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 damage. Through this repair program, Cape Fear Habitat’s goal is to help families get back into their homes.

Do I Qualify?

Need:

- Home must have Hurricane related damage
- You must be unable to afford and/or perform the REBUILD yourself.
- You must be uninsured or underinsured. All FEMA and insurance awards must be remitted to CFHFH if not already used to repair the home. Documentation of use may be required.
- The total household 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 April 2020, but changes annually. Wages earned by people under the age of 18 are not counted.

<table>
<thead>
<tr>
<th>Family size</th>
<th>New Hanover</th>
<th>Pender</th>
<th>Duplin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
<td>Minimum</td>
</tr>
<tr>
<td>1</td>
<td>$26,200</td>
<td>$44,000</td>
<td>$26,200</td>
</tr>
<tr>
<td>2</td>
<td>$26,200</td>
<td>$50,250</td>
<td>$26,200</td>
</tr>
<tr>
<td>3</td>
<td>$39,150</td>
<td>$56,550</td>
<td>$26,200</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>$62,800</td>
<td>$26,200</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>$67,850</td>
<td>$30,680</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>$72,850</td>
<td>$35,160</td>
</tr>
<tr>
<td>7</td>
<td>$39,640</td>
<td>$77,900</td>
<td>$39,640</td>
</tr>
<tr>
<td>8</td>
<td>$44,120</td>
<td>$82,900</td>
<td>$44,100</td>
</tr>
</tbody>
</table>

Eligibility:

- 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. The only exception would be if you are temporarily displaced to another residence due to storm damage.
- Your home must be approx. 1,500 square feet or less
- If your home is in a Flood Zone you must prove that you are able to obtain flood insurance on the home which may require obtaining an elevation certificate. CFHFH does not elevate or move homes.
- Manufactured homes and trailers 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 based on affordability.
- Household must partner with CFHFH by completing partnership hours. Friends and family may assist with partnership hours.
- Agreeing to keep appropriate home owner’s Insurance and to keep current on all property taxes once rebuilding is complete.
- Agreeing to a well-defined Scope of Work contract for requested REBUILD
- Agreeing to a Media Release of their story, photos, etc. for CFHFH reporting and promotional purposes
- Understanding a portion of each REBUILD 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, FEMA release sections as well as initial and sign the authorization section.
2. Make sure all required documents are attached (See checklist 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: REBUILD
   3310 Fredrickson Rd.
   Wilmington, NC 28401

   Fax to: 910-762-0734
   Email to: Rebuild@capefearhabitat.org
   If you have any questions call 910-762-4744 x106

4. Applications are reviewed by a committee of qualified staff 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 ALL with Application.
Incomplete applications will prevent you from getting on the home assessment waiting list.

- Copy of your State issued photo ID
- Copy of your Social Security Card
- Proof of Income (include all that apply: W-2, SSI, 2 months paystubs, Retirement, Disability, Alimony, Child Support, Food Stamps, TANF, Rental Income, etc)
- Bank Statements for the past 2 months for all accounts held by adult members of the household
- 2 year’s Tax Returns (Sign & copy tax return)
  - N/A (I/We do not file taxes due to income level)
- FEMA award or denial letter
  - N/A (I/We did not file for FEMA assistance)
- Itemized Insurance Estimate
  - N/A (I/We do not have insurance)
- County Permit
  - N/A (I/We do not have one)
- Proof of Military service: DD214
  - N/A (I/We are not a veteran)
- Construction Estimates (OPTIONAL: if you have had any done)
  - N/A
- Photos of Damages (OPTIONAL: if you have any they may be printed and included in this application or emailed to rebuild@capefearhabitat.org along with your name and address)
  - N/A
- Flood insurance quote (if applicable)
  (This is required if your home is located in a flood zone or is not located in a flood zone but has had flooding.)
  - N/A
- Elevation Certificate (if you have one)
  - N/A
1. **Applicant Information (please print clearly)**

| Name: |  |
| Address (for repairs of Hurricane Damage): | City: | Zip Code: |
| Mailing Address (☐ same as above) |  |
| Phone: | Alt Phone: |
| Email: |  |
| Which county is your home in? | New Hanover | Pender | Duplin |

Are you □ currently living in the damaged home or □ Displaced elsewhere?

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>(applicant/self)</td>
<td></td>
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</tr>
</tbody>
</table>

Have you or anyone in your household previously served or are currently serving in the U.S. military? □ Yes □ No

Where did you first learn about CFHFH’s Rebuild program?

**Referring Organization:** □ Endeavors □ Hope4NC □ FEMA □ WARM □ Other: _______________

☐ Website □ Facebook □ TV □ Radio □ Event □ Other: _______________

Do you have a Case Manager/Crisis Counselor etc. assisting with your case?

Name: ___________________________ Phone: ___________ Email: ___________________________

Agency: □ Endeavors □ Hope4NC □ FEMA □ Other: _______________
2. **Household Income**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Started</th>
<th>Pre-Tax</th>
<th>Per (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
</tr>
</tbody>
</table>

Please list all Income received other than employment

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Monthly</th>
<th>Type of income</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability (SSDI)</td>
<td>$</td>
<td>TANF</td>
<td>$</td>
</tr>
<tr>
<td>Social Security (SSI)</td>
<td>$</td>
<td>SNAP/Food Stamps</td>
<td>$</td>
</tr>
<tr>
<td>Retirement/Pension</td>
<td>$</td>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>$</td>
<td>Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>$</td>
<td>Other (specify):</td>
<td>$</td>
</tr>
</tbody>
</table>

3. **Property Information**

Number of years at your current address: _______

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

If yes what was the insurance amount received for repairs: $_______  ☐ None

FEMA #______________  FEMA amount received for repairs: $__________  ☐ None

SBA Loan Amount: $______________  ☐ None

Are you in danger of losing your home?  ☐ Yes  ☐ No

If you answered “yes” to the above, please explain: ________________________________

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

If you answered “no” to the above, please explain: ________________________________

*(Habitat will be verifying that you are the owner on record and that you are current on your property taxes or request documentation that you are on a payment plan to get caught up)*
Home Type:
*Note: Mobile Homes and Trailers are assessed on a case by case basis for eligibility
  ☐ Mobile Home*  ☐ Trailer*  ☐ Duplex  ☐ Condo  ☐ Single Family Home

What year was your home built? ____________

How many square feet is your home? ______

Do you own and occupy this residence?  ☐ Yes  ☐ No

Are you a Habitat Homeowner?  ☐ Yes  ☐ No

4. Storm Related 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: _________________________________________________

Windows/Doors: _______________________________________________________

Floors: ___________________________________________________________________

Electrical: _______________________________________________________________________

Plumbing: ______________________________________________________________________

HVAC ducting or unit: _________________________________________________________

Storm Damaged Appliances: _________________________________________________

Mold Issues due to Storm: _________________________________________________

Additional Damage: _______________________________________________________

What Storms have you been affected by?


Have you applied to any other organizations for assistance?
(This will not affect your eligibility for our program. It is helpful as we coordinate regional assistance efforts)

☐ W.A.R.M.  ☐ Baptist on Mission  ☐ UMCOR  ☐ Other: _______________________

Additional Info about your situation (Optional) ________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
5. **Background Check Release (Please fill this form out for anyone in the home age 18 or older)**

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: ______________________

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.**

__________________________________________________________

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

**Homeowner 1:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
</tr>
</thead>
</table>
| Address       | City: Zip Code:
| Date of Birth | Social Security #: |
| Email:        |               |

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):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
</tr>
</thead>
</table>
| Address       | City: Zip Code:
| Date of Birth | Social Security #: |
| Email:        |               |

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
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 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.
**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested by the federal government for loans related to home repair, in order to monitor the lender’s compliance with Equal Credit Opportunity and Fair Housing 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. If you do not wish to furnish the information below, please check the box below.

**Applicant Street Address:**

<table>
<thead>
<tr>
<th>REBUILD Applicant</th>
<th>Co-applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ I do not wish to furnish this information</td>
<td>□ I do not wish to furnish this information</td>
</tr>
<tr>
<td><strong>Race</strong> (applicant may select more than one racial designation):</td>
<td><strong>Race</strong> (applicant may select more than one racial designation):</td>
</tr>
<tr>
<td>□ American Indian or Alaska Native</td>
<td>□ American Indian or Alaska Native</td>
</tr>
<tr>
<td>□ Native Hawaiian or other Pacific Islander</td>
<td>□ Native Hawaiian or other Pacific Islander</td>
</tr>
<tr>
<td>□ Black/African-American</td>
<td>□ Black/African-American</td>
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<tr>
<td>□ White</td>
<td>□ White</td>
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<tr>
<td>□ Asian</td>
<td>□ Asian</td>
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<tr>
<td><strong>Ethnicity:</strong></td>
<td><strong>Ethnicity:</strong></td>
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<tr>
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<td>□ Hispanic or Latino</td>
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<tr>
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<td>□ Non-Hispanic or Latino</td>
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<tr>
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<tr>
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<td>□ Female</td>
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<td>□ Male</td>
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<tr>
<td><strong>Birthdate:</strong> _____ / _____ / _____</td>
<td><strong>Birthdate:</strong> _____ / _____ / _____</td>
</tr>
<tr>
<td><strong>Marital status:</strong></td>
<td><strong>Marital status:</strong></td>
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<tr>
<td>□ Married</td>
<td>□ Married</td>
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<tr>
<td>□ Separated</td>
<td>□ Separated</td>
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<tr>
<td>□ Unmarried (incl. single, divorced, widowed)</td>
<td>□ Unmarried (incl. single, divorced, widowed)</td>
</tr>
</tbody>
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**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>This application was taken via:</th>
<th>Staff name</th>
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<tbody>
<tr>
<td>□ Face-to-face</td>
<td></td>
</tr>
<tr>
<td>□ By mail</td>
<td>Staff signature</td>
</tr>
<tr>
<td>□ By telephone</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Staff phone number</td>
</tr>
</tbody>
</table>
Rebuild Applicant 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
- Assess if damages are storm related or not
- They will not determine eligibility
⇒ Construction department will submit either an estimated job cost or recommendation to deny to rebuild department within about 2 weeks of assessment.

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 repairs. This may take a few weeks and may require additional documentation if any issues are found. Then you will continue to Step 5.

Step 5: Agreement Meeting
⇒ This meeting is to discuss scope of work, cost of repairs and repayment plan
- Repayment is based on ability to pay
- If we need you to vacate the property for work to commence or remove belongings you will be told at this meeting.
- You may choose to take the agreement home to consider or sign that day.
⇒ 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
⇒ Sweat Equity plan will be discussed at this time
⇒ Prior to work commencing you may need to relocate, store belongings entirely or partially. This will depend on the extent of work.
⇒ 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 REBUILD program, and nothing will be charged to you until an Agreement is signed.

Step 6: Work commences
⇒ Construction will contact you regarding rebuild scheduling within 2 weeks 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 Sweat Equity

Step 7: Work Completed
You have 30 days from the time work is completed to complete your Sweat Equity. Rebuild Coordinator will meet with you to complete final paperwork.
Insurance would need to be in place at this time.

Be Ready To...
- Keep your appointment window. Appointments are 30-45 minutes
- Have all pets confined
- Identify storm related damages to assessors