

With our REPAIR Program, Cape Fear Habitat for Humanity (CFHFH) helps preserve the value of owner-occupied homes by making critical repairs – promoting wealth creation for New Hanover, Pender, and Duplin homeowners with lower incomes.

Homes are assessed for risks to health, safety, and viability of the home as a long-term asset for the family. Common repair services include:

- Rehab of kitchen and bathrooms
- Flooring and drywall replacement
- Addressing plumbing and electrical issues
- HVAC repair and replacement
- Roofing
- Storm recovery

Program Criteria for Repair



Need for our program:

- Your home must have *critical* needs for repairs that puts your health or safety at risk.
- You must be unable to afford and/or perform the home repairs yourself.

See **maximum** total annual gross household incomes below:

Family Size	New Hanover	Pender	Duplin
1	\$55,550	\$51,100	\$41,100
2	\$63,500	\$58,400	\$46,950
3	\$71,400	\$65,700	\$52,800
4	\$79,350	\$73,000	\$58,650
5	\$85,700	\$78,850	\$63,350
6	\$92,050	\$84,700	\$68,050
7	\$98,400	\$90,550	\$72,750
8	\$104,750	\$96,400	\$77,450

Income limits effective as of April 2024, and change every year.

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

- For **storm-related** critical repair 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 repair the home. Documentation of use may be required.

Eligibility:

- The home must be located in New Hanover, Pender, or Duplin County.
- Your home must be approximately 1,500 square feet or less.
- Property taxes must be current.
- You must be the documented owner of the home and live in the home for a minimum of one year unless you are temporarily displaced to another residence due to repair needs.
- The house must not be located in a flood zone.
- Manufactured homes, mobile homes, and trailers are considered on a case-by-case basis. For these homes, we can usually help with roofs, decks, ramps (for accessibility), HVAC and hot water tanks.

Partnership requirements.

Habitat is seeking to partner with families who are willing to:

- Provide required documentation to accompany your application.
- Agree to a well-defined Scope of Work contract for requested and approved repairs.
- Share in the cost or repairs, if applicable, based on affordability and the scope of work:
 - If applicable, any repayment plan over and above monies received from outside sources to repair the home, such as FEMA or Insurance, will be calculated on a sliding scale based on affordability.
 - If your income meets certain criteria, we may ask you to complete a credit check release to help determine affordability. No minimum credit score is required.
- Work with staff to create a personalized plan to complete activities, based on ability, to demonstrate a partnership with Habitat. Potential activities include writing thank you cards, meeting with our development team for an interview to share about the impact of our repair program, providing water to volunteers, making phone calls to friends who may also need repairs done, volunteering with a place of faith, school, or an approved community organization. Friends may help the family with activities.
- Keep appropriate homeowner's Insurance and stay current on property taxes once repairs are complete.
- Family partners will be asked to sign a photo and media release for grant reporting and program awareness purposes. We will work with you on sharing information with the utmost respect for you and your home, and we will make sure you are comfortable with anything we might share with the public before doing so.
- Understand that a portion of each REPAIR is completed by CFHFH's dedicated Volunteers.

How to Apply:

1. **Fill out the application and sign all sections requiring signatures or initials.**
2. **Make sure all required documents on the checklist below are attached.**
 - a) ___ Copy of your State issued photo ID
 - b) ___ Copy of your Social Security Card
 - c) ___ Proof of Income
(Please include all proofs of income that are applicable to your household: W-2, 2 months paystubs, SSA benefit verification letter, SSI determination letter, retirement award letter, disability benefit verification letter, VA benefit verification letter, proof of alimony income, child support, food stamps, TANF, rental income, etc.)
 - d) ___ If you file taxes, please include tax returns for the most recent 2 years.
(If self-employed, please include 1099-SA for past 2 years)

3. **Mail, fax, email, or drop off your application to the address listed below.**

Cape Fear Habitat for Humanity

Attn: REPAIR

3310 Fredrickson Road, Wilmington, NC 28401

OR Email to: info@capefearhabitat.org / **Fax 910-762-0734**

Questions? Call us at 910-762-4744.

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 assessment will be scheduled by our construction department. If the project is ineligible, you will receive a letter from us with alternative resources.

1. Applicant Information (Please answer ALL fields in this application)

Applicant full name:	
Co-Applicant full name (if any):	
Address of property in need of repair (street, city, and zip code):	Phone: Alternate Phone:
Do you own the land and home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Are you <input type="checkbox"/> currently living in the home with needed repairs? <input type="checkbox"/> displaced elsewhere?	
If displaced from your primary residence, please provide the address where you are living now:	
Did you purchase your home from Cape Fear Habitat for Humanity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which county is your home located in? <input type="checkbox"/> New Hanover <input type="checkbox"/> Pender <input type="checkbox"/> Duplin	
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)	
Emergency contact name, number, and relationship:	

2. Applicant & Household Information

List all residents, including yourself, for whom the above address is their permanent residence and all income for those 18 and older.

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 our Repair program? <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> social media <input type="checkbox"/> Door hanger <input type="checkbox"/> Website <input type="checkbox"/> WARM <input type="checkbox"/> billboard <input type="checkbox"/> Community Event: <input type="checkbox"/> Postcard <input type="checkbox"/> TV <input type="checkbox"/> Other (please describe):		
Do you have a Case Manager or Crisis Counselor assisting you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Phone:	Email:
Agency:		

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.

Home Type: <input type="checkbox"/> Manufactured Home * <input type="checkbox"/> Trailer* <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Single Family Home <i>*Note: Manufactured Homes and Trailers are assessed on a case-by-case basis for eligibility</i>		
What year was your home built?	Number of years at your current address:	How many square feet is your home?
Is the home located in a Flood Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your monthly mortgage payment? \$		
Are you current on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you in danger of foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain:		
Are you current on your utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain:		
Are you current on your property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain:		
Do you have a valid homeowner's insurance policy on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the annual cost of your insurance policy? \$ _____/year Does your policy include wind and hail insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If you filed an insurance claim, what was the insurance amount received for repairs: \$ _____ <input type="checkbox"/> None		
Have you received FEMA funds or other Federal Loan programs for Home Repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FEMA #	FEMA amount received for Home Repairs: \$	
Has your home been damaged by any past storms? <input type="checkbox"/> Yes <input type="checkbox"/> No <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) <input type="checkbox"/> Other:		
Have you applied to any other organizations for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No This will not affect your eligibility for our program. It is helpful as we coordinate regional assistance efforts. <input type="checkbox"/> W.A.R.M <input type="checkbox"/> NC State REBUILD Program <input type="checkbox"/> Other:		
Is there anything else you'd like us to know about your situation? (We'll ask about your repair needs on the next page.)		

4. Critical Repairs Needed Please describe the needs for critical repairs in your home.
If available, please include any prior contractor estimates.

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

5. Authorization to Release Criminal Background Information

Cape Fear Habitat for Humanity (CFHH) 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 REPAIR 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.

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.

Disclaimer: Having a Criminal Record will NOT automatically disqualify you from this program. We will use an assessment tool to evaluate the results to consider your unique circumstance and to ensure the safety of volunteers and staff. Part of this assessment will consider the transparency you have provided on this form about what we can expect to see on this background check and any context surrounding what happened that you provided.

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 CFHH 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 participate in Habitat’s Repair Program in a manner which is safe for CFHH’s volunteers and staff.

Please print (for identification purposes):

Full Legal Name (First Middle and Last):		Gender: __Female __Male	Date of Birth:
Other names used in past seven years:			
Phone Number:	Email:	Social Security #:	
Current Address (street, city, state, and zip)			
Previous Address – most recent (street, city, state, and zip)			
Other addresses in the 7 years prior to completing this authorization: (street, city, state, and zip)			

All in household members ages 18 and older must complete this form.

To request additional forms, please call 910-72-4744 ext. 100 or email info@capefearhabitat.org.

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

*This refers to both felonies and misdemeanors in your lifetime; 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 disqualification from partnership with CFHH for the Repair Program. **By signing below, I hereby provide my authorization to CFHH to conduct a criminal background check.**

Client Signature

Date

6. Authorizations *Please initial next to each of 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 complete planned partnership activities. The nature of the activities will be determined by Habitat staff in partnership with the applicant at the agreement meeting and will be fitting for the applicant with consideration of abilities and family support.

_____ **Home REPAIR Guidelines** Once your application has been reviewed and it is determined that you qualify for CFHFH’s 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, drug paraphernalia 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. This 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.
- Instances of excessive accumulation of and failure to discard possessions or materials within or around a residence that hinder our ability to fully assess the need for repairs. This may include an abundance of newspapers, magazines, or other items.

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.

_____ **Liens for larger jobs:** For repairs that exceed \$12,000, a 5-year lien may be placed on your property. For repairs exceeding \$20,000, a 10-year lien may be applied. Any repayment of the cost of repairs is based on affordability. The exact terms, specific to the individual job, will be discussed at the agreement meeting and will require the applicant’s authorization before we proceed with placing a lien on the home and beginning work.

_____ **Authorization and Release** I understand that by filing this application, I am authorizing Cape Fear Habitat for Humanity to evaluate my need for critical home REPAIR, my ability to share in the cost of the HOME REPAIR and my willingness to be a partner family. I understand that the evaluation will include personal visits, a criminal background check, and possibly a credit check if my income meets certain criteria. 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. All applications will be retained electronically by Cape Fear Habitat for Humanity. 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.

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

Co-Applicant Signature

Date

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 initial here_____.**

REPAIR Applicant	Co-Applicant
<p>Ethnicity (check one or more):</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 – Origin: _____ 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>Sex:</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>Date of Birth: _____</p> <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native 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>Ethnicity (check one or more):</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 – Origin: _____ 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>Sex:</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>Date of Birth: _____</p> <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native 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 <u>ONLY</u> by the staff		
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: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <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.

Step 2: Application Review


- County records will be checked to verify that you are paid up on your property taxes and that you are the owner on record.
- Background check will be run
- 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. Staff will...
 - Review structural damages, photograph the repair needs.
 - They will not determine eligibility.
- The construction department will either estimate job cost or recommend denying 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 staff.*

 *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 4: Financial Review

- If the assessment confirmed eligibility for our program, our financial department would review the application for financial eligibility. IF applicable, they will determine an affordable payment plan to share in the estimated cost of Repairs on a sliding scale to zero based on affordability. This may require additional documentation. Then you will continue to Step 5.

Step 5: Agreement Meeting

- This meeting is to discuss Scope of Work, potential share in the cost of Repairs and possible repayment plan, if applicable.
 - You will only be asked to pay what you can afford, if anything, based on your financial situation as calculated by our Finance Team.
 - 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.
- IF applicable, 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 Habitat's REPAIR program. Nothing will be charged to you until an Agreement is signed (if there is a payment requirement).
- Depending on the extent of the repair project, you may be asked to secure homeowners' insurance or agree to a lien for larger jobs.

Step 6: Work Begins

- Construction staff will contact you regarding scheduling. There may be a wait, depending on our repair case load.
- Our development department may contact you for photos of the project or to ask you a few questions in order to report to our donors or complete grant reports. Staff will meet with you to complete a Certificate of Completion.

Step 7: Work Completed

- You have 30 days from the time work is completed to complete your Partnership Activities.