

## About Our Home Repair Program

Cape Fear Habitat for Humanity (CFHFH) partners with low to moderate income homeowners who have sustained damages to their home. Through this Home Repair program, Cape Fear Habitat’s goal is to help families ensure safe and healthy homes to improve quality of life for families in our community.

## Do I Qualify?

### Need:

- Home must have critical safety and/or health damage.
- You must be **unable** to afford and/or perform the Home Repairs yourself.
- For storm-related critical needs, you must have been **uninsured or underinsured** at the time of the storm. All FEMA and/ or insurance awards must be remitted to CFHFH if not already used to Home Repair the home. Documentation of use may be required.
- The **total household annual gross income must fall below 80%** of the median household income of your county within households of the same size. (see chart below) Income limits effective as of June 1, 2023, but changes annually. Wages earned by people under the age of 18 are not counted.

| Family Size | New Hanover Maximum | Pender Maximum | Duplin Maximum |
|-------------|---------------------|----------------|----------------|
| 1           | \$50,550            | \$46,500       | \$38,750       |
| 2           | \$57,750            | \$53,150       | \$44,300       |
| 3           | \$64,950            | \$59,800       | \$49,850       |
| 4           | \$72,150            | \$66,400       | \$55,350       |
| 5           | \$77,950            | \$71,750       | \$59,800       |
| 6           | \$83,700            | \$77,050       | \$64,250       |
| 7           | \$89,500            | \$82,350       | \$68,650       |
| 8           | \$95,250            | \$87,650       | \$73,100       |

### Eligibility:

- Home must be located in **New Hanover, Pender or Duplin County**
- You must be the **documented owner** (name must be on title or deed) of the home and **live in the home for a minimum of one year unless you are temporarily** displaced to another residence due to damage.
- Your home must be approx. **1,500 square feet** or less
- Manufactured homes, trailers, and homes in a Flood Zone are assessed on a case-by-case basis

## Willingness to Partner

Applicants will be required to follow all program steps to determine eligibility. You must be willing to partner with Cape Fear Habitat for Humanity (CFHFH) by:

- Providing **Required Documentation** to accompany your application.
- 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 to zero based on affordability.
- Household agrees to partner with CFHFH by completing **partnership hours** within the community (amount is equal to .002% of estimated job cost). A plan will be made based on ability. Friends and family may assist with partnership hours.
- Agreeing to keep appropriate homeowner’s **Insurance** and to keep current on all **property taxes** once repairs are complete.
- Agreeing to a well-defined **Scope of Work** contract for requested and approved repairs.
- Agreeing to a **Media Release** of their story, photos, etc. for CFHFH reporting and promotional purposes. (No last names or location to be used for media releases. Photos and stories are written to honor the family’s dignity and with respect to what the family is comfortable sharing)
- Understanding a portion of each HOME REPAIR is completed by CFHFH’s dedicated **Volunteers**

## Application Directions

1. Fill out application and sign all sections requiring signatures including the background release, credit check release, as well as initial and sign the authorization section.
2. Make sure all required documents are attached. Checklist included below. **Incomplete applications will prevent you from getting on the home assessment waiting list.**
3. Mail, fax, email, or drop off your application to address listed below.

**Mail to:**

**Cape Fear Habitat for Humanity**

**Attn: Home Repair**

**3310 Fredrickson Road, Wilmington, NC 28401**

**Email to: [Info@capefearhabitat.org](mailto:Info@capefearhabitat.org) or Fax to: 910-762-0734**

**For general questions about the program call 910-762-4744**

4. Applications are reviewed by a committee of qualified staff to determine eligibility. If the project is 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 **ALL** with Application.

**Incomplete applications will prevent you from getting on the home assessment waiting list.**

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of your <b>State issued photo ID</b>  | <input type="checkbox"/> <b>Proof of Ownership (Copy of Deed)</b>  |
| <input type="checkbox"/> Copy of your <b>Social Security Card</b>   | <input type="checkbox"/> <b>Proof of Property Tax Payment or Payment Plan</b><br>( <b>OPTIONAL</b> -If you have had any done)  |
| <input type="checkbox"/> Proof of <b>Income</b><br>( <b>Include all that apply</b> - W-2, SSA, SSI,<br><b>2 months</b> paystubs, Retirement,<br>Disability, Alimony, Child Support,<br>Food Stamps, TANF, Rental Income, etc) | <input type="checkbox"/> <b>N/A</b>  |
| <input type="checkbox"/> <b>Bank Statements</b> for the past <b>2 months</b> for <b>all</b><br><b>accounts held by adult members</b> of the household   | <input type="checkbox"/> <b>Photos of Damages</b><br>( <b>OPTIONAL</b> -If you have any they may be printed and<br>included in this application or emailed to<br><a href="mailto:info@capefearhabitat.org">info@capefearhabitat.org</a> along with your name and<br>address) |
| <input type="checkbox"/> <b>2 year's Tax Returns or 1099-SA</b> (Sign & copy<br>tax return)   | <input type="checkbox"/> <b>N/A</b>  |
| <input type="checkbox"/> <b>N/A</b> (I/We do not file taxes due to<br>income level)   |  |
| <input type="checkbox"/> <b>FEMA</b> award or denial letter   |  |
| <input type="checkbox"/> <b>N/A</b> (I/We did not file for FEMA<br>assistance)  |  |
| <input type="checkbox"/> <b>Itemized Insurance Estimate</b>   |  |
| <input type="checkbox"/> <b>N/A</b> (I/We do not have insurance)  |  |

## 1. Applicant Information (please print clearly)

|   |       |                    |
|---|-------|--------------------|
| Name:   |       |                    |
| Current Mailing Address:  |       | City and Zip Code: |
| Email:  | Phone | Alt: Phone         |
| Emergency contact name, number and relationship:  |       |                    |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) |       |                    |
| Which county is your home in? <input type="checkbox"/> New Hanover <input type="checkbox"/> Pender <input type="checkbox"/> Duplin  |       |                    |
| Did you purchase your home from Cape Fear Habitat for Humanity? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |                    |
| Are you <input type="checkbox"/> currently living in the damaged home or <input type="checkbox"/> Displaced elsewhere?  |       |                    |
| If displaced from your primary residence provide the Damaged Property Address:  |       |                    |
| Do you own and currently occupy this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |                    |

## 2. Applicant & Household Information (please print clearly)

List all residents, including yourself, for whom the above address is their permanent residence & all income.

| Name | Relationship to applicant | Source of Income | Monthly Gross Income | Age |
|------|---------------------------|------------------|----------------------|-----|
|      | (applicant/self)          |                  |                      |     |
|      |                           |                  |                      |     |
|      |                           |                  |                      |     |
|      |                           |                  |                      |     |
|      |                           |                  |                      |     |
|      |                           |                  |                      |     |

Please make sure to include, Disability (SSDI), Social Security (SSI), Retirement/Pension, Temporary Assistance for Needy Families (TANF), Child Support, Alimony, and all other sources of income.

|   |                               |  |   |
|---|-------------------------------|--|---|
| Have you or anyone in your household previously served or are currently serving in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |                               |  |   |
| Where did you first learn about CFHFH's Home Repair program? <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> TV <input type="checkbox"/> Facebook |                               |  |   |
| <input type="checkbox"/> Hope4NC  | <input type="checkbox"/> FEMA | <input type="checkbox"/> WARM <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ <input type="checkbox"/> Event: |
| Do you have a Case Manager or Crisis Counselor assisting you? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |  |   |
| Name:   | Phone:                        | Email:   |   |
| Agency: <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Hope4NC <input type="checkbox"/> FEMA <input type="checkbox"/> Other: _____                                  |                               |  |   |

**3. Property Information:** Please provide information about the property for which you are requesting Home Repairs. CFHFH will verify that you are the current owner and that you are current on your mortgage and property taxes.

|   |   |   |
|---|---|---|
| <b>Home Type:</b> <input type="checkbox"/> Manufactured Home * <input type="checkbox"/> Trailer* <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Single Family Home<br><i>*Note: Manufactured Homes and Trailers are assessed on a case-by-case basis for eligibility</i>   |   |   |
| <b>What year was your home built?</b>   | <b>Number of years at your current address:</b> | <b>How many square feet is your home?</b> |
| <b>Is the home locate in a Flood Zone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| <b>Do you have a mortgage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what is your monthly mortgage payment? \$  |   |   |
| <b>Are you current on your payments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| <b>Are you in danger of losing your home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If "yes," please explain:                 |
| <b>Are you current on your utilities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain:   |   |   |
| <b>Are you current on your property taxes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain:  |   |   |
| <b>Do you have a valid homeowner's insurance policy on the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes what was the insurance amount received for Home Repairs: \$ <input type="checkbox"/> None   |   |   |
| <b>Do you have a valid flood insurance policy on the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes what was the insurance amount received for Home Repairs: \$ <input type="checkbox"/> None   |   |   |
| <b>Have you received funds from FEMA or other Federal Loan programs for Home Repairs?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| FEMA #  | FEMA amount received for Home Repairs: \$       |   |
| <b>Has your home been previously damaged by any past storms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Fran (96) <input type="checkbox"/> Floyd (99) <input type="checkbox"/> Irene (2011) <input type="checkbox"/> Dorian (2019) <input type="checkbox"/> Matthew (2016) <input type="checkbox"/> Florence (2018)<br><input type="checkbox"/> Other:      |   |   |
| <b>Have you applied to any other organizations for assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>This will not affect your eligibility for our program. It is helpful as we coordinate regional assistance efforts<br><input type="checkbox"/> W.A.R.M. <input type="checkbox"/> Baptist on Mission <input type="checkbox"/> NC Home Repair <input type="checkbox"/> Other: |   |   |
| <b>Please tell us more about your situation here. What caused you to apply for this program?</b>  |   |   |

**4. Damage Information** Please describe the damages to your home. If available, please include any prior contractor estimates.

|                                 |
|---------------------------------|
| <b>Roof/Ceilings:</b>           |
| <b>Interior/Exterior walls:</b> |
| <b>Windows/Doors:</b>           |
| <b>Floors:</b>                  |
| <b>Electrical:</b>              |
| <b>Plumbing:</b>                |
| <b>HVAC ducting or unit:</b>    |
| <b>Mold Issues</b>              |
| <b>Additional Damage:</b>       |



Important Note: We do not require a specific credit score.

**6. Credit Check Release:** *Please fill out this information for those in the home recorded on the Deed.*

**Homeowner 1:**

|                       |                           |                  |
|-----------------------|---------------------------|------------------|
| <b>Name:</b>          | <b>Phone:</b>             |                  |
| <b>Address</b>        | <b>City:</b>              | <b>Zip Code:</b> |
| <b>Date of Birth:</b> | <b>Social Security #:</b> |                  |
| <b>Email:</b>         |                           |                  |

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 Home Repair 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):**

|                       |                           |                  |
|-----------------------|---------------------------|------------------|
| <b>Name:</b>          | <b>Phone:</b>             |                  |
| <b>Address</b>        | <b>City:</b>              | <b>Zip Code:</b> |
| <b>Date of Birth:</b> | <b>Social Security #:</b> |                  |
| <b>Email:</b>         |                           |                  |

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 Home Repair Program. This authorization will remain in effect for one year or until I specifically revoke this in writing.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please complete this section if you were impacted by a named storm and applied for FEMA assistance (even if you were denied).

**7. FEMA Duplication of Benefits Release Please fill in the following sections and sign below:**

**Cape Fear Habitat for Humanity  
FEMA Consent to Release Information**

I, \_\_\_\_\_ born on, \_\_\_\_\_ residing at \_\_\_\_\_ consent to disclosure of the information collected by FEMA under my Application Number \_\_\_\_\_ to the organizations and/or individuals listed below. I can be reached directly by phone at \_\_\_\_\_. Last 4 digits of SS# \_\_\_\_\_.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance etc;
- My current contact information:
  - Name
  - Pre-Disaster/Damaged Address
  - Phone number
  - E-mail address
  - FEMA application number

The above information may be disclosed to the following organizations: **Cape Fear Habitat for Humanity**

- Additionally, I consent to have the above named organizations and/or individuals speak on my behalf and represent me before FEMA.
- Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Group (LTRG) for FEMA-DR- 4241-SC.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant Providing Consent

\_\_\_\_\_  
Date



## 8. Authorizations *Please initial next to the following sections and sign below:*

\_\_\_\_\_ **Right Of Entry** 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 HOME REPAIR assessments as needed, and perform a certain number of partnership hours working on your home or other project. The nature of the activities will be determined by Habitat staff and will be fitting for the applicant.

\_\_\_\_\_ **Home HOME REPAIR Guidelines** Once your application has been reviewed and it is determined that you qualify for CFHFH's HOME REPAIR 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 HOME REPAIR. 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 HOME REPAIR, my ability to repay my share of the cost of the HOME REPAIR 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 Signature**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

**PLEASE INCLUDE ALL REQUIRED DOCUMENTS WHEN YOU SUBMITT YOUR APPLICATION**

**(See Checklist on page 2 of this application)**

**Incomplete applications will prevent you from getting on the home assessment waiting list.**

**If you have questions about how to complete this application,  
please call 910-762-4744.**

**DEMOGRAPHIC INFORMATION**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. **You are not required to furnish this information, but are encouraged to do so.** The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

If you do not wish to furnish the information below, please check the box below.

**Applicant Street Address:** \_\_\_\_\_

| REBUILD Applicant  | Co-Applicant   |
|--|--|
| <p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino –<br/>Origin: _____<br/>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Date of Birth:</b> _____</p> <p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native<br/>Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian — race: _____</p> <p>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander — race: _____</p> <p>For example: Fijian, Tongan, and so on.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> | <p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino –<br/>Origin: _____<br/>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Date of Birth:</b> _____</p> <p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native<br/>Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian — race: _____</p> <p>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander — race: _____</p> <p>For example: Fijian, Tongan, and so on.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> |

| To be completed <b>ONLY</b> by the person conducting the interview  |                                    |                             |
|---|------------------------------------|-----------------------------|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname?  | <input type="checkbox"/> Yes       | <input type="checkbox"/> No |
| Was the sex of the Borrower collected on the basis of visual observation or surname?  | <input type="checkbox"/> Yes       | <input type="checkbox"/> No |
| Was the race of the Borrower collected on the basis of visual observation or surname?   | <input type="checkbox"/> Yes       | <input type="checkbox"/> No |
| This application was taken by:<br><br><input type="checkbox"/> Face-to-face interview (included electronic media w/video component)<br><input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) | Interviewers Phone Number   |
|   | Interviewers Signature             | Date                        |

# Home Repair Program Steps

## Step 1: Turn in Application

- Application Screened
  - You may receive a phone call to clarify items on your application.
  - You may receive an email or letter requesting additional documents.
- From the point of receiving your application you should hear from us within 30 days via phone call or letter.

✚ *You may receive a request for more info. The sooner you get the information to us, the sooner your application will be processed.*

## Step 2: Application Review

- Background check will be run
- County records will be checked to verify that you are paid up on your property taxes and that you are the owner on record.
- You may receive a request for more info to clarify results from these checks.
- If all is clear you will be forwarded on to construction to schedule an assessment.
- At that point your assessment will be done within 30 days.

## Step 3: Construction Assessment

- Our Construction Department will be calling to schedule an assessment.

The Assessor Will...

- Review structural damages
- May take pictures to document damages
- They will not determine eligibility
- Construction department will submit either an estimated job cost or recommendation to deny to Home Repair within about 2 weeks of assessment.

✚ *Be Ready To...*

- *Keep your appointment window. Appointments are 30-45 minutes.*
- *Have all pets confined*
- *Identify all damages to assessors*

## Step 4: Financial Review

- If your project is deemed eligible from the assessment then your info will be sent to our financial department for review. They will verify ownership, property taxes and issues on your credit report etc.
- If still eligible they will determine an affordable payment plan (if any) for the estimated cost of Home Repairs. This may take a few weeks and may require additional documentation if any issues are found. Then you will continue to Step 5.

✚ *If at any point in the process your project is deemed ineligible you will receive a letter of denial which will include referral information to other assistance agencies.*

## Step 5: Agreement Meeting

- This meeting is to discuss Scope of Work, cost of Home Repairs and repayment plan
  - Repayment is based on ability to pay
  - If we need you to vacate the property for work to commence, or entirely or partially remove belongings, you will be told at this meeting. This will depend on the extent of the work.
  - You may choose to take the agreement home to consider and sign within two weeks.
- Any lump sum payment, insurance or FEMA funds would need to be remitted at this time or prior to work commencing. Checks can be made payable to Cape Fear Habitat for Humanity.
- Partnership Hours plan will be discussed at this time.
- If you agree to the terms and sign the agreement you would move on to Step 6.
- You are under no obligation to use the HOME REPAIR program and nothing will be charged to you until an Agreement is signed.

## Step 6: Work Begins

- Construction will contact you regarding Home Repair scheduling within 30 days of signing your agreement.
- Development may contact you for photos of the project or to get your story in order to report to our donors.
- Start completing Partnership Hours.

## Step 7: Work Completed

You have 30 days from the time work is completed to complete your Partnership Hours. Staff will meet with you to complete final paperwork. Insurance would need to be in place at this time.