

GCHFH HOME REPAIR PROGRAM

The Genesee County Habitat for Humanity (GCHFH) Home Repair Program helps low-income homeowners alleviate health and safety issues in and around their home. **Upon Completion Call (810)766-9089 ext.213 to set up an appointment to submit application and required supporting documents.**

ELIGIBILITY CRITERIA

- Applicant(s) must own and occupy a property within the City of Flint.
- Homeowner(s) must agree to pay for the repairs (including change orders) through either a one-time payment or multiple-payments equal to 3% of the total project costs for the repairs provided—before any work is begun.
- Homeowner(s) will be required to perform 8 hours of sweat equity for any repair work received, to be completed within in a reasonable period agreed upon by both parties.
- The property must be owner-occupied and the primary residence for a minimum of 18 months.
- Homeowner(s) must be either a U.S. Citizen or a Permanent Legal Resident.
- The property must be an eligible property. Eligible properties are Single Family Residences (SFR),
 - Land Contracts, manufactured homes, condominiums or townhomes, multi-family dwellings (apartment buildings, duplexes, tri-plexes, etc.), homes used as rental units, boats and recreational vehicles (RV's) are not eligible.
- The property must be habitable and without any unpermitted or illegal additions.
- Homeowner(s) must be current with the following:
 - Mortgage loan payment (if homeowner is still making payments)
 - Homeowner's insurance policy
 - Property taxes
- **Applicants who own multiple real estate properties are not eligible.**
- Household income must be below 80% of the area median income (AMI) for Genesee County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.

Homeowner Income Eligibility-is based upon the number of household members and total household income and must be less than or equal to 80% of Area Median Income (AMI) as provided by the U. S. Department of Housing and Urban Development (HUD) as shown in the following chart.

*(Chart eligibility is updated periodically and may not reflect current limits)

HOUSEHOLD MEMBERS	1	2	3	4	5	6
2019 GROSS ANNUAL INCOME LIMIT	\$34,250	\$39,150	\$44,050	\$48,900	\$52,850	\$56,750

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

101 Burton St. Flint, MI 48503 • (810) 766-9089 ext. 213 - repair@geneseehabitat.org



Genesee County Habitat for Humanity provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

APPLICATION CHECKLIST

Please complete all sections of this application and gather all materials required on this checklist. **Upon completion, call John Guynn at (810)766-9089 ext 213 to set up an appointment to turn in application and requisite materials.** Please understand that our home repair program is dependent on the availability of funding. Therefore, **not all eligible applicants will be selected.**

- Did all applicant(s) sign the Home Repair Program application? Refer to Section 11.
- Did you complete all applicable sections?

To complete this application, please include copies of all required documents listed below. All documents submitted must show the name and address of the homeowner(s):

- A copy of your most recent mortgage statement, deed, or title
- A copy of your most recent tax bill, taxes must be current or a plan in place with the City of Flint.
- Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- A copy of one recent utility bill (gas, power, water, phone, etc...)
- A copy of a valid photo I.D. for all property owners on title
- A copy of a Social Security Card for all property owners on title
- Documentation to verify household income:
 - o Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
 - o Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
 - o Pay stubs for the previous **three consecutive months** for each employed household member
 - o Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, Social Security SSI, TANF, SSDI, etc.)
- Current checking and/or savings account statements for **three consecutive months** (including but not limited to stocks, IRA's, pension accounts, mutual funds etc.)
- For veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status
- If you are a widow/widower of a veteran, please provide a copy of the deceased member's DD-214 discharge form and death certificate

APPLICATION PROCESS

- Homeowner schedules an appointment to submit an application and copies of all supporting documents.
- Genesee County Habitat for Humanity reviews applications for completeness and eligibility.
- Eligible households will receive a property assessment.
- A property assessment allows Genesee County Habitat for Humanity to determine if it can or cannot perform repairs. **A property assessment does not guarantee approval.**
- Based on program funding and property assessment results, applications are reviewed for program approval.
- Approved homeowners review scope of work and sign program agreements with Genesee County Habitat for Humanity staff (Required Deposit and Sweat-equity can begin at this time).
- **Home repair projects are scheduled based on funding and program calendar availability.**



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Genesee County Habitat for Humanity
101 Burton Street, Flint, MI 48503

For Office Use Only:

Application No.
Referred By
Home Inspection
Date Received

GCHFH REPAIR PROGRAM FOR LOW-INCOME HOMEOWNERS IN NEED OF ASSISTANCE

PLEASE PRINT

SECTION 1 - Homeowner Information			
Legal Name		Date of Birth	
Street Address		Email	
City	ZIP	County	
Telephone Home	Number of Years at Address	Name of Neighborhood	
Cell			
Work			
Occupation		Employer	
List the names, ages and relationship to homeowner of ALL people living in the home (attach additional list if needed)			
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Name/Relationship	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Is anyone in your household a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name	Branch _
Is anyone in your household currently serving in the military?		Name	Branch _
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Needs			
Does anyone in the home have a disability requiring modifications to the house? <input type="checkbox"/> Yes <input type="checkbox"/> N			
o If yes, indicate the type of disability below (check all that apply):			
<input type="checkbox"/> Uses a walker, cane or crutches <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Blind <input type="checkbox"/> Loss of limb			
<input type="checkbox"/> Mentally disabled <input type="checkbox"/> Other (please describe): _			
Is translation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what language?: _			
SECTION 2 – DEMOGRAPHIC INFORMATION (OPTIONAL)			
Please complete the following demographic information. This data will be used for statistical reporting only and will be kept strictly confidential.			
Ethnic Background	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native & African American	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black African American & White <input type="checkbox"/> Asian & White	



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SECTION 3 – HOUSEHOLD INCOME

Please indicate the total gross monthly income figure for each member	Homeowner	Co-Owner	Household Member with Income	Household Member with Income	Household Member with Income
Wages/Salary:	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/Worker's Compensation	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

SECTION 4 – MORTGAGE AND PROPERTY INFORMATION

Are you making mortgage loan payments on your home? Yes No

If **YES**, How much is your payment:

Are you current on your mortgage? Yes No

If **NO**, please explain:

Do you have Homeowner's insurance? Yes No

If **NO**, please explain:

Do you have any illegal and/or unpermitted additions/building activity on your home? Yes No Not Sure

If **YES**, please explain:

Do you own any other real estate? Yes No

If **YES**, please list here:

Have you applied for the GCHF Home Repair Program in the past? Yes No

If **YES**, please indicate the year you applied:

Has GCHF performed repairs on your home through the Home Repair Program in the past? Yes No

If **YES**, please indicate the year you received repairs:



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SECTION 5 - House Information / Exterior

House Information

Place an "X" over the house which most resembles the size of your house:



Year Purchased

Year Built

Last Painted

Square Feet

House Exterior

Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

Trim

- wood
- vinyl
- metal

Garage Exterior

Siding

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl

Trim

- wood
- vinyl
- metal

SECTION 6 - Requested Exterior Repairs

Briefly describe the type of work you would like done on the exterior of your home. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Genesee County Habitat for Humanity.

Area	Description
<p>Accessibility Modifications, such as wheelchair ramp, cracked sidewalk, etc.</p> <p>Do you need an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Carpentry Repairs. Describe problems with exterior doors, floors, porches, steps, walls, ceilings, etc.</p>	
<p>Electrical Repairs. List inoperable exterior lights and receptacles.</p>	
<p>Siding Repairs. Describe missing or damaged siding, gutters, shutters, etc.</p>	
<p>Roofing Repairs. Identify where roof leaks or where shingles missing.</p>	
<p>Painting. List all exterior painting requirements.</p>	
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>General Cleaning. Indicate if there is cleaning, trash removal and/or yard work required.</p>	



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SECTION 7 – SHARING APPLICANT INFORMATION

If Genesee County Habitat for Humanity (GCHFH) has partnerships with other nonprofit organizations that can provide free or low cost services to low income families, may we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by GCHFH. If you check yes, you give GCHFH your consent to share the information you provide on this application with similar organizations if GCHFH is not able to assist you or if your specific needs may be met through the assistance of outside organizations. You will have the choice to pursue assistance with these organizations based on their program terms.*

- Yes, I consent
- No, I do not consent

SECTION 8 – STATEMENT OF NEED

PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.

Empty box for statement of need.

SECTION 9 – MEDIA AND PUBLICITY

If Genesee County Habitat for Humanity (GCHFH) selects your home, pictures of you and your home may be taken. Are you willing to let GCHFH use your story in future media information? Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I give consent GCHFH to use my story | <input type="checkbox"/> No, I do not give consent to GCHFH to use my story |
| <input type="checkbox"/> Yes, I consent to my picture being used | <input type="checkbox"/> No, I do not consent to my picture being used |
| <input type="checkbox"/> Yes, Interview's are OK | <input type="checkbox"/> No, I do not want interviews |
| <input type="checkbox"/> Yes, visits by elected officials is OK | <input type="checkbox"/> No, I do not want visits by elected officials |

SECTION 10 – PROGRAM REFERRAL

WHERE DID YOU HEAR ABOUT GENESEE COUNTY HABITAT FOR HUMANITY’S HOME REPAIR

<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church:	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> School	<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Neighbor

DO YOU KNOW A VETERAN HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
|------------------------------|-----------------------------|-----------------------------------|

MAY WE SEND THEM GENESEE COUNTY HABITAT HOME REPAIR PROGRAM INFORMATION

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes, please indicate their name and property address below:

Name

Property Address



SECTION 11 – APPLICANT AGREEMENT

- I/We certify that the information provided on this application is true and accurate and that I/we own the property at the address given.
- I/We grant permission to Genesee County Habitat for Humanity for Humanity to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Genesee County Habitat for Humanity’s Home Repair Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history (2) personal references, including all parties listed in this application and/or any other parties which Genesee County Habitat for Humanity desires to contact, (3) family composition and marital status and related issues, (4) credit worthiness, (5) immigration status, (6) police records and other information relative to criminal charges and/or convictions, (7) any additional information that Genesee County Habitat for Humanity deems necessary to evaluate this application. I/we understand that Genesee County Habitat for Humanity may reject this application based upon the results of these inquiries.
- I/We agree that if Genesee County Habitat for Humanity selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/We understand that Genesee County Habitat for Humanity for Humanity is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Genesee County Habitat for Humanity for Humanity, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Genesee County Habitat for Humanity or any claims of any nature associated herewith.
- I/We understand that my/our submitted application will be considered sole property of Genesee County Habitat for Humanity. I/We understand that the submitted original copy of my/our Home Repair Program application and any correspondence between Genesee County Habitat and me/us for Humanity will remain on file regardless of the decision rendered by Genesee County Habitat for Humanity.
- I/We understand that if I/we receive assistance from Genesee County Habitat for Humanity’s Home Repair Program, I/we may reapply to the program after **1 year**, but will not be considered a new applicant until **5 years** after the completion of my/our repairs. not receive additional assistance for **5 years** after the completion of my/our repairs. Between 1 and 5 years, applicants that have not been served by the Home Repair Program will take priority over my/our application.
- I/We understand that submission of this Home Repair Program application and any supporting documentation **does not guarantee assistance from Genesee County Habitat for Humanity’s Home Repair Program**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Complete the following 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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