



Post Office Box 3166  
733 Bargain St  
Fayetteville, North Carolina 28303  
Telephone: (910) 483-0952

## **CRITICAL / VETERAN/ AGING IN PLACE HOME REPAIR APPLICATION**

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

### **Program Requirements:**

1. You must have owned and occupied the home for at least 1 year and could benefit from critical home repairs.
2. You must live within FAHFH'S service area: Cumberland, Bladen, and Sampson counties.
3. You must meet the income guidelines of household income – **SEE PAGE 4 FOR INCOME LIMITS**
  - **Critical and Aging in place applicants**-no more than 80% of the Area Median Income (AMI) or your household size.
  - **Veteran applicants**-no more than 100% of the Area Median Income for your household size. \*\*Repair qualification is dependent upon available funding for this AMI and funding is not always available.
4. You must be current on property taxes.
5. You must be willing to partner with FAHFH by providing volunteer hours to assist in completing the work.
6. You must be unable to afford necessary home repairs, unable to complete them otherwise due to age or disability, or income circumstance.

After your application is reviewed, you will receive a letter, email, or phone call to discuss the next steps. Please notify us of any changes to your application throughout the process.

### **How to submit a COMPLETE repairs packet?**

#### **\*\*To Qualify for the Home Repair Program:**

1. Complete the application
2. Submit ALL documents on Required Documents Checklist (**page 2**).
3. Sign and date the Authorization and Release forms (**section 4 on the application**). If there are co-applicants, both must sign.
4. If a question does not apply to you, mark N/A. Incomplete applications **will not** be accepted-all questions and areas must be answered or marked as N/A or it is incomplete. **Applicant Initials** \_\_\_\_\_
5. Applications will not be accepted if ALL required documents are not submitted.
6. **Once you have ALL the necessary documentation for your household, the next step is to call and schedule an appointment with the Family Service Department and return it to: Fayetteville Area Habitat for Humanity, 733 Bargain Street, Fayetteville, NC 28303.**

Grace Strong- [grace@fayettevillenchabitat.org](mailto:grace@fayettevillenchabitat.org) – 910.593.1705

Deja Dawson - [deja@fayettevillenchabitat.org](mailto:deja@fayettevillenchabitat.org) – 910.593.1213



### **APPLICATION REQUIRED DOCUMENTS CHECKLIST**

\_\_\_ **Current mortgage statement** (within the last 60 days) **AND;**

\_\_\_ **Deed**

\_\_\_ **Proof of Homeowner Insurance** (Declaration Page)

*\*If you are unable to obtain insurance due to repairs needed, a letter from the insurance company must be submitted with your application (notice of cancellation or insurance denial letter). \**

\_\_\_ **Proof of Property Tax payment** (most recent)

\_\_\_ **90 days/ 3 consecutive months of Utilities Bills** (**MUST** be in owner's name)

\_\_\_ **Copy of DD214** *(if applicable for Veteran Status of homeowner or occupant, for any Veteran family member living in the home)*

- VA Disability Statement if receiving benefits

\_\_\_ **Insurance claim or FEMA letter** (proof of hurricane damage required for disaster recovery program)

\_\_\_ **PROOF OF ALL INCOME** (for ALL Household members)

\_\_\_ **3 months of Bank statements** (must be consecutive, must be within the last 6 months)

\_\_\_ **Last 2 years W-2's or 1099s + Tax Returns** *(if you file taxes)*

\_\_\_ **Point of Contact for Employment Verification**

\_\_\_ **Paystubs for all employment** (if applicable)

- Weekly (8 paystubs)
- Bi-Weekly or Twice a month (4 paystubs)
- Monthly (2 paystubs)

\_\_\_ **Child Support Payments** (last 12 months)

\_\_\_ **Alimony Payments** (last 12 months)

\_\_\_ **Social Security Award Letter** (please include ALL pages)

- The letter must be within the last 6 months

\_\_\_ **Disability Award Letter** (please include ALL pages)

- The letter must be within the last 6 months

\_\_\_ **V.A. Benefits Letter** *(for any Veteran family member living in the home)*

- Letter must be within the last 6 months and contain Disability statement if applicable

\_\_\_ **Retirement award statements**

- The Letter must be within last 6 months

\_\_\_ **Self-employed** *(1099 if applicable)*

- Previous 2 years' federal income tax return (ensure P & L is included)
- Current year P & L
- Last 6 months of bank statements

### **HOUSEHOLD MEMBERS**

\_\_\_ **Government Picture ID** (for everyone 18 and over)

\_\_\_ **Social Security Card** (for **ALL** household members, regardless of age)

\_\_\_ **Marriage Certificate, Divorce Decree, Death Certificate, or Recorded Separation Agreement**



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**\*\*Have you applied for other Repair Programs, had work completed by other non-profit, or North Carolina Housing Finance agencies in the past? (Specifically, Fayetteville Urban Ministries Nehemiah Project, NCHFA Urgent Repair Program, programs through the City of Fayetteville, NC or the Cumberland County Repair Program)**

No: \_\_\_\_\_

Yes, applied (but no repair completed): \_\_\_\_\_

Yes, Repair Completed: \_\_\_\_\_

### SECTION 1 – HOUSEHOLD 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 any member of your household **(living in the home)** a Military Veteran? \_\_\_\_\_

Are you or anyone living in the household disabled? \_\_\_\_\_ (Provide documentation: VA Disability Statement, SSI Disability Statement, Doctor's Notification)

Does the disabled household member need special considerations for the repairs requested **(e.g. wheelchair ramp, hear impaired audible devices, grab bars, etc.)**: \_\_\_\_\_

Does anyone in the household utilize a wheelchair, walker, or assistant device for mobility? \_\_\_\_\_

List the names, ages, and relationships to homeowners of all people living in the home **(include the homeowner applicant information)**. Attach a list if more space is needed.

Name/Relationship/Age (Date of Birth): \_\_\_\_\_

Name/Relationship/Age (Date of Birth): \_\_\_\_\_

Name/Relationship/Age (Date of Birth): \_\_\_\_\_

Name/Relationship/Age (Date of Birth): \_\_\_\_\_

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Name/Relationship/Age (Date of Birth): \_\_\_\_\_





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## SECTION 2- HOUSEHOLD INCOME AND MORTGAGE

Total **YEARLY**, Gross Household Income (**total income before taxes**) for ALL persons living in the home is:  
\$\_\_\_\_\_ (Must complete for application to be accepted.)

Do you currently have a mortgage or loan 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**

### HUD FY 2025 INCOME LIMIT (CANNOT EXCEED ANNUAL AMOUNT PER HOUSEHOLD SIZE)

#### Critical Repairs and Aging in Place Applicants- Max 80%

Household Size	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	County
	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450	Cumberland
	\$42,800	\$48,900	\$55,000	\$61,100	\$66,000	\$70,900	\$75,800	\$80,700	Sampson/ Bladen

#### Veteran Applicants- Max 100%

Household Size	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	County
	\$55,300	\$63,200	\$71,000	\$79,000	\$85,400	\$91,700	\$98,000	\$104,300	Cumberland
	\$53,500	\$61,200	\$68,800	\$76,400	\$82,600	\$88,700	\$94,800	\$100,900	Sampson/ Bladen

## SECTION 3- SERVICES REQUESTED

The level of assistance is grouped into three different Tiers. FAHFH construction team will assist with determining the level of assistance. **Note, lists are examples and not inclusive of all repairs. Please check one box.**

### ☐ TIER 1 (Minor)

Minor exterior repairs painting, caulking, weatherization  
Minor carpentry repairs  
deck/stair/ramp repairs  
Minor Toilet and Plumbing Repairs (Toilet Repair Kit—NOT Leaks)  
Exterior weatherization only-siding repairs, minor roof and fascia repairs

### ☐ TIER 2 (Moderate)

Major exterior repairs  
Major carpentry repairs, deck/stair/ramp replacement  
Door replacement  
Window replacement  
Major landscaping repairs  
Plumbing Repairs: non-critical leaks (non-critical)  
Interior Repairs- to include sheetrock, plumbing, electric, flooring, cabinets

### ☐ TIER 3 (Critical)

Major roof / replacement-active leak/structural)  
HVAC Replacement- non-functional (no heat or AC)  
Plumbing: non-functional (no water or utilities, bathroom, kitchen)  
Non-Functional Electric (sparking or non-functional safety, circuits not working)  
Foundation  
Flooring/Structural



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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)

- a. Is your heating and air conditioning functional? **YES NO**
- b. Is your bathroom functional? **YES NO**
- c. Is your kitchen functional? **YES NO**
- d. Is your electrical safe and functional? **YES NO**

Briefly describe the damage to your home and the repair assistance requested (be specific if critical, e.g. No Heat):

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#### **SECTION 4- HOMEOWNER'S AGREEMENT**

I certify that the information on this application is accurate and that I own the property at the address and occupants given on this application.

I shall remain the owner and occupier of this address which shall remain my primary residence for a period of no less than three (3) years (36 months) \_\_\_\_\_ or up to five (5) years (60 months) \_\_\_\_\_ (as a Veteran) from the date of completion of the home repairs, dependent upon funding sources for my home repair. This may be specifically identified by the funding used and can change. Note, dependent upon the repair funding a lien, for cost of repairs, will be taken by Fayetteville Area Habitat for Humanity against the home to ensure compliance for this requirement is met. \_\_\_\_\_ (Initial for Homeowner Acknowledgement)

I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside FAHFH employees and volunteers, if requested. \_\_\_\_\_ (Initial for Homeowner Acknowledgement)

I confirm that, except for the conditions listed above, my home is a safe place for volunteers, including pets in the home. \_\_\_\_\_ (Initial for Homeowner Acknowledgement).

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. \_\_\_\_\_ (Initial for Homeowner Acknowledgement)

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

**Questions? Call (910) 483-0952 or Email [grace@fayettevillenchabitat.org](mailto:grace@fayettevillenchabitat.org) or [deja@fayettevillenchabitat.org](mailto:deja@fayettevillenchabitat.org)**

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

**TV   Radio   Internet/Website   Newspaper   Flyer   Postcard   Friend/Neighbor   Neighborhood  
Organization (Council on Aging, City of Fayetteville Economic and Community Development, VA, etc.)   Social  
Services Advocate**

**Other (Please describe):** \_\_\_\_\_

**Are you willing to be interviewed by the media? YES NO**

**May we bring elected officials to your home? YES NO**

**Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application (relative, advocate, etc.):**

Name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Is the homeowner aware of this application? YES NO**





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### **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: \_\_\_\_\_





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**Applicant Screening Demographics  
(For Reporting Purposes Only)**

**Effects of Nondisclosure:**

**Providing the information below is voluntary and has no bearing on approval or denial, and is utilized for Federal, State and Municipal Demographic Reporting for Funding and Compliance Accountability**

**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

**Occupant Disability:** ☐ Yes, one or more of the occupants have a disability ☐ No, none of the home occupants have a disability

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

**Veteran:** ☐ Yes ☐ No ☐ Retired Veteran

**Education:**

☐ High School/GED ☐ College (attending) ☐ 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 home 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 and understand that funding may not be available for my repair request.**

Applicant Sign Here: \_\_\_\_\_

Co-Applicant Sign Here: \_\_\_\_\_

**\*\*\*OFFICE USE ONLY:**

Return date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

