

## Habitat for Humanity Greater Cincinnati Repair Program Overview

Habitat for Humanity of Greater Cincinnati has two different repairs programs designed to help preserve homeownership, the Veteran Repair Program and Aging in Place.

1. **VETERAN REPAIR PROGRAM** - helps veterans and surviving spouses thrive by creating healthier, safer home environments by completing needed critical repairs and home improvements.
2. **AGING IN PLACE PROGRAM**- dedicated to assisting homeowners, over age 60, to help make their home a safe and comfortable place to live. The program serves older homeowners across the tri-state region and focuses on accessibility improvements, mobility modifications and critical home repairs that are crucial to help older homeowners live in their own 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 Veteran Repair or Aging in Place 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 a Repair for each Program?

**VETERAN REPAIR PROGRAM:** 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 for accessibility such as tub to shower conversions, ramps, and grab bars
- Exterior repairs such as roofs, gutter, and siding repair
- Limited interior repairs such as furnace, hot water heater, electric, and plumbing repair

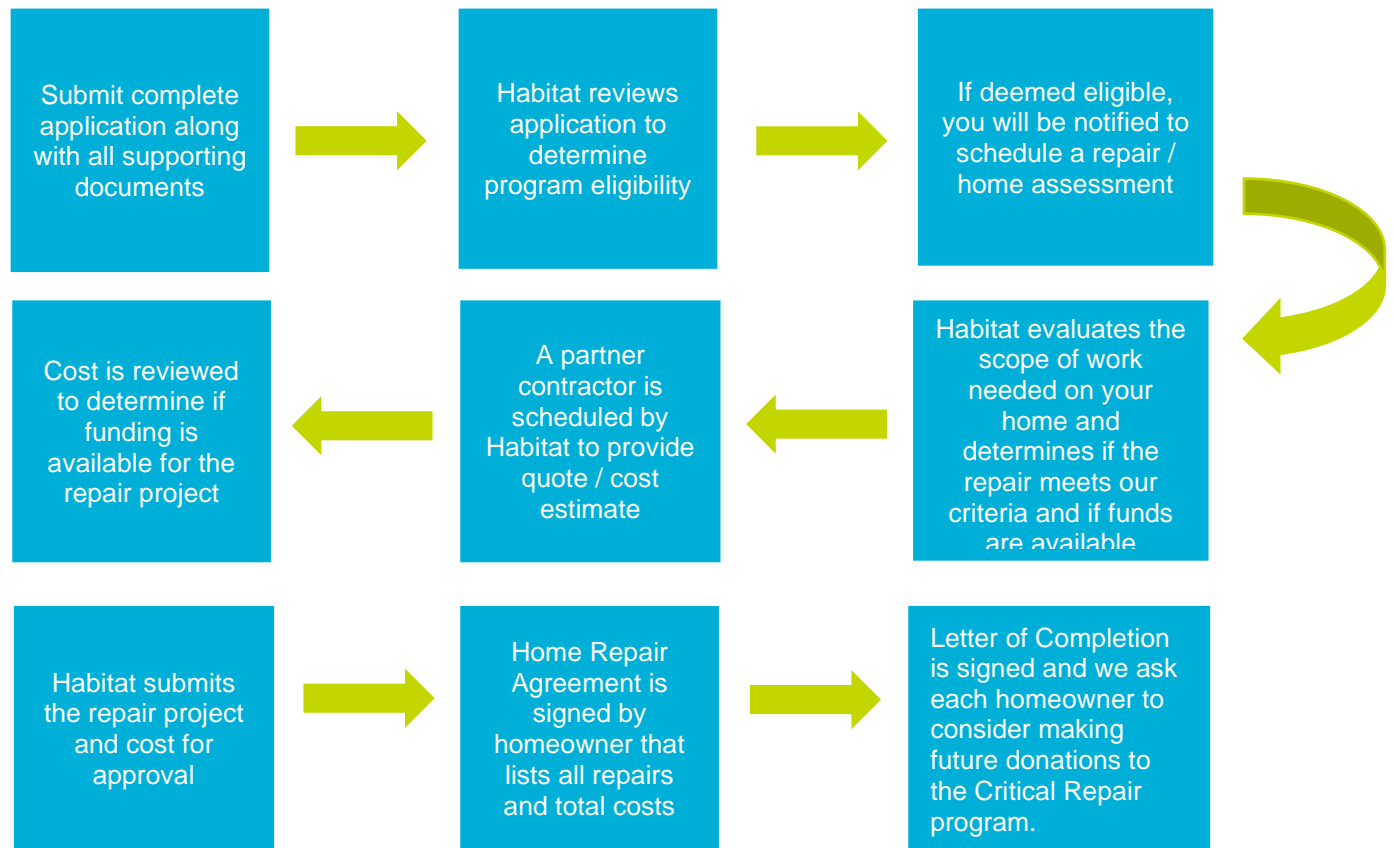
**AGING IN PLACE REPAIR PROGRAM:**

- Modifications or repair to improve mobility, accessibility, and safety, such as grab bars, wheelchair ramps and widened doorways.
- Other projects as budget allows, possibly including fixing broken windows, repairing water leaks, electrical repairs and other work that fits within the guidelines of the AIP program.

**WHAT REPAIRS ARE NOT INCLUDED FOR EITHER 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 in referring you to another agency that may better fit your immediate needs.

**What is the Process for Applying for one of the Repair Programs?**



**Veteran Repair Program Eligibility Requirements**

**FOR VETERAN REPAIR PROGRAM** - Applicant must have served or 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.

**FOR AGING IN PLACE PROGRAM** – Must be over age 60 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 BOTH THE VETERAN & AGING IN PLACE 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.
- Home must be 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.

**(Income Guidelines on next page)**

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

### HFHGC Income Guidelines for Repair Programs

Household Size	Maximum Monthly Income
1	\$4,720.00
2	\$5,395.00
3	\$6,070.00
4	\$6,741.00
5	\$7,283.00
6	\$7,820.00
7	\$8,362.00
8	\$8,900.00

If you believe you may qualify and are interested in participating in the Veteran Repair Program or the Aging in Place Program, please call 513-482-4134 or email [repair@habitatcincinnati.org](mailto: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.***

**Habitat for Humanity Greater Cincinnati**
**PLEASE CHECK WHICH REPAIR PROGRAM THAT YOU WISH TO APPLY?**
 **VETERAN REPAIR PROGRAM**
 **AGING IN PLACE PROGRAM**

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.

**Section 1**
**PROPERTY ADDRESS:** \_\_\_\_\_

 \_\_\_\_\_  
**CITY**
**STATE**

 \_\_\_\_\_  
**ZIP**

<b>Name of Applicant (Homeowner):</b>		DOB:
		SOCIAL SECURITY NUMBER
Home Phone:	Cell Phone:	Email:
<b>Name of Co- Applicant (Homeowner):</b>		DOB:
		SOCIAL SECURITY NUMBER
Home Phone:	Cell Phone:	Email:
Are there other listed owners besides the applicant and co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s) of Veteran _____ If Veteran is not the homeowner, is this home their primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Veteran: _____	
Branch of Service:	Years Served:
Did the Veteran earn an Honorable or General Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Rank Earned:

## Section 3

Is the Home the Applicant's Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Time in Home:	Age of Home:
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Please list the critical repairs and/or modifications needed to the home in order of importance. 1.
2.
3.
4.
5.
Are there any code violations or citations against the property from your local community? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please include a copy of citation(s) with requested documentation.

**Section 4**

Are there any mortgages on the home? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If yes, please provide the information requested below.		
Lending Institution(s):	Monthly Payment  \$	Is Mortgage Current?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional liens on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Lien Holder(s)		Total Owed:  \$
Does any member of the household own any other real estate or property? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If yes, please list the owner and address for each property below.		
Are property taxes and homeowner's insurance included in your monthly payment? <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, is your home insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
If No, are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>TYPE OF GROSS MONTHLY INCOME</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER RESIDENT</b>	<b>OTHER RESIDENT</b>
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:	\$	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

**TOTAL** monthly income from **ALL COLUMNS**    \$ \_\_\_\_\_

**Section 6**

Does the applicant have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No How many checking accounts? _____	Does the co- applicant have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No How many checking accounts? _____
Does the applicant have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No How many savings accounts? _____	Does the co-applicant have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No How many savings accounts? _____
Does the applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the co-applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Account #	Current Balance
<b>Example: Jane Doe</b>	<b>Fifth Third/Checking</b>	<b>12345678</b>	<b>\$300.00</b>

**Section 7**

How did you hear about Habitat's Repair Program?

Word of Mouth                     
  VA (Veterans Administration)                     
  TV / Radio

Another Habitat Repair Program Participant? If yes, name of referral \_\_\_\_\_

Name of Community or Agency Referral: \_\_\_\_\_

Other (please specify) \_\_\_\_\_



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
- Completing 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. 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: Veteran Repair Program

If you have any questions, please contact us at 513-482-4134 or by email at [repair@habitatcincinnati.org](mailto:repair@habitatcincinnati.org)

## HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is entered into between HABITAT FOR HUMANITY OF GREATER CINCINATI, 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.

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Applicant Printed Name

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Signature

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Date

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Co-Applicant Printed Name

---

Signature

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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

**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 month.
- A signed copy of last year's 2022 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 Veteran Repair Program).
- Current statement for all mortgages(s) on your home
- Prior month's statement for any checking or 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.