

About Our Rebuild Program

Cape Fear Habitat for Humanity (CFHFH) partners with low to moderate income homeowners who have sustained damage to their home due to Hurricane Florence. Through this repair program, Cape Fear Habitat's goal is to help families get back into their homes.

Do I Qualify?

Income Eligibility

- You must be unable to afford and/or perform the REBUILD yourself.
- The total household income must fall below 80% of the median household income of their county within households of the same size. (see chart below)

MAXIMUM Annual Pre-Tax Income from ALL sources			
Family of	New Hanover	Pender	Duplin.
1	\$40,450	\$33,250	\$29,300
2	\$46,200	\$38,000	\$33,500
3	\$52,000	\$42,750	\$37,700
4	\$57,750	\$47,450	\$41,850
5	\$62,400	\$51,250	\$45,200
6	\$67,000	\$55,050	\$48,550
7	\$71,650	\$58,850	\$51,900
8	\$76,250	\$62,650	\$55,250
Effective as of April 12, 2018, but change annually			
<i>*Wages earned by people under the age of 18 are not counted.</i>			

Home Eligibility:

- The home must be located in New Hanover, Pender or Duplin County
- You must be the documented owner of the home and live in the home
- Your home must be 1,500sq ft or less
- If your home is in a Flood Zone you must have had a finalized flood review
- Manufactured homes and trailers are assessed on a case by case basis
- Your home must have Hurricane Florence related damage

Willingness to Partner

You must be **willing to partner** with Cape Fear Habitat for Humanity (CFHFH) by...

- Providing **Required Documentation** to accompany your application ([See Check List on next page](#))
- Agreeing to **Repayment**: Any repayment plan over and above monies received from outside sources, such as FEMA or Insurance, will be calculated on a sliding scale based on your income/affordability.
- Agreeing to contribute **Sweat Equity hours**. Homeowner must partner with CFHFH by completing sweat equity hours as physically able to do so.
- Agreeing to pay **Insurance/Taxes** once rebuilding is complete.
- 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
- Understand a portion of each REBUILD is completed by CFHFH's dedicated **Volunteers**

Application Directions

1. Fill out application and sign including the background and credit check release forms
2. Make sure all required documents are attached.(See checklist below)
3. Mail, fax, email, or drop off your application to address listed below.

Mail to:
Cape Fear Habitat for Humanity
Attn: REBUILD
20 N. 4th St., STE 200
Wilmington, NC 28401

Fax to: 910-762-0734

Email to: Rebuild@capefearhabitat.org

If you have any questions call 910-762-4744 x118

4. 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 damage assessment will be scheduled by our construction department.

Required Document Checklist

Please include with Application.

- Application** (completed and signed)
- Background Check** Release Form
(These must be completed and signed for each member of the household age 18 and over.)
- Credit Check** Release Form (completed and signed)
- 2 forms of ID**, one must be a photo ID
(other ID may be your SS Card, membership card, medical insurance card, vehicle insurance card or utility bill)
- Proof of **Ownership*** (This may be a **Deed, Title, Tax Statement or Mortgage statement**)
- Pay Stubs** from the last 2 months for each job listed **N/A** (I/we are not employed)
- Proof of any **Additional Income**. **N/A** (I/We have no additional streams of income)
(This could be: SSI, Retirement, Disability, Alimony, Child Support, Food Stamps, TANF, Rental Income, etc)
- Proof of **Property Tax Amount**
- Proof of **Homeowner's Insurance*** **N/A** (I/We do not have insurance)
- 2 year's Tax Returns** (Sign & copy tax return) **N/A** (I/We do not file taxes due to income level)
- Bank Statements** for the past 2 months for all accounts held by adult members of the household
- Proof of Military service** (DD214 or copy of VA card) **N/A** (I/We are not a veteran)
- Construction Proposal/Estimate** (Optional) **N/A**

**if the property tax and insurance is included in your mortgage statements then a mortgage statement will suffice for proof of ownership, proof of taxes and proof of insurance.*

1. Applicant Information (please print clearly)

Name:		
Address(for repairs of Hurricane Damage):	City:	Zip Code:
Mailing Address (<input type="checkbox"/> same as above)		
Phone:	Alt Phone:	
Email:		

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

Check all Boxes that apply

Name	Relationship to applicant	Age	Gender	Employed	Disabled	Veteran
	(applicant/self)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					
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Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					
	(applicant/self)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					
	(applicant/self)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____					

Where you first learned about CFHFH's Rebuild program?

Website
 Facebook
 TV
 Referring Organization: _____
 Other: _____

Person assisting with this application: (if applicable)

Name: _____ Phone number: _____ Agency: _____

Relationship to Applicant: _____

2. Household 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	Twice a month	Monthly
				Week	Twice a month	Monthly
				Week	Twice a month	Monthly
				Week	Twice a month	Monthly
				Week	Twice a month	Monthly
				Week	Twice a month	Monthly
				Week	Twice a month	Monthly

Please list all income received other than employment

Type of income	Monthly Received	Type of income	Monthly Received
Disability (SSDI)	\$	TANF	\$
Social Security (SSI)	\$	SNAP/Food Stamps	\$
Retirement/Pension	\$	Child Support	\$
Other (specify):	\$	Alimony	\$
Other (specify):	\$	Other (specify):	\$

3. Property/Damage Information

Home Type: Mobile Home* Trailer* Duplex Condo Single Family Home

**Note: Mobile Homes and Trailers are assessed on a case by case basis for eligibility*

What year was your home built? _____ How many square feet is your home?: _____

Number of years at your current address: _____ Do you own and occupy this residence? Yes No

Do you have a mortgage? Yes No

If yes, what is your monthly mortgage payment? \$_____ Are you current on your payments? Yes No

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

Do you possess a valid homeowner's insurance policy on the property? Yes No

Are you current on your property taxes and utilities? Yes No

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: _____

FEMA # _____ FEMA amount received for repairs: \$_____ None

SBA Loan Amount: \$_____ None Insurance amount received for repairs: \$_____ None

4. Damage Information

Please describe the specific damage the storm caused to your home. If you already had contractor(s) give you estimates of repairs please include those with your application.

Roof/Ceilings: _____

Interior/Exterior walls: _____

Exterior walls: _____

Floors: _____

Electrical: _____

Plumbing: _____

HVAC ducting or unit or Appliances: _____

Additional Damage: _____

5. Please initial next to the following sections and sign below:

 Right Of Entry

If any portion of the Work will be performed within Homeowner’s residence, Homeowner agrees that Habitat and its agents, contractors, employees and volunteers may have access to the interior of the Property for the purpose of: (i) inspecting, measuring and gathering information related to the Work; (ii) installing, implementing, constructing or otherwise performing activities related to the Work; and (iii) performing any other such actions as are reasonably contemplated by the Program and this Agreement. In addition, Habitat may use the Property for storage of materials and for other purposes related to the Work

 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.

 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.

 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.

 Additional Assistance Release (OPTIONAL)

I hereby authorize CFHFH to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my household.

Applicant (Homeowner #1) Signature _____ **Date** _____

Applicant (Homeowner #2) Signature _____ **Date** _____

DO NOT FORGET TO ATTACH ALL REQUIRED DOCUMENTS WHEN YOU SUBMITT YOUR APPLICATION (See Enclosed Checklist)



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: **X 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: **X 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 _____

Notification and Authorization to Release Criminal Background Information

for individuals listed as part of an applicant household at or over the age of 18,
as a required part of the application process for Cape Fear Habitat's REBUILD Program

Cape Fear Habitat for Humanity (CFHFH) requires all members of each household at or above the age of 18 to consent to a criminal background check as a condition of further consideration for the REBUILD Program. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; sex offender registry searches at the state and federal levels in every jurisdiction where I currently reside or where I have resided; and global terrorist registry searches at the state and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize Cape Fear Habitat for Humanity to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist CFHFH in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to approval of my application. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties as a Habitat REBUILD Applicant in a manner which is safe for CFHFH's staff, volunteers, neighbors, and other community members.

Please print (for identification purposes):

Full Legal Name: _____
 First Middle Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____ City _____ State _____ Zip _____

Previous Address (most recent): _____ City _____ State _____ Zip _____
Addresses in the 7 years prior to completing this authorization: _____

Address: _____ City _____ State _____ Zip _____

Address: _____ City _____ State _____ Zip _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Gender: Female _____ Male _____

Date of Birth: _____ Social Security Number: _____
 Month/Day/Year

Driver's License # _____ State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on back of page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify my application and/or may serve as grounds for deselection of my partnership with CFHFH. By signing below I hereby provide my authorization to CFHFH to conduct a criminal background check.

Signature

Date