

Home Preservation/Repair Program

Thank you for your interest in Habitat for Humanity of DeKalb County's Home Preservation Program. Applications are accepted at our office or via email (see information below).

All applications will be reviewed upon receipt. Not all applicants will be accepted into the program due in part to available resources and qualification requirements. Volunteer teams work to improve the condition of homes by assisting homeowners who would be unable to complete home repairs on their own. Able-bodied homeowners are encouraged to work alongside the volunteers, if possible, in a cooperative effort. In addition to owning and occupying the home, applicants must meet the following eligibility requirements:

Need

- a. Necessity of repair or maintenance to the applicant's home for the purpose of preservation or certain repairs as determined by the HFHDC construction staff. May include paint, gutter work, landscaping, stairway repair, brush and tree removal, sidewalk work, or building an access ramp.
- b. Inability to obtain a conventional loan to pay for needed repairs.
- c. Inability to carry out maintenance and repairs due to age, disability, or family circumstances.

Ability to Pay

- a. Household Income Limit: Gross annual household income cannot exceed 80% of the median family income for DeKalb County, as determined by the U.S. Department of Housing and Urban Development.
- b. Proof of stable income for the last 6 months with the likelihood of continued income.
- c. Proof of current mortgage payments, insurance and taxes for past 24 months.
- d. Total Debt to Income: To qualify for the repair program, total monthly expenses including the repair payment shall not exceed 43% of applicants' income.
- e. Bankruptcy: Two years have passed since the bankruptcy was discharged and there has been a satisfactory credit history during that time period.

Willingness to Partner

- a. Partners agree to be a positive representative of Habitat, including attending and participating in public functions, surveys and interviews scheduled by Habitat. All applicant forms must also be signed and completed as requested by HFHDC.
- b. Partners may be required to participate in free Educational Programs such as household budgeting and maintenance as indicated by Habitat at the time of approval.

Scope of Work

Before any work begins, an agreed upon scope of work order will be determined by the homeowner and HFHDC representatives. The applicant will then be provided a copy of the estimate based on the agreed scope of work to be done. All application information shall be completed with all necessary signatures prior to any work beginning. Total repairs costs cannot exceed \$5,000 to any one applicant within a calendar year. The cost to the homeowner applicant for all repairs will be calculated at 20% of the total project cost (not to exceed \$1,000). All repair costs are to be paid in full by the applicant within six months of the signed Agreement. Repair work is limited to the following:

Items included in the program:

1. Decks/Porches
 - a. Painting/staining
 - b. Steps/railings/flooring
2. Windows/Doors
 - a. Winterizing
 - b. Replacement
3. Gutters/Downspouts
4. Fences
5. Landscaping including brush and tree removal
6. Garage Doors
7. Water Heaters
8. Roofs (At the discretion of the Construction Committee)
9. Toilets
10. Sidewalk work
11. Small shed/structure removal
12. Grab bars/handrails/smoke detectors
13. Replacement of sink and door hardware
14. Handicap ramps

Items **NOT** included in the program:

1. Projects in excess of \$5,000 (As determined by the Construction Committee)
2. Structural repairs within mobile homes
3. Major plumbing/electrical repairs (unless otherwise approved by the Construction Committee)
4. Tree/large brush removal
5. Air conditioning/furnace repair
6. Painting within homes/structures
7. Mold removal

Completed applications can be emailed to our Construction Team at construction@habitatdcil.org or mailed to

Habitat for Humanity of DeKalb County
308 W. State Street
Suite 302
Sycamore, IL 60178

Please contact Kim McIver, Executive Director with any questions at 815-991-5341.



We build **strength, stability, self-reliance** and **shelter**.

Dear Applicant:

Thank you for your interest in Habitat for Humanity of DeKalb County and our **Home Preservation Program**. Our program provides home repairs to eligible owner-occupied households in DeKalb County. Repair are provided through a deferred, zero interest loan.

Each year we hope to partner with a limited number of households based on the availability of program funding. Households are selected based on program guidelines, their need for repairs, income eligibility, and willingness to partner with our organization by completing two hours of sweat equity.

Please fill out this application as completely and accurately as possible so we can determine if you qualify for either a Brush with Kindness or Critical Care Repair. All information you include on this application will be kept confidential.

Please fill out this application as completely and accurately as possible so we can determine if you qualify for our *Home Preservation* program. All information you include on this application will be kept confidential.

The application selection criteria, income guidelines, and application process are on the following page. If you have any questions or need additional information, please feel free to contact Kim McIver at 815-991-5341 or at kim.mciver@habitatdcil.org

Sincerely,

Kim McIver
Executive Director

PLEASE NOTE:

Total repair costs will not exceed \$5,000 and all projects are subject to the discretion of the HFHDC Construction Committee. The cost to applicants for all repairs will be calculated at 20% of the total project cost (not to exceed \$1,000). Program costs to the applicant are to be paid monthly to Habitat for Humanity of DeKalb County and paid in full within one year of this signed *Application*.

Applicant Information

Applicant	Co-Applicant
Applicant Legal Name	Co-Applicant Legal Name
Phone #	Phone #
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Dependents (People who live with you not listed by Co-Applicant) Name/Relationship Date of Birth	Dependents (People who live with you not listed by Applicant) Name/Relationship Date of Birth
Present Address (Street, City, State, Zip Code) How Long? _____	Present Address (Street, City, State, Zip Code) How Long? _____
Have you filed for bankruptcy within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed for bankruptcy within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Needs

Will Translation be needed? Yes No If yes, what language? _____

Does anyone in your household have a disability? Yes No If yes, please list the disability _____

Are you receiving any help with your mortgage payments from any agencies or government entities? _____

If working at current job for less than one year, complete the following:

Applicant	Co-Applicant
Name and Address of Last Employer	Name and Address of Last Employer
What was your job?	What was your job?
Years on this job	Years on this job
Monthly Wages	Monthly Wages
Business Phone	Business Phone

Monthly Income

Monthly Income	Applicant	Co Applicant	Others in Household (Age 18 & over)
Gross-Employment Income	\$	\$	\$
Food Stamps	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
SSI	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Section 8 Housing	\$	\$	\$
Rental Assistance	\$	\$	\$
Veterans Benefits	\$	\$	\$
FIP (Family Investment Program)	\$	\$	\$
Student Loan	\$	\$	\$
Utilities / Fuel Assistance (LIHEAP)	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

Monthly Bills

Monthly Bills	Monthly Amount
House Payment	\$
Utilities: Sewer	\$
Utilities: Water	\$
Utilities: Natural gas / propane	\$
Utilities: Electricity	\$
Utilities: Garbage	\$
Car Loan Payments	\$
Auto Insurance	\$
Homeowners Insurance	\$
Childcare	\$
Credit Cards	\$
Loans	\$
Alimony/Child Support	\$
Work Expenses	\$
TV	\$
Phone (landline only)	\$
Other	\$
TOTAL	\$

Where did you learn about Habitat for Humanity of DeKalb County? and the *Home Preservation Program*?

- Friend
 Family
 TV
 Social Media
 Website
 Newspaper
 Radio
 Church/Faith Organization
 Neighborhood Meeting
 Non-profit organization _____
 Other _____

Were you referred by someone? _____

Supporting Documents

In order to process your application, please be prepared to include the following supporting documents in order to be reviewed:

- Proof of homeownership** (This may include a copy of the **Deed of Trust** or most recent **Property Tax Receipt**.)
- Proof of current homeowner insurance**
- Proof of property tax payment**
- Twelve (12) weeks of most recent payroll stubs from each place of employment** If you are self-employed we must have valid verification of business income and expenses., ie.,tax return.
- Most recent IRS Federal tax returns** (If you do not file taxes, check this box:)
- Last three (3) months official bank statements of all checking & savings accounts**
- Complete all sections of the application**
- Sign and date the application**

Has anyone in your household ever served in the **U.S. Military**? Yes No

Name: _____ Branch: _____ Name: _____ Branch: _____

Is anyone in your household currently in the military? Yes No

Name: _____ Branch: _____ Name: _____ Branch: _____

ADDITIONAL PROPERTY INFORMATION

What year was the house built? _____

My house is: One-story _____ One and a half _____ Two-stories _____ Duplex: _____

Is your home currently for sale? Yes No

Is your house in foreclosure or in danger of foreclosure? Yes No

Do you plan on selling your home in the next 24 months? Yes No

Have you received notice of any code violations, which have not been resolved?

Yes No

If yes, please provide a copy of the code violation or a detailed explanation below:

Are you still making loan payments on your home? Yes No
 If yes, what is your monthly mortgage payment? _____ How much are property taxes? _____
 Are you behind on your mortgage payments? Yes No If yes, how many months?
 Are you behind on your property taxes? Yes No
 Do you currently have homeowners insurance? Yes No

REQUESTED REPAIRS

Briefly describe the type of work needed for your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our volunteer time and financial resources will be made at the discretion of the Habitat for Humanity DeKalb County Board of Directors. The work done through the Home Preservation Repairs Program primarily focuses on external repairs necessary to alleviate health, life and safety issues or code violations, and is done by volunteers who are not professionals and who do not get paid.

Do the requested repairs need to be completed within the next 30 days?
 Yes (please explain below) No

AUTHORIZATION, RELEASE AND HOMEOWNERS AGREEMENT

I/we, _____ certify that the information on this application is true and accurate and that I own the property at _____.

I/we confirm that any physically able persons residing in my home or visiting on the project day will work alongside the Habitat for Humanity volunteers for at least two hours. I/we confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I/we understand that the people who may work on my house are unpaid volunteers: that few, if any of them, are skilled in the building trades; and that Habitat for Humanity MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE/RESIDENCE. I/we hereby agree that, my assignees, their heirs, distributed, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity activities. I/we hereby release Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I/we, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damaged resulting from my participation in any Habitat for Humanity activities.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

CREDIT REPORT AUTHORIZATION

The undersigned certify the following:

I/We have applied for a signature note loan from Habitat for Humanity of DeKalb County (HFHDC). In applying for this unsecured note, I/we have agreed to provide the necessary information as requested from HFHDC as to the purpose of this note, employment and income information, and assets and liabilities. I/we certify that all the information is true and complete. I/we made no misrepresentation in the note information, application or other documents, nor did I/we omit any pertinent information.

Authorization to Release Information

I/we understand that my credit report may be obtained through _____ using Factual Data. I/we hereby give my consent to release information to _____ for the sole purpose of obtaining the credit report. The signature note loan will be held by Habitat for Humanity of DeKalb County and will be due and payable in full within 1 year.

I/we further understand that _____ will exercise reasonable care in connection with any information obtained from my/our credit report and in maintaining the confidentiality of facts or information of a confidential nature and so long as _____ has exercised such reasonable care I/we hereby absolve and release _____ from any claims, losses or damages with may, directly or indirectly, arise out of the gathering of such facts or information.

Applicant Signature _____

Social Security # _____

Co-Applicant Signature _____

Social Security # _____

FINAL APPLICATION CHECKLIST

- _____ Did you complete all sections of this application?
- _____ Did you **sign the application**?
- _____ Did you enclose **proof of ownership and proof of property tax payment**, such as a property tax receipt?
- _____ Did you enclose proof of **homeowners insurance**, such as a copy of homeowner's insurance policy?
- _____ Do you have a copy available of **last year's tax return for our review**?



FOR OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

Date Received	
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent:

Return Application and all attachments to:

Kim McIver, Executive Director, 308 W. State Street, Suite 302, Sycamore IL 60178