

Habitat for Humanity of Greater Cincinnati Critical Home Repair Program

Important Notice About Applications

(NEW) Application Periods

Habitat for Humanity of Greater Cincinnati's Home Repair Program now accepts applications **once per quarter** during a designated open enrollment period.

<u>Next Application Period:</u>
Monday, November 10, 2025 – Friday, November 28, 2025
<u>Open Application Enrollment for 2026:</u>
January 5, 2026 - January 26, 2026
April 6, 2026 - April 27, 2026
July 6, 2026 - July 27, 2026
October 5, 2026 - October 26, 2026

Applications submitted **outside of the above application periods will not be accepted.**

We do not accept applications when the program is closed.

If you submit an application when the program is closed:

- Your application **will not be processed.**
- You will receive a **letter or phone call** notifying you that the application window is closed.
- Your application materials will be held for **30 days**, then will be shredded. You are welcome to pick up a copy of your application from our office at your convenience, or we can mail a copy upon request.

Emergency Repairs

Please note: **Habitat for Humanity does not complete emergency repairs.**

If you are in need of immediate or urgent assistance, please reach out to another local agency that provides emergency home repair services.

A list of community resources is available on our website or upon request from our office.

What to Expect

When applications reopen:

- You may submit your full application during the open window.
- Applications will be reviewed for eligibility and prioritized based on need, funding availability, and project readiness.
- You will be notified of next steps once the review process is complete.

Habitat for Humanity Greater Cincinnati Repair Program Overview

Habitat for Humanity of Greater Cincinnati (HFHGC) has repair programs designed to help preserve homeownership for military-connected families and older adults. These programs help veterans, surviving veteran spouses, and older homeowners (age 65 and over) to create healthier, safer home environments by completing needed critical repairs and home improvements. HFHGC is dedicated to assisting qualified homeowners to help make their homes a safe and comfortable place to live. The programs serve homeowners across the Tri-State area and focus on accessibility improvements, code violations, and critical home repairs that help them live in their homes longer.

How Do Homeowners Pay for Repairs?

HOMEOWNERS PAY NO MONEY OUT OF POCKET FOR REPAIRS: However, we do ask that each homeowner participating in the HFHGC critical repair programs consider making donations now and in the future to help pay it forward and serve additional homeowners in need of critical repairs in the Tri-State area.

What Qualifies as an HFHGC Critical Repair?

Repairs that qualify as critical home repairs are interior or exterior work performed to alleviate critical health, life and safety issues or code violations. Examples of repairs but not limited to:

- Modifications or repairs to improve mobility, accessibility, and safety, such as tub-to-shower conversions, ramps, grab bars, and widened doorways.
- Exterior repairs such as roofs, gutters, and siding repair.
- Limited interior repairs such as furnace, hot water heater, electric, and plumbing repair.

WHAT REPAIRS ARE NOT INCLUDED IN THE REPAIR PROGRAM?

- Our repair programs do NOT include interior painting, cosmetic repairs, or full renovations
- Our programs are NOT an emergency repair program. If you have a severe repair need, we will do our best to work with you by referring you to another agency that may better fit your immediate needs.

Repair Program Eligibility Requirements

PROGRAM ELIGIBILITY:

- Applicant must have served, is currently serving in the military, or is the surviving spouse of a veteran who has served in the United States military and received an honorable or general discharge.

OR...

- Applicant must be 65 years of age or older and in need of accessibility modifications for your home such as grab bars, ramps, tub to shower conversions, etc., that allow you to age in your home when completed.

QUALIFICATIONS FOR HFHGC REPAIR PROGRAM

- Applicant must reside within the following counties: Hamilton, Warren, Butler and Clermont counties in Ohio, Dearborn or Ohio counties in Indiana, Boone, Kenton, and Campbell counties in Kentucky.
- The home must be a single-family house or condominium unit (not a mobile home) that is owner occupied, not rented, and in livable condition or will be upon repair.
- Applicant must be current on all property taxes, mortgage(s) and have homeowner's insurance.

HFHGC Income Guidelines for Repair Programs

Household income must fall within the income guidelines (see below) and each member of the household over age 18 must provide income and asset documentation.

Household Size	Maximum Monthly Income
1	\$5,221.00
2	\$5,967.00
3	\$6,712.00
4	\$7,454.00
5	\$8,054.00
6	\$8,650.00
7	\$9,246.00
8	\$9,842.00

If you believe you may qualify and are interested in participating in HFHGC Repair Program, please call 513-621-4147, extension 8 or email repair@habitatcincinnati.org to request an application be mailed to you.

**** All efforts are made to meet the needs of our communities, but due to funding all applications received are reviewed on a first come, first served basis and in order of priority of the repair.***

For Office Use Only

Date Application Received:

For your application to be considered, you must complete the application in its entirety and provide all requested documentation as required for each household member.

PROPERTY ADDRESS: _____

CITY

STATE

ZIP

Section 1
Name of Applicant (Homeowner):

DOB:

Home Phone:

Cell Phone:

Email:

Name of Co- Applicant (Homeowner):

DOB:

Home Phone:

Cell Phone:

Email:

 Are there other listed owners besides the applicant and co-applicant? ☐ Yes ☐ No

Legal name(s) of additional owners: _____



Other Individuals that Live in the Home		
Name	D.O.B.	Relationship to Applicant

Section 2

Did you, or a member of your household serve, or are currently serving, in the military?

☐ Yes ☐ No

If yes, name(s) of Veteran _____

If Veteran is not the homeowner, is this home their primary residence? ☐ Yes ☐ No

Is any member of the household a surviving spouse of a veteran?
(Married at time of the Veteran's death and has not remarried)

☐ Yes ☐ No

If yes, name of Veteran: _____

Branch of Service:

Years Served:

Did the Veteran earn an Honorable or General Discharge?

Highest Rank Earned:

☐ Yes ☐ No

Section 3

Is the Home the Applicant's Primary Residence? ☐ Yes ☐ No	Length of Time in Home:	Age of Home:
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Please list the primary critical repair needed:

Due to available funding, HFHGC may only address your primary critical repair, or a repair deemed to be primary by HFHGC. Repairs must resolve a previously cited code violation, or address an issue concerning health, safety, or accessibility. Listing a repair does not guarantee HFHGC can address the issue.

Are there any code violations or citations against the property from your local community?

☐ Yes ☐ No

If yes, please include a copy of citation(s) with requested documentation.

Section 4

Are there any mortgages on the home?

☐ Yes

☐ No

If yes, please provide the information requested below.

Lending Institution(s):

Monthly Payment

Is Mortgage Current?

\$

☐ Yes

☐ No

Any additional liens on this property? ☐ Yes ☐ No

Total Owed:

Name of Lien Holder(s)

\$

Does any member of the household own any other real estate or property?

☐ Yes

☐ No

If yes, please list the owner and address for each property below.

Are property taxes and homeowner's insurance included in your monthly payment? ☐ Yes ☐ No

If No, is your home insured? ☐ Yes ☐ No

If No, please explain:

If No, are your property taxes current? ☐ Yes ☐ No

If No, please explain:

Section 5

IS APPLICANT EMPLOYED? ☐ Yes ☐ No If yes, how many jobs? _____

Name of Employer(s): _____ Start Date(s) _____

IS CO-APPLICANT EMPLOYED? ☐ Yes ☐ No If yes, how many jobs? _____

Name of Employer(s): _____ Start Date(s) _____

Employment Income: List all current employment/income for all household members over the age of 18. Do not include dependents that are full time students. Include any self-employment earnings.

TYPE OF GROSS MONTHLY INCOME	APPLICANT	CO-APPLICANT	OTHER RESIDENT	OTHER RESIDENT
Wages	\$	\$	\$	\$
Social Security, Social Security Disability (SSDI), Supplemental Security Income (SSI)	\$	\$	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$	\$	\$
VA Benefits (Veterans Affairs)	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Periodic payments from trusts, annuities, retirement, pension, trusts, etc.	\$	\$	\$	\$
Income from other owned real estate (ex. Rental)	\$	\$	\$	\$
Income from other sources not listed:	\$	\$	\$	\$
TOTAL MONTHLY INCOME	\$	\$	\$	\$

TOTAL monthly income from **ALL COLUMNS**

\$ _____

Section 6 – PLEASE COMPLETE THE ATTACHED ASSET CERTIFICATION FORM IN ADDITION TO THE BELOW QUESTIONS.

Does the applicant have a checking account? ☐ Yes ☐ No How many checking accounts? _____	Does the co- applicant have a checking account? ☐ Yes ☐ No How many checking accounts? _____
Does the applicant have a savings account? ☐ Yes ☐ No How many savings accounts? _____	Does the co-applicant have a savings account? ☐ Yes ☐ No How many savings accounts? _____
Does the applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.? ☐ Yes ☐ No	Does the co-applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.? ☐ Yes ☐ No
Please complete the following information below for each person in household over age 18 and list name of financial institution and type of account (Checking, Savings, Retirement, Investment Account, etc.)	
Name on Account	“Bank” Name/Type of Account
Example: Jane Doe	Fifth Third/Checking

Section 7

How did you hear about Habitat’s Repair Program?

☐ Word of Mouth? If yes, name of referral _____

☐ VA (Veterans Administration) ☐ TV / Radio

☐ Another Habitat Repair Program Participant? If yes, name of referral _____

☐ Name of Community or Agency Referral: _____

☐ Other (please specify) _____

Repair Program Household Information

Total Number Living in Household: _____	Adults with disabilities or mobility needs? Yes / No
Are you applying for an accessibility modification on your home? Yes / No	Children with disabilities or mobility needs? Yes / No
# Dependents under age 18: _____ # Adults over age 65: _____ #Veterans in Home: _____	If yes, please list <i>how many</i> people have disabilities in the home: _____
Applicant Name (printed) _____	Co-Applicant Name (printed) _____
Ethnicity - Applicant	Ethnicity – Co-Applicant
☐ - Hispanic or Latino	☐ - Hispanic or Latino
☐ - Not Hispanic or Latino	☐ - Not Hispanic or Latino
Race/National Origin - Applicant	Race/National Origin – Co-Applicant
☐ - American Indian or Alaskan Native	☐ - American Indian or Alaskan Native
☐ - Native Hawaiian or Other Pacific Islander	☐ - Native Hawaiian or Other Pacific Islander
☐ - Black/African American	☐ - Black/African American
☐ - White/Caucasian	☐ - White/Caucasian
☐ - Asian	☐ - Asian
☐ - Other (Specify)	☐ - Other (Specify)
Sex – Applicant	Sex – Co-Applicant
☐ - Female ☐ - Male	☐ - Female ☐ - Male
Marital Status – Applicant	Marital Status – Co-Applicant
☐ - Married ☐ - Separated ☐ - Unmarried (single, divorced, widowed)	☐ - Married ☐ - Separated ☐ - Unmarried (single, divorced, widowed)
Applicant Signature _____	Co-Applicant Signature _____
Date: _____	Date: _____

Assets Certification Form

Please indicate which assets you have by checking the lines below and provide documentation for each. Thanks for your time and effort in completing this form.

Cash held in Checking accounts (6-month average balance) _____

Cash held in Savings accounts as well as safe deposit boxes
(2-month average balance) _____

Cash value of revocable trusts available to you _____

Equity in rental property or other capital investments _____

Cash value of stocks, bonds, treasury bills, certificates
of deposits, mutual funds, and money market accounts _____

Individual retirement, 401K, and Keogh accounts (even
though withdrawal would result in a penalty) available to you _____

Retirement and pension funds _____

Cash value of whole life & universal life insurance policies
available to the individual before death _____

Personal property held as an investment such as
gems, jewelry, coin collections, antique cars, etc. _____

Lump sum or one-time receipts, such as inheritances,
capital gains, lottery winnings, victim restitution, insurance
settlements and other amounts not intended as periodic
payments _____

Mortgages or deeds of trust held by an applicant (rental income) _____

Signature Date

Signature Date

To be considered for the Repair Program, your family must commit to each of the following partnership requirements:

- Allow HFHGC to photograph your family and before/after photos of your repair(s).
- Provide info to HFHGC to help create a brief ½ page bio detailing the impact of your critical repair
- Complete a pre and post survey via phone, email or by mail if your repair is approved and, again, after the repair has been completed.

Initial here that you agree:

Applicant

Co-Applicant

I understand that by submitting this application, I am authorizing Habitat for Humanity of Greater Cincinnati to evaluate my need for a Habitat home repair. I give HFHGC permission to verify information provided on this application including income, debts and employment information, a credit report if needed to verify need for assistance with cost of repair and a criminal background check. Habitat for Humanity of Greater Cincinnati also screens all potential staff, board members, and applicant homeowners on the sexual offender registry. By completing this application, I am submitting myself to such an inquiry and results may affect my eligibility. My signature below certifies the information provided is accurate and to the best of my knowledge. False information could result in denial, even if I have been approved for a repair. The original copy of this application will be retained by HFHGC, even if the application is not approved, for a period of, at least, three years.

Applicant Signature

Date

Co-Applicant Signature

Date



We are 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, religion, sex, handicap, familial status, or national origin. Habitat for Humanity of Greater Cincinnati does not discriminate against any person based on race, ethnicity, age, religion, sex, gender, sexual orientation, gender identity, gender expression, national origin, physical or mental ability, genetic information, military status, marital status, medical condition, or any category identified by state or local government in their operations or delivery of service.



For your application to be considered, please submit all paperwork by mail with your signed and completed application, along with supporting documentation listed below, to:

Habitat for Humanity Greater Cincinnati
4910 Para Drive
Cincinnati, OH 45237
Attention: Repair Program

If you have any questions, please contact us at 513-6214147 extension 8 or by email at repair@habitatcincinnati.org

HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is entered into between HABITAT FOR HUMANITY OF GREATER CINCINNATI, hereinafter "Promisee" and _____ hereinafter "Promisor", on this ____ day of _____, 20__, in Cincinnati Ohio.

Recitals

WHEREAS; The Promisee has been retained by the Promisor for the purpose of performing critical home repairs to the real property located at _____, hereinafter "Worksite".

WHEREAS; The Promisee has agreed to a clearly outlined scope of work and understands the guiding premises of this program as a repair program as opposed to a rehab or restoration program.

WHEREAS; The Promisee may need to run tests for the presence of potentially harmful environmental conditions including but not limited to lead, mold, or asbestos to ensure the safety of subcontractors, volunteers, staff, or other affiliates on the Worksite and to inform the prioritization of repairs.

WHEREAS; The Promisee is accepted on good faith to have attempted to abate with the funds and resources available the harmful environmental conditions found in order of magnitude from greatest to least.

WHEREAS; The Promisee may make known to the Promisor the presence of potentially harmful environmental conditions which the Promisee may subsequently be unable to abate.

WHEREAS; This agreement will attach as addenda to the COST OF REPAIR AGREEMENT signed by the Promisor prior to any work being done at the Worksite.

Agreement

FOR VALUABLE CONSIDERATION, it is hereby acknowledged, that the Promisor and Promisee agree as follows: The Promisor will hold the Promisee harmless of any claims, suits, judgments, attorney fees and court related costs, and damages of any type relating to injury to person or property from unabated harmful environmental conditions made known to them by the Promisee as outlined in the "Recitals" section. Any legal costs incurred by the Promisee to defend any actions made by a third party, will be repaid by the Promisor.

Signature / Date

Promisee, Authorized Representative of Habitat for Humanity Greater Cincinnati

Signature / Date

Promisor, Applicant / Homeowner

Signature / Date

Promisor, Co-Applicant / Homeowner

MEDIA RELEASE

I hereby grant Habitat for Humanity of Greater Cincinnati, its partners, and its affiliates permission to use my, my spouse, or my minor child's likeness in a photograph and/or video in any and all its publication, including press and website entries, without payment or any other considerations.

I irrevocably authorize the above mentioned to alter, edit, copy, exhibit, publish, or distribute this photo for purposes of publicizing and promoting Habitat for Humanity of Greater Cincinnati, its partners, or its affiliates. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to any royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Habitat for Humanity of Greater Cincinnati, its partners, affiliates, or any person officially representing HFH from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on the behalf of my estate, have or may have by reason of this authorization.

I have read and understand the provisions of this document. I fully enter into and agree to the above release.

Applicant Printed Name

Signature

Date

Co-Applicant Printed Name

Signature

Date

Third Party Authorization Form

The Applicant and Co-Applicant (if applicable) named below (individually and collectively, "Applicant"), authorize Habitat for Humanity of Greater Cincinnati to appropriate third parties to complete the necessary work on the home and/or to promote the partnership and collaboration with Repairs Corps.

(Individually and collectively "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the application for home ownership of the Applicant. This information may include (but not limited to) the name, address, telephone number, social security number, credit score, income, government monitoring information, application status, account balances, and program eligibility of the Applicant.

Habitat for Humanity of Greater Cincinnati will take reasonable steps to verify the identity of a Third Party but has no responsibility or liability to verify the identity of such Third Party. Habitat for Humanity of Greater Cincinnati also has no responsibility or liability for what a Third Party does with such information.

This Third-Party Authorization is valid when signed by all Applicants and Co-Applicants named on the application for home ownership. This Third-Party Authorization is terminated when Habitat for Humanity of Greater Cincinnati receives a written revocation signed by any Applicant or Co-Applicant.

I understand and agree with the terms of this Third-Party Authorization:

Applicant:

Printed Name

Signature

Date

Co-Applicant:

Printed Name

Signature

Date

PRIVACY NOTICE

FACTS	What Does Habitat for Humanity of Greater Cincinnati Do With Your Personal Information?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect, and share depend on the product or service you have with us. This information can include: • Social Security Number and Income • Credit card or other debt and checking account information • Assets and payment history
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Habitat for Humanity of Greater Cincinnati chooses to share; and whether you can limit sharing.

Reasons we can share your personal information	Does Habitat for Humanity of Greater Cincinnati share?	Can you limit this sharing?
For our everyday business purposes - - Such as to process your transactions, maintain your account(s), fulfill third party funder requirements, responds to court orders and legal investigations, or report to credit bureaus	Yes	Yes
For our marketing purposes - - To offer our products and services to you	No	We Don't Share
For joint marketing with other financial companies	No	We Don't Share
For our affiliates' everyday business purposes - - Information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - - Information about your creditworthiness	No	No
For our affiliates to market to you	No	Yes
For nonaffiliates to market to you	No	We Don't Share

To limit our sharing	• Call: 513-621-4147, the menu will prompt you through your choice(s) • Visit us online: habitatcincinnati.org • Mail the form below Please note: If you are a new customer, we can begin sharing your information after you turn in your signed application for our repair program, and it has been approved. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions:	Call 513-621-4147 or go to habitatcincinnati.org

PRIVACY NOTICE

Mail-in Form			
	Mark any/all you want to limit ☐ Do not share information about my creditworthiness with your affiliates for their everyday business purposes. ☐ Do not allow your affiliates to use my personal information to market to me. ☐ Do not share my personal information with nonaffiliates to market their products and services to me. ☐ Do not share my personal information to market to me. ☐ Do not share my personal information with other financial institutions to jointly market to me.		
	Name		Mail to: Habitat for Humanity of Greater Cincinnati 4910 Para Dr. Cincinnati, OH 45237
	Address		
	City, State Zip		

Who we are	
Who is providing this notice?	Habitat for Humanity of Greater Cincinnati 4910 Para Drive Cincinnati, OH 45237

What we do	
How does Habitat for Humanity of Greater Cincinnati protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Habitat for Humanity of Greater Cincinnati collect my personal information?	We collect your personal information, for example, when you • Apply for a loan or give us your wage statement • Give us your income information or give us your contact information • Show your government-issued ID We also collect your personal information from others, such as credit bureaus , affiliates, or other companies .
Why can't I limit all sharing?	Federal law gives you the right to limit only • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you State Laws and individual companies may give you additional rights to limit sharing.

PRIVACY NOTICE

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <i>Habitat for Humanity of Greater Cincinnati has no affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies <i>Habitat for Humanity of Greater Cincinnati does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <i>Habitat for Humanity of Greater Cincinnati doesn't jointly market.</i>

Other Important Information
Your financial information is only shared for the purpose of financing your mortgage. We share your information subject to the "Publicity Release Agreement" immediately upon signing that document. If your home has received government grants, we share your information with the government entity for grant purposes.



The following information is needed for EACH person in household over age 18. Please do not send originals.

- ALL paystubs for **EACH** person in household over age 18 for the prior two (2) months
- A signed copy of 2024 (prior year) Federal Income Tax Return & W-2 forms for each member of household over age 18.
- Verification of other household income listed in the application (SSI/SSDI, child support, alimony, pension, retirement, unemployment, rental property, interest/dividends, etc.) for all household members.
- Copies of a driver's license or State ID for all members of household over age 18.
- Verification of Homeowner's Insurance
- Copy of Form DD214 to verify discharge status from military service or Veteran Identification Card (only for applicants that served in the military or are a surviving spouse)
- Current statement for all mortgages(s) on your home
- Six (6) full months of statements for any checking account for each member of household over age 18.
- Two (2) full months of statements for any savings account for each member of household over age 18.
- Current statements for retirement accounts such as 401K, IRA, stocks, life insurance, etc. for each member of household over age 18.
- Deed for Property, or any documentation that provides the Legal Description for your property
- Please attach any notices of code violations related to your repair, if applicable.