



PO Box 5265
Kingsport, Tennessee 37663
Phone: 423-239-7689
Fax: 423-239-4953
Website: www.holstonhabitat.org
E-mail: info@holstonhabitat.org

Dear Home Repair Applicant,

Enclosed is an application for Holston Habitat for Humanity's Home Repair program. Please read the information in this packet carefully. **Funding for this program is limited and applications will be chosen on a first qualified, first selected basis. For this reason, we encourage you to fill out and submit your application as soon as possible. In addition to your completed application please include any documents listed below that apply to your situation.** We are unable to process your application until all appropriate documents are received, so review the below list carefully.

Included N/A

- | | | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A copy of your payroll stubs for the last 2 months or a letter from your employer detailing your gross pay (before taxes) for the last 2 months. If paid weekly, we need a total of 9 pay stubs. If paid bi-weekly, we need a total of 5 pay stubs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A benefit statement from the Social Security Administration outlining the amount of Social Security or SSI you receive |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A statement outlining any other income received in your household (<i>Families First, child support, alimony, VA benefits, pension, etc.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A copy of the Deed, Warranty Deed, or Quit Claim Deed listing you as the legal owner of your home |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. A copy of your most recent mortgage statement (<i>for applicants currently paying a mortgage on their home or other property</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. A copy of your DD214, WD AGO, NAVPERS, or NGB22/23 discharge papers (<i>for applicants who are veterans or other service members</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A copy of your driver's license (<i>or state issued ID</i>) AND a copy of your Social Security card (<i>or certified copy of birth certificate</i>). If you do not have the documentation listed above, you may provide one of these other verifications of legal residency:
a. A copy of your U.S. Passport (<i>or U.S. Passport Card</i>)
b. A copy of your Permanent Resident Card (<i>or Alien Registration Receipt Card</i>) |

Once you have completed this application and gathered all of your necessary documents, please mail the packet to Holston Habitat at P.O. Box 5265, Kingsport, TN 37663. Please be sure to include the proper postage or it may not be received. **You may also choose to drop-off your application in-person at the Holston Habitat office located at 100 Greenwood Lane, Kingsport, TN 37663.** Our office is open 9:00 a.m. to 5:00 p.m., Monday through Thursday. If no one is present at the office when you arrive you may place your application packet in the secure drop box on the front door (open the white metal flap and drop your envelope in the slot). If you have any questions or need help completing your application, please email familyservices@holstonhabitat.org or call 423-239-7689 ext. 802.

Regina Lane
Home Repair Program Specialist
423-239-7689 Ext. 806

Habitat Home Repair Program Process

- ✓ Complete and submit this application for review. Be sure to include any necessary documentation listed on the previous page that applies to your family’s situation. **Funding is limited, so application selection will be done on a first qualified, first selected basis.**
- ✓ Holston Habitat for Humanity staff will complete an analysis of your finances, process your application, and complete a home visit to verify the repairs needed and to gauge the scope of work.
- ✓ You will be notified of whether you qualify for this limited repair program.
- ✓ If approved for a home repair, you will meet with Holston Habitat staff prior to the work beginning on your home to complete a Pre-Work Agreement Form. This form will outline the scope of work to be completed, Repair Program Fee owed, and your other partnership responsibilities as the homeowner.
- ✓ Your Repair Program Fee will be determined by sliding scale as shown on the chart below. Repair Program Fees are due in full prior to work beginning on your home. *If the funding source(s) being utilized for the repair specifically prohibit repayment, then repair work would be completed for free and there would be no charge to the repair recipient.*

Project Budget	Annual Household Income Level	Repair Fee Paid by Homeowner
Up to \$2,500	Less than 20% of AMI	\$125
Up to \$2,500	20%-40% AMI	\$250
Up to \$2,500	40%-60% AMI	\$375
\$2501 to \$5,000	Less than 20% of AMI	\$250
\$2501 to \$5,000	20%-40% AMI	\$500
\$2501 to \$5,000	40%-60% AMI	\$750
\$5,000 or More	All	30% of total gross monthly income

- ✓ On the scheduled workday(s) we ask that you be present at your home and, to the best of your abilities, assist and interact with the Habitat volunteers and construction staff working on your home.
- ✓ Once the repair work on your home is complete, Holston Habitat for Humanity staff will meet with you at your home to take photographs of the finished work and sign the Post-Work Completion Form, confirming that our commitment to you has been met.



Holston Habitat for Humanity is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, sex, sexual orientation, gender identity, age, disability, religion, national origin, familial status, marital status, or sources of income.

2. WILLINGNESS TO PARTNER

Sweat Equity:

If approved for a Habitat home repair, you or another adult member of your household must complete a total of 8 hours of volunteer "sweat equity", which includes being present on-site on your scheduled workday(s) to interact with, and assist if able, the volunteers and construction staff repairing your home. **I am willing to complete the sweat equity requirement:**

Applicant (Homeowner 1): Yes No Co-Applicant (Homeowner 2): Yes No

Repair Program Fees:

Holston Habitat provides homeowners with opportunities for affordable critical home repairs and accessibility modifications. If approved, a Repair Program Fee will be assessed, with the specific fee determined by sliding scale based on the household income and the anticipated project budget. **I am willing and able to contribute the funds required towards the project costs on my home:**

Applicant (Homeowner 1): Yes No Co-Applicant (Homeowner 2): Yes No

3. EMPLOYMENT INFORMATION

Applicant (Homeowner 1)	Co-Applicant (Homeowner 2)
Current Employer: _____	Current Employer: _____
Address: _____ _____	Address: _____ _____
Income BEFORE taxes: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month	Income BEFORE taxes: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month

4. OTHER MONTHLY INCOME (do not list the same money twice)

Income source:	Applicant	Co-Applicant	Others in household (specify who)
Wages	 	 	\$ _____ Who: _____
Social Security	\$ _____	\$ _____	\$ _____ Who: _____
SSI/Disability	\$ _____	\$ _____	\$ _____ Who: _____
Families First	\$ _____	\$ _____	\$ _____ Who: _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____ Who: _____
VA Benefits	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____

If you receive child support, alimony or separate maintenance do you want this included in Habitat's ability to repay analysis? Yes No

5. PROPERTY INFORMATION

Do you own the home that needs repairs? Yes No

Do you live in the home that needs repairs? Yes No How long have you lived here? _____

Is the home a: House Trailer If the home is a trailer, do you own the land it is on? Yes No

Year home was built/trailer was manufactured? _____

Is there a mortgage on your home? Yes No If yes, what is your payment? \$ _____ per month

Unpaid balance of mortgage owed on your home? \$ _____

How much do you pay for: Homeowner's Insurance \$ _____ per year Property Taxes \$ _____ per year

How much do you pay for essential utilities (electricity, water, gas for heat)? \$ _____ per month

Do you own other real estate? Yes No

Is there a mortgage on the other real estate? Yes No If yes, what is your payment? \$ _____ per month

Unpaid balance of mortgage owed on your other real estate? \$ _____

What home repairs are you requesting? Describe the condition of your home and the repairs that you would like Holston Habitat for Humanity to consider completing.
(if more space is needed, use a separate sheet of paper)

6. APPLICATION AUTHORIZATION

I understand by submitting this application, I am authorizing Holston Habitat for Humanity to evaluate my need for repairs to my home, my ability to repay an affordable Repair Program Fee, and my willingness to participate in the Home Repair Program. I understand that the evaluation will include a financial analysis, a personal visit to my home, law enforcement and sex offender registry checks, an SDN check and verification of other information contained in my application packet. I have answered all questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive repairs to my home, I may be disqualified from the program.

Applicant Signature

Date

Co-Applicant Signature

Date



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Authorization and Release of Information—Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for thirty-six (36) months from the date it is signed.

Date

Street Address (not P.O. Box)

Print name of Applicant

City State Zip

Signature of Applicant

Area Code Telephone Number

Social Security Number

Date of Birth



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Authorization and Release—Co-Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for thirty-six (36) months from the date it is signed.

Date

Street Address (not P.O. Box)

Print name of Applicant

City State Zip

Signature of Applicant

Area Code Telephone Number

Social Security Number

Date of Birth

Information for Government Monitoring Purposes

Applicant Name _____ Co-Applicant Name _____

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information in order to monitor our compliance with federal equal credit opportunity and fair housing laws. You are not required to provide this information. We will not take this information (or your decision not to provide it) into account in connection with your application or credit transaction. The law provides that a lender may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, under federal regulations we are required to note it on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Non-Binary</p> <p>Birthdate:</p> <p>____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(single, divorced, widowed)</small></p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Non-Binary</p> <p>Birthdate:</p> <p>____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(single, divorced, widowed)</small></p>

To be completed only by the person conducting the interview

<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p>
	<p>Interviewer's signature _____ Date _____</p>
	<p>Interviewer's phone number _____</p>

Privacy Statement:

Holston Habitat for Humanity recognizes that privacy and confidentiality are important to our applicants, homebuyers, home repair recipients, tenants, and homeowners. While collecting, storing, and retrieving applicant, homebuyer, home repair recipient, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications, law enforcement checks and payment history – internal controls are maintained to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources:

- Information we receive from you verbally, on applications and on other forms;
- Information through your transactions with us and third parties; and
- Information we receive from consumer-reporting agencies.

We may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as accountants, auditors, and mortgage servicing agents;
- Closing attorneys and title companies;
- Insurance providers;
- Consumer-reporting and/or credit-reporting agencies; and
- Nonprofit organizations and government agencies for grant purposes.

We do not disclose any nonpublic personal information about you with anyone for any purpose that is not specifically permitted by law.

Holston Habitat for Humanity’s employees and volunteers are subject to a privacy policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. Holston Habitat for Humanity does not share personal information with marketing companies.

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at:



Southeast Region
 Federal Trade Commission
 Suite 1500
 225 Peachtree Street, NE
 Atlanta, GA 30303

OR

Federal Trade Commission
 Equal Credit Opportunity
 Washington, DC 20580

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

I have read and understand the privacy statement and ECOA notice listed above:

 Applicant Signature

 Date

 Co-Applicant Signature

 Date