complete the REBUILD. Safety concerns include, but are not limited to:

- The presence or consumption of drugs or alcohol while staff and/or volunteers are in the home, or in general.
- The presence of guns or other weapons left in the open.
- All pets should be on a leash, caged or contained in a separate area.
- Structural damage that threatens the integrity of the home's building infrastructure. These damages can include cracks and breaks in the foundation or compromised floors.
- Severe infestation of any sort including, but not limited to, bed bugs, cockroaches, or rodents of any kind.
- Any hoarding activities. Hoarding is defined as the acquisition of, and failure to discard a large number of possessions or large amounts of newspapers, magazine or other accumulated items, which may be present in or around a residence.

If any of these or other situations are present at your home and risk the safety of CFHFH staff and volunteers, CFHFH reserves the right leave a home at any time. If any of these conditions exist in your home, CFHFH is happy to recommend resources that can help. Once CFHFH has received proof that the situation has been rectified, you will be allowed to resubmit your application during the following application period for the program.

I/We agree to comply with the above conditions if a home visit is completed by CFHFH. It is not a promise or guarantee that work will be completed. By signing you are acknowledging the fact that CFHFH reserves the right to withdraw any application at any time.

Applicant Signature _____ Date _____



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Please circle where you first learned about Disaster Relief Rebuilding program?

Direct Referral from another organization Online Word of Mouth Other: _____

DRR Application: please complete this application in blue or black ink.

1. Applicant Information (please print clearly)

Name:		Phone:	
Mailing Address:		Alt Phone:	
City:	Zip Code:	Email:	

List all people, including yourself, for whom the above address is their permanent residence:

Name	Relationship	Age	Employed (Y/N)	
	(self)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is anyone listed above a Veteran? Yes No Name(s) _____

Is anyone listed above disabled? Yes No Name(s) _____

Is anyone listed 65 years old and over? Yes No Name(s) _____

2. Current Income

Please list all jobs currently held by all adult members of your household

Name	Employer	Start Date	Pre-Tax Pay	Per (circle one)			
				Week	biweekly	twice a month	monthly

Please list all Income received other than employment

Type of income	Amount received per month
AFDC/TANF	\$
SNAP	\$
Child Support	\$
Disability (SSDI)	\$



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SSI	\$
Social Security/ Retirement/ Pension	\$
Alimony	\$
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$

3. Homeownership Information

What is the address of the home that needs to be rebuilt? _____

Is your home stick built? _____ If no, please refer to page 1 of this applications for homes that qualify for the program.

What year was your home built? _____ Number of years at this address: _____

Do you own and occupy this residence? No Yes

Are you making mortgage payments? No Yes, what is monthly mortgage payment? \$ _____

Do you have current homeowner's insurance policy on the property? No Yes, Monthly payment \$ _____

Are you current on your property taxes? No Yes, Monthly payment \$ _____

If you answered "no" to the above, please explain: _____

Are you in danger of losing your home? yes no

If you answered "yes" to the above, please explain: _____

How much have you received for the repair of your home?

Insurance Company \$ _____ FEMA Number _____ Amount \$ _____

SBA \$ _____ Other _____ Amount \$ _____

4. Willingness to partner

To be considered for Habitat for Humanity programs, you and your household must provide copies of all required documentation, be honest and cooperative with Habitat of Humanity, allow CFHFH access to your home for multiple REBUILD assessments as needed, and perform a certain number of "sweat equity" hours working on your home, the homes of others and/or the Habitat office and ReStore. The kind of sweat equity will be determined by Habitat staff and will be fitting for the applicant.

I AM WILLING TO PARTNER AND COMPLETE THE REQUIRED SWEAT-EQUITY HOURS _____

Applicant's Signature

5. Need for REBUILD

Please describe the damage to your home.

The following is a list of information which must be received to complete your application with CFHFH. We cannot process an application unless we receive ALL of the information listed below. Incomplete applications will be automatically rejected. If you need assistance completing your application, please contact our office, and we will be happy to answer any questions. Please do not give us originals of your personal documents, as we may not be able to return them to you.

All applications must have all documents listed with the following exceptions only:

- Pay stubs are only required for applicants who are currently employed, or who have household members who are currently employed
- Proof of additional income is only required for households who are receiving additional benefits
- Proof of military service is only required for applicants with veteran status

All other attachments are required without any exception. Failure to do so will result in delay of your application being processed.

Required Application Attachments: Check box when attached

- Current, consecutive pay stubs from the last 2 months for each job listed in section 6**
- Most recent bank statements for the past 2 months for all accounts held by adult members of the household**
- Copy of the deed or most recent mortgage receipt or statement**
- Proof of any additional income (AFDC/TANF, Food Stamps, Social Security, SSI, Disability, Alimony, Child Support, etc.)**
- Copies of previous 2 year's tax returns (Sign & copy ENTIRE tax return)**
- Proof of homeowner's insurance**
- 2 forms of ID, one must be a photo ID**
- VETERANS ONLY: Proof of military service (DD214 or copy of VA card)**

Authorization and Release

I understand that by filing this application, I am authorizing Cape Fear Habitat for Humanity to evaluate my actual need for home REBUILD, my ability to repay my share of the cost of the REBUILD and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check and a criminal background check. I have answered all the questions on this application truthfully. I understand that if I have not answered all questions truthfully my application may be denied even if I have already been selected as a partner family and I may be disqualified from the program. The original copy of this application will be retained by Cape Fear Habitat for Humanity even if the application is not approved. This authorization will remain in effect for one (1) year or until I specifically revoke this in writing.

Applicant Signature_____

Date_____

Credit Check Release Form

Please fill out this information for those in the home recorded on the Deed.

Homeowner 1:

Name: _____ Phone _____

Address: _____

Date of Birth: _____ Social Security #: _____

Email Address: _____

I _____ request Factual Data to release information to the Cape Fear Habitat for Humanity Credit Counselor/ Consultant. This information shall include but is not limited to the following: **Credit Report**
I understand this exchange of information shall be used in the process of reviewing my application and/or eligibility for the Rebuild Program. This authorization will remain in effect for one year or until I specifically revoke this in writing.

Client Signature Date

Homeowner 2 (if applicable):

Name: _____ Phone _____

Address: _____

Date of Birth: _____ Social Security #: _____

Email Address: _____

I _____ request Factual Data to release information to the Cape Fear Habitat for Humanity Credit Counselor/ Consultant. This information shall include but is not limited to the following: **Credit Report**
I understand this exchange of information shall be used in the process of reviewing my application and/or eligibility for the Rebuild Program. This authorization will remain in effect for one year or until I specifically revoke this in writing.

Client Signature Date

