

VETERAN BUILD HOME REPAIR APPLICATION

Thank you for your interest in Fayetteville area Habitat for Humanity's Veteran Build Home Repair Program. Through this program, we seek to serve Veteran homeowners who are either unable to afford, or unable to complete necessary home repairs.

Program Requirements:

1. You must live within a designated service area: Cumberland, Bladen, and Sampson counties.
2. You must meet the income guidelines of household income -- Disabled and Veteran applicants Area Median Income for household size is authorized up to 100% of taxable income.
3. You must be current on property taxes.
4. You must be willing to partner with FAHFH by providing volunteer hours to assist in completing the work.
5. You must be unable to afford necessary home repairs and unable to complete them otherwise due to age, disability, or circumstance.
6. You must pay the applicable tier fee Fayetteville area Habitat for Humanity, in accordance with your requested repairs.

To qualify for the Home Repair Program, please complete the application, and return it with all required documents, to: **Fayetteville Area Habitat for Humanity, ATTN: Critical Home Repairs, 3833 Bragg Blvd, Fayetteville, NC 28303.**

All information that you provide will be held in strictest confidence. After your application is reviewed, you will receive a letter, email, or phone call to discuss the next steps and important information. Please notify us of any changes to your application throughout the process.

Instructions:

1. Complete the application. If a question does not apply to you, mark N/A. Incomplete applications cause delays. Attach additional sheets as needed.
2. Sign and date the Authorization and Release forms (section 4 on the application). If there are co-applicants, both must sign.
3. Enclose copies of the following documents (Do not send originals!):
 - State ID Card
 - Copy of current mortgage statement or Deed
 - Homeowner insurance declaration page showing proof of coverage
 - Proof of Income (e.g. W2, paystub, social security awards letter, VA pay statement, or bank deposit statement showing deposit)
 - Copy of DD214, Copy of VA Disability/SSI Disability (if applicable)
 - If hurricane impacted provide verification of hurricane damage (FEMA letter, insurance claim, etc).

**** Some information may not be applicable depending on funding source****

SECTION 1 - HOMEOWNER INFORMATION

Legal Name of Homeowner(s): _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Email: _____ County: _____

Telephone Numbers (please include area code):

Home: _____ Cell: _____ Work: _____

Number of Years at Address: _____ Name of Neighborhood: _____

Are you (or a family member) a Military Veteran? _____ Are you disabled? _____

List the names, ages, and relationship to homeowner of all people living in the home (attach a list if more space is needed).

Name/relationship: Age: _____

Name/relationship: Age: _____

Name/relationship: Age: _____

Name/relationship: Age: _____

Name/relationship: Age: _____

Name/relationship: Age: _____

SECTION 2- HOUSEHOLD INCOME AND MORTGAGE INFORMATION

The total, combined income before taxes for ALL persons living in the home is: \$ _____ per year.

You must attach a copy of your most recent Federal Income Tax forms (i.e. IRS form 1040) for verification of HOUSEHOLD income.)

Are you still making loan payments on your home? YES NO

If yes, what is your monthly payment? \$ _____

Do you currently have homeowner's insurance? YES NO

Are you current on your property taxes? YES NO



ABILITY TO PAY - INCOME GUIDELINES:

HUD FY 2022 INCOME LIMIT GUIDELINES

MEDIAN FAMILY INCOME

FY 2022 Income Limit Category

Persons in Family:	1	2	3	4	5	6
Low (80%)	36,650	41,850	47,100	52,300	56,500	60,700 (Bladen/Sampson)
Income Limits	37,350	42,650	42,650	53,300	57,600	61,850 (Cumberland)
Max 100%	45,812	52,312	58,875	65,375	70,625	75,875 (Bladen/Sampson)
Income Limits	46,687	53,312	60,000	66,625	72,000	77,312 (Cumberland)

SECTION 3- SERVICES REQUESTED

FAHFH construction team will assist with determining level of assistance. Level of assistance is grouped into three different Tiers:

<p style="text-align: center;"><input type="checkbox"/> TIER 1</p> <p>Minor exterior repairs painting, caulking</p> <p>Minor carpentry repairs deck/stair/ramp repairs</p> <p>Exterior weatherization only- siding repairs, minor roof and fascia repairs</p> <p style="text-align: center;">\$100 FEE</p>	<p style="text-align: center;"><input type="checkbox"/> TIER 2</p> <p>Major exterior repairs</p> <p>Major carpentry repairs, deck/stair/ramp replacement</p> <p>Door replacement</p> <p>Window sash replacement</p> <p>Major landscaping repairs</p> <p style="text-align: center;">\$200 FEE</p>	<p style="text-align: center;"><input type="checkbox"/> TIER 3</p> <p>Major roof repairs including plywood sheathing, flashing, tar paper, shingles and drip edges, full tar paper/shingle removal and replacement.</p> <p>HVAC Replacement</p> <p>Interior Repairs- to include sheetrock, plumbing, electric, flooring, cabinets</p> <p style="text-align: center;">\$250 FEE</p>
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NOTE: Fayetteville Area Habitat for Humanity (to include sub-contractors) will NOT perform any work that is considered a change to the layout or remodeling of the home. _____ (Initial for Homeowner Acknowledgement)

Briefly describe the damage to your home and the repair assistance requested:



SECTION 4- HOMEOWNER’S AGREEMENT

I certify that the information on this application is accurate and that I own the property at the address given on this application (if stipulated by the funding source).

I shall remain the owner and this address shall remain my primary residence for a period of no less than three (3) years (36 months) from the date of completion of the home repairs.

I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside FAHFH volunteers.

I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I understand that if my home is selected to be repaired, photos of me, my family members and my home may be taken and used publicly.

To the extent permitted by law and without affecting the coverage provided by the required homeowner’s insurance, I agree to sign the release and waiver of liability.

Signature of Homeowner _____
Date

Where did you learn about the Fayetteville Area Habitat for Humanity Home Repair program? (circle all that apply)

TV Radio Newspaper Flyer Postcard Friend Neighbor Neighborhood Organization
Other (Please describe): _____

Are you willing to be interviewed by media? YES NO

May we bring elected officials to your home? YES NO

Complete the following *ONLY* if you are not the homeowner, but are assisting the homeowner in completing this application:

Name: _____ Daytime phone number: _____

Is the homeowner aware of this application? YES NO

Questions? Call (910) 483-0952 / (910) 593-1946 or Email rick@fayettevillenchabitat.org and office@fayettevillenchabitat.org.



SECTION 5- PHOTO/ VIDEO- MEDIA RELEASE FORM

I, (please print), _____ grant permission to Fayetteville Area Habitat for Humanity and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I hereby release Fayetteville Area Habitat for Humanity and its legal representatives for all claims and liability relating to said images or video.

Furthermore, I grant permission to use my statements that were given during an interview, with or without my name, for the purpose of advertising and publicity without restriction.

I waive my right to any compensation.

I acknowledge that I am:

Over the age of 18

The legal guardian of the following:

Full Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Names and Ages of Minor Children:

Signature: _____

Date: _____



Veteran Applicant Demographics
(For Reporting Purposes Only)

Effects of Nondisclosure:

Providing the below information is voluntary and has no bearing on approval or denial

Please check all boxes that apply to you below:

Gender: Male Female Other

Race/Ethnicity: White Black or African American Native American/Alaskan Native
 Asian Native Hawaiian/ Other Pacific Islander Hispanic or Latino Not Hispanic or Latino

Disability: Yes, I have a disability No, I do not have a disability

Age Applicant: Under 18 18-29 30-49 50-64 65+

Age Family Member(s): Under 18 18-29 30-49 50-64 65+

Education:

High School/GED College (attended) College Degree: 2 YR and/or 4 YR (circle)

****By my signature I/we affirm that the above information is true and correct. I understand that providing false information could cause me not to qualify for repair assistance from Fayetteville Area Habitat for Humanity.**

Applicant Sign Here: _____

Co-Applicant Sign Here: _____

**** By signing below, I/We acknowledge that completion of this application does not guarantee acceptance into the Fayetteville Area Habitat for Humanity Repair program.**

Applicant Sign Here: _____

Co-Applicant Sign Here: _____

*****OFFICE USE ONLY:**

Return date: _____ Staff initials: _____

