

Critical Home Repair

Thank you for your interest in Habitat for Humanity North Central Massachusetts's (HFHNCM) Critical Home Repair program. HFHNCM's work through the Critical Home Repair Program will include handicap accessibility modifications (wheelchair ramps, grab bars, and handrails), roof repair, floor repair, and other health and safety home repairs. Critical Home Repair is **NOT** an emergency repair program; there may be a months-long waiting period for repair work to be done.

Eligibility Criteria for the Critical Home Repair program are as follows:

- You must own the home where the repairs are to be made and the home cannot be an income-producing property.
- You must occupy the home as your primary residence.
- You (or a member of your household) must have a need that makes the requested repairs necessary.
- Your household income must fall between 30%-60% of A.M.I. (Area Median Income) as defined by HUD. *See income guidelines listed below on page 2.*
- Those receiving Critical Home Repair services must be present during the duration of the repair work. Any able-bodied household members must help during the project (where applicable). Other friends and family (not in the household) are also encouraged to participate.
- Applicant must demonstrate willingness and ability to pay for project cost based on a sliding scale. *(These criteria are subject to change.)*

Important to understand:

- Homeowners will have to pay for Critical Home Repair services on a sliding scale based on household income
- We may only be able to commit to part of what a house needs
- Cost for the project will include materials and contracted labor and supervision.
- Upon acceptance into the program, participants must agree to a payment plan, which will begin immediately following project completion.
- A Deed Restriction and/or lien will be required for projects over \$10,000. For projects under \$10,000, participants will be asked to sign a promissory note.
- All projects must be less than \$15,000 in cost



We are pledged to the letter and spirit of US policy for the achievement of equal housing opportunity throughout the nation, where there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Critical Home Repair Income Guidelines

(30% - 60% of Area Median Family Income)

THIS IS A SAMPLE. FINAL INCOME QUALIFICATIONS ARE DEPENDENT ON CURRENT HUD STANDARDS FOR EACH REGION*

Monthly Gross Household Income (before taxes):

Household Size	No less than:	No more than:
1	\$2041	\$4085
2	\$2333	\$4665
3	\$2625	\$5250
4	\$2916	\$5835
5	\$3150	\$6300
6	\$3383	\$6770
7	\$3616	\$7235
8	\$3850	\$7705

*based on HUD Fitchburg/Leominster Metropolitan Area figures effective April, 2024

Paperwork Needed for Critical Home Repair Application

You will need to provide proof of total household income by providing copies of the supporting documentation listed below. Your application will be considered incomplete if copies of supporting documentation are not provided with the application. You can bring supporting documentation to our office, located at 3 Park Street, Suite 203, Leominster, MA 01453 and we will gladly make the copies for you.

If you need assistance in completing the application, call the HFHNCM Office at (978) 348-2749 to schedule an application appointment.

Provide the following documents when you return your application:

- **Copies of Driver's License and/or Massachusetts I.D. for all adult family members (18 years and older)**
- **Proof of Income (as applicable)**
 - **Copies of current Award Letters or most recent stubs for:**
 - **Social Security**
 - **SSI**
 - **Pension or Retirement**
 - **Disability (SSDI)**
 - **Child Support**
 - **Copies of Pay Stubs for the most recent two months**

***You may be requested to provide copies of home owner's insurance and real estate tax payments.**

To Order a Social Security Statement, please call 1-866-964-6304.

Critical Home Repair Application

Dear Applicant: We need you to complete this application to help determine if you qualify for Habitat for Humanity North Central Massachusetts's Critical Home Repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

Applicant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Years at Address: _____ Email: _____

Do you own the home where work is to be done? YES or NO

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)

Has anyone in your household served in the military? Yes No Name: _____

Have you every applied to Habitat for Humanity North Central Massachusetts? _____ If yes, when? _____

Do you have pets? _____ If yes, what kind and how many? _____

Number of persons living in your home (including applicant): _____

Mortgage Information

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

What is the estimated current value of your home? _____

How much, if any, do you still owe on your mortgage? _____

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

Are your loan payments current? YES or NO

Do you currently have homeowner's insurance? YES or NO

Requested Repairs:

Please check (√) the types of repairs or modifications you are requesting for your home.

- Ramp access to primary entrance
- Hand Rail to primary entrance
- Grab bars in bathroom
- Roof repair
- Floor repair
- Plumbing
- Electrical
- Other

Personal Statement

Please write a *brief* explanation of why you are in need of Critical Home Repair services. Include pictures of home and requested repair area with application.

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home. **You must provide proof of all household income.**

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, ect...)
	Self			

I certify that the income reported above represents 100 percent of the total monthly income for my household:

 Applicant Signature

 Date

COMBINED MONTHLY EXPENSES

	Column 1 Applicant	Column 1 Co-Applicant		Column 2 Applicant	Column 2 Co-Applicant
Mortgage, interest, taxes, insurance *	\$	\$	Car Payment	\$	\$
			Child Care	\$	\$
Heating Fuel *	\$	\$	School Expenses	\$	\$
Electric *	\$	\$	Job Related Expenses	\$	\$
Phone: Cell *	\$	\$	Average Credit Card Payment *	\$	\$
Home *	\$	\$			
Internet + Cable *	\$	\$	Student Loan	\$	\$
Other			Alimony You Pay	\$	\$
Insurance: Auto *	\$	\$	Child Support You Pay	\$	\$
Health *	\$	\$			
Other *	\$	\$			
Total column #1	\$	\$	Total column #2	\$	\$

PLEASE ATTACH COPIES OF LAST MONTH'S BILL FOR STARRED ITEMS ABOVE.

Total for Applicant Column1+Column2	= \$	Total for Co-Applicant Column1 + Column2	= \$
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Total Monthly Expenses (Applicant + Co-Applicant) = \$ _____

ASSETS: Checking and Savings Accounts

<p>1. Name & Address of Bank, Savings & Loan, or Credit Union</p> <p>Bank Name _____</p> <p>Bank Address _____</p> <p>_____</p> <p>Type of account: ___Checking ___Savings</p> <p>Name(s) of Account Holder(s) _____</p> <p>Balance_____</p>	<p>3. Name & Address of Bank, Savings & Loan, or Credit Union</p> <p>Bank Name _____</p> <p>Bank Address _____</p> <p>_____</p> <p>Type of account: ___Checking ___Savings</p> <p>Name(s) of Account Holder(s) _____</p> <p>Balance_____</p>
<p>2. Name & Address of Bank, Savings & Loan, or Credit Union</p> <p>Bank Name _____</p> <p>Bank Address _____</p> <p>_____</p> <p>Type of account: ___Checking ___Savings</p> <p>Name(s) of Account Holder(s) _____</p> <p>Balance_____</p>	<p>4. Name & Address of Bank, Savings & Loan, or Credit Union</p> <p>Bank Name _____</p> <p>Bank Address _____</p> <p>_____</p> <p>Type of account: ___Checking ___Savings</p> <p>Name(s) of Account Holder(s) _____</p> <p>Balance_____</p>

Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

Did you or anyone in your household serve or is currently serving in the military?_____

If yes, What branch? _____ From: _____ To: _____

Honorably Discharged? _____

Do you or your veteran have any issues with independent living?" _____

Applicant Agreement

I hereby authorize and instruct Habitat for Humanity North Central Massachusetts, Inc. (hereafter HFHNCM) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHNCM. I understand and agree that HFHNCM intends to use the credit report for the purpose of evaluating my financial readiness for Critical Home Repair services. I understand that I and/or my family will be required to help with the work or provide sweat equity for another Habitat project. I understand that according to my ability, I will be required to repay a 0% interest loan to pay for the critical home repair.

I understand that by filing this application, I am authorizing Habitat for Humanity North Central Massachusetts to evaluate my need for critical home repairs, my ability to repay a no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all the 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 be eligible to receive Critical Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity North Central Massachusetts even if the application is not approved.

Applicant Name(s) (Print)

Applicant Signature(s)

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

Name

Date

Contact Number

Organization

Title on this property is held by: (Circle One)

- Held Jointly – Two title holders
- Held Jointly - Three or more title holders
- Single Title Holder - Female
- Single Title Holder - Male

Race: (Circle One)

- American Indian or Alaska Native _____ (Add name of enrolled or principal tribe)
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian _____
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander _____
- White
- Don't know / Don't wish to provide this information

Ethnicity: (Circle One)

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino _____
- Not Hispanic or Latino
- Don't know / Don't wish to provide this information

**Mail or fax completed application along with supporting documentation to:
Habitat for Humanity North Central Massachusetts
Attn: Critical Home Repair
3 Park Street, Suite 203
Leominster, MA 01453
Fax: (978) 268-5103**