



### Habitat for Humanity Greater Cincinnati Repair Corps Veterans Program Overview

Habitat for Humanity of Greater Cincinnati's Repair Corps Veterans Program is designed to help Veterans and their widows thrive by creating healthier, safer home environments through making critical repairs and home improvements affordable.

#### What is a critical home repair?

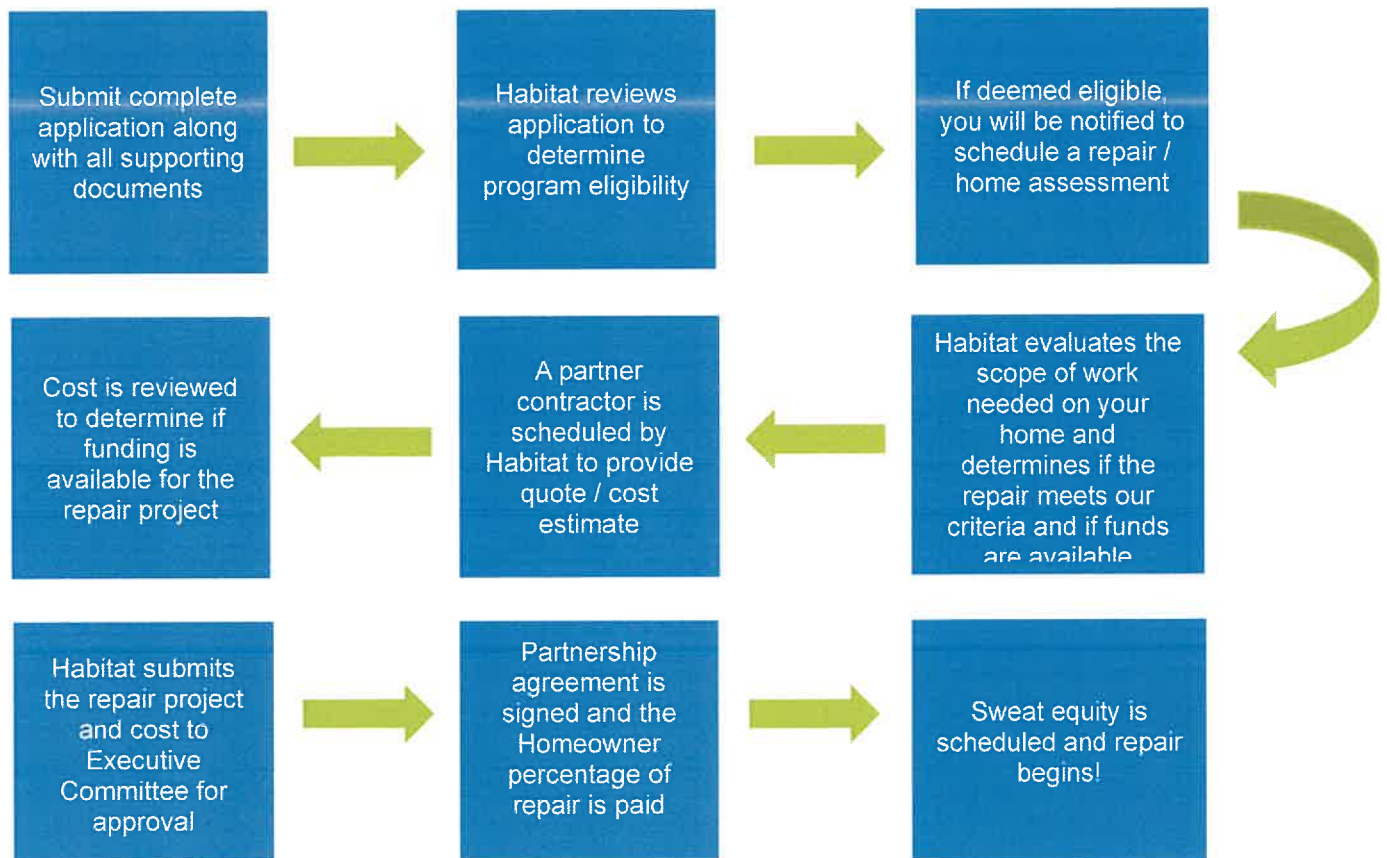
Critical home repair is interior or exterior work performed to alleviate critical health, life and safety issues or code violations. Examples of repairs but not limited to:

- Modifications for accessibility
- Exterior repairs such as roofs, gutter and siding repair
- Limited interior repairs such as furnace, hot water heater, electric and plumbing repair

\* The Repair Corps Program does NOT do interior painting, cosmetic repairs or full renovations

\* Our program is 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 and receiving assistance?



## Critical Home Repair Veterans Program Eligibility Requirements

- Applicant must be a Veteran or widow of a Veteran who has served in the United States military and received an honorable or general discharge.
- Applicant must reside within the following areas: Hamilton, Warren, Butler and Clermont counties in Ohio, Dearborn or Ohio counties in Indiana, Boone, Kenton and Campbell counties in KY.
- Home must be owned, not rented, and in livable condition or will be upon repair.
- Applicant must own or occupy the home and provide proof of residency.
- Applicant must be current on all property taxes and mortgage and have homeowner's insurance.
- Applicant will agree to engage in 'sweat equity' (volunteer hours) unless a waiver is granted.
- Applicant's monthly household income must fall within the income guidelines and must agree to pay a percentage of repair cost according to their income level. Repair cost is quoted in the homeowner agreement that is signed upon completion of assessment and scope of work. Homeowner's percentage must be paid within 30 days and prior to the start of the repair.
- Applicant must submit to and pass a criminal background screening.

### Habitat for Humanity Greater Cincinnati Repair Corps Income and Payment Guidelines

Income Limit Category	Persons in Family								Cost of repair to be Paid by Homeowner
	1	2	3	4	5	6	7	8	
Low (80%AMI)	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200	15%
Very Low (50%AMI)	\$29,900	\$34,200	\$38,450	\$42,700	\$46,150	\$49,550	\$52,950	\$56,400	10%
Extremely Low	\$17,950	\$20,500	\$23,050	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660	5%

*Based on FY 2020 Low-Income Limits set by Cincinnati, OH-KY-IN HUD Metro FMR area, HUD Guidelines. Depending on the types of funding available, there may be no cost to the homeowner.*

If you believe you may qualify and are interested in participating in the Repair Corps Program, please call 513-482-5609 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 or priority of the repair.***



# Habitat for Humanity®

Greater Cincinnati

## Habitat for Humanity Greater Cincinnati Repair Corps Veterans Program Application (2020-2021 Fiscal Year)



For Office Use Only

Date Application Received:

Date: \_\_\_\_\_

Applications must be submitted by mail. We do not accept applications via fax or email. In order for your application to be considered, you must complete the application in its entirety and provide all requested documentation.

### Section 1

<b>Name of Applicant (Homeowner):</b>		<b>DOB:</b> ____ - ____ - ____
Home Phone:	Cell Phone:	Email:
<b>Name of Co- Applicant (Homeowner):</b>		<b>DOB:</b> ____ - ____ - ____
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: _____		
Address:		
Street		
City	State	Zip

**Other Individuals that Live in the Home**

Name	D.O.B.	Relationship to Applicant

**Section 2**

Did you 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?

Length of Time in Home:

Age of Home:

Yes       No

Do you expect to live in the home for the next five years?       Yes       No

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?

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:	\$	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

<b>TOTAL</b> monthly income from <b>ALL COLUMNS</b>	\$ _____
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## Section 6

Please provide information on all household expenses:

Total Monthly Mortgage payment(s) \$ _____	Total monthly payments for any other loans (student loans, unsecured loans, etc.) \$ _____
Car Payment(s) \$ _____ \$ _____	Total Monthly Credit Card Payment(s) \$ _____
Monthly Medical Expenses: \$ _____	Other Monthly Debt: \$ _____
<b>TOTAL MONTHLY PAYMENTS</b>	\$ _____

## Section 7

<p>Does the applicant have a checking account?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How many checking accounts? _____</p>	<p>Does the co-applicant have a checking account?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How many checking accounts? _____</p>
<p>Does the applicant have a savings account?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How many savings accounts? _____</p>	<p>Does the co-applicant have a savings account?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How many savings accounts? _____</p>
<p>Does the applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Does the co-applicant have any other assets: ex. IRA, Stocks, Retirement, pensions, etc.?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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 8

How did you hear about the Repair Corps Program?

- Word of Mouth                       VA (Veterans Administration)                       TV / Radio
- Another Habitat Repair Corps Participant? If yes, name of referral \_\_\_\_\_
- Name of Community or Agency Referral: \_\_\_\_\_
- Other: \_\_\_\_\_

Is there any additional information that you would like to share about your critical repair needed on your home or information included in this application?

To be considered for the Repair Corps program, you family must commit to each of the following requirements:

- Invest 8 hours of "sweat equity",
- Pay a percentage of the total cost of repairs (Please refer to cover letter)
- 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 of your family

Initial here that you agree:

\_\_\_\_\_ Applicant

\_\_\_\_\_ Co-Applicant

I understand that by submitting this application, I am authorizing Habitat for Humanity Greater Cincinnati to evaluate my need for a Habitat home repair. I give HFHGC permission to verify information provided on this application. My signature below certifies the information provided is accurate and to the best of my knowledge. False information could result in denial, even if you have been already 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 on the basis of 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 Corps

If you have any questions, please contact Jen Hock, Repairs Corps Administrator, at 513-482-5609 or by email at [jen.hock@habitatcincinnati.org](mailto:jen.hock@habitatcincinnati.org)

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**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 Federal Income Tax Return & W-2 forms for each member of household over age 18. If a household member has not filed 2020 Tax Return, please send 2019 Tax Return and all W-2 forms for 2020.
- 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 over the age of 18.
- 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 honorable discharge from military service.
- Current statement for all mortgages(s) on your home
- Prior month's statement for any checking or savings account for any 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.
- Please attach any notices of code violations related to your repair, if applicable

# 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.

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Applicant Name

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Signature

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Date

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Co-Applicant 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 in order 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

## Release and Disclosures

Habitat for Humanity conducts a third-party criminal background check on all applicant families and household members 18 years and older to verify no household member has been convicted of a felony within the prior five years. By signing this release, you are submitting to such inquiry.

Habitat for Humanity screens all applicant families and household members 18 years and older on the National Sex Offender Public Registry – <http://www.nsopw.gov>. By signing this release, you are submitting to such inquiry.

Habitat does not intend to disclose private information via means of electronic communication and the affiliate is informing the applicant that email is not necessarily a secure network in the case that he applicant does send personal information electronically. The applicant is giving permission to HFHGC permission to communicate electronically at the following email address

YES  NO

I,	_____	_____	_____
	Applicant Name (print)	Applicant Signature	Date of Birth
And	_____	_____	_____
	Co-Applicant Name (print)	Co-Applicant Signature	Date of Birth
And	_____	_____	_____
	Household Member 18 yrs or older	Signature	Date of Birth
	_____	_____	_____
	Household Member 18 yrs or older	Signature	Date of Birth
	_____	_____	_____
	Household Member 18 yrs. or older	Signature	Date of Birth
	_____	_____	_____
	Household Member 18 yrs. or older	Signature	Date of Birth