

Application for St. Croix Valley Habitat for Humanity Critical Home Repair Program

St. Croix Valley Habitat for Humanity is an ecumenical Christian based organization whose mission is to build and sell safe, decent, affordable, sustainable homes to, or provide critical repairs/modifications to the homes of, people in need throughout Pierce and St. Croix Counties, Wisconsin. Our mission is made possible through community support, donations, and volunteers who work alongside our partner families. Qualifying homeowners for the Critical Home Repair Program are selected based upon need, fit within income guidelines, and the eligibility of repairs or modifications needed.

Please complete the following form in its entirety to determine eligibility for our review and selection process.

1. To qualify for the Critical Home Repair Program, all of the following must be true:

- I/We own and reside within the home which needs repairs/modifications.
- I/We confirm that the home which needs repairs/modifications is insured.
- I/We confirm that the home which needs repairs/modifications does not have any involuntary liens or levies against it from creditors or other parties.

2. To qualify for the Critical Home Repair Program, your gross household income must fall within the guidelines of the following table.

I/We confirm that my/our household income falls within these guidelines:

Family Size	Minimum Income		Maximum Income	
	Monthly	Yearly	Monthly	Yearly
Please Check Box				
1 <input type="checkbox"/>	\$3,040	\$36,480	\$6,140	\$73,680
2 <input type="checkbox"/>	\$3,507	\$42,080	\$7,013	\$84,160
3 <input type="checkbox"/>	\$3,947	\$47,360	\$7,893	\$94,720
4 <input type="checkbox"/>	\$4,383	\$52,600	\$8,767	\$105,200
5 <input type="checkbox"/>	\$4,737	\$56,840	\$9,473	\$113,680
6 <input type="checkbox"/>	\$5,087	\$61,040	\$10,173	\$122,080
7 <input type="checkbox"/>	\$5,437	\$65,240	\$10,873	\$130,480
8 <input type="checkbox"/>	\$5,787	\$69,440	\$11,573	\$138,880

My family size is not listed on the above table. (Please list family size: _____)

3. The repair(s)/modification(s) needed must fall within the following “menu” of options. Please select up to 3 repair(s)/modification(s) needed by checking the box next to them. Use the space next to the checkbox to prioritize the repair(s)/modification(s) in order of importance, with 1 being the most important, and 3 being the least important. Provide a brief explanation where indicated. (PLEASE NOTE: selecting options from the following list does not guarantee that work will be done on all options selected, if chosen to participate in the Critical Home Repair Program.)

Menu of Eligible Repairs, Improvements, and Modifications

_____ **Addressing exterior entryway trip/fall hazards**

- _____ Leveling uneven exterior surface in front of entry door
- _____ Repairing cracks in exterior surface in front of entry door
- _____ Repairing or installing stair railings on stairs leading to entry door
- _____ Installing grab bar near entry door
- _____ Repairing or replacing uneven or damaged entry door threshold

Please provide a brief description of work needed: _____

_____ **Entry door/storm door repair or modification**

- _____ Filling gaps around doors
- _____ Repairing or replacing seal
- _____ Installing lever door handle
- _____ Installing lock set
- _____ Repairing or replacing exterior trim

Please provide a brief description of work needed: _____

_____ **Widening entry doorway**

Please provide a brief description of work needed: _____

_____ **Storm door replacement**

Please provide a brief description of work needed: _____

_____ **Entry door replacement**

Please provide a brief description of work needed: _____

_____ **Addressing general interior trip/fall hazards**

- _____ Repairing or replacing uneven or cracked linoleum, tile, or other flooring
- _____ Repairing or replacing unsecured or torn carpet
- _____ Repairing or replacing uneven or damaged door thresholds/transition strips
- _____ Applying non-slip rug backing
- _____ Ensuring walkways are clear
- _____ Cords not crossing walkways
- _____ Cleanup/organization/disposal of items in walkway

Please provide a brief description of work needed: _____

_____ **Addressing stairway trip/fall hazards**

- _____ Repairing, replacing, or installing railing(s)
- _____ Installing grab bar at top and/or bottom of stairs
- _____ Installing traction tape or paint on stairs
- _____ Removing or replacing carpet
- _____ Installing or modifying lighting to ensure adequate stair illumination

Please provide a brief description of work needed: _____

_____ **Addressing general inadequate illumination throughout house**

- _____ Upgrading lighting fixtures
- _____ Installing additional lighting fixtures, nightlights
- _____ Replacing existing bulbs with LED bulbs

Please provide a brief description of work needed: _____

_____ **General emergency, fire & carbon monoxide safety**

- _____ Replacing expired batteries in existing smoke/carbon monoxide detectors
- _____ Replacing expired smoke/carbon monoxide detectors
- _____ Installing smoke/carbon monoxide detectors if absent
- _____ Replacing expired fire extinguishers
- _____ Installing fire extinguishers if absent
- _____ Installing highly visible house number on exterior of home if absent

Please provide a brief description of work needed: _____

_____ **Minor electrical**

- _____ Installing GFCI outlets if absent
- _____ Installing wall outlet/light switch plates if absent
- _____ Installing rocker light switches

Please provide a brief description of work needed: _____

_____ **Grab bars, not mentioned in previous sections (Ex: bathrooms, hallways, locations with transitions of height, etc.)**

Please provide a brief description of work needed: _____

_____ **Energy efficiency and weatherization, not mentioned in previous sections**

- _____ Filling gaps around windows

- _____ Repairing or replacing seals around windows
- _____ Repairing or replacing exterior trim around windows
- _____ Repairing or replacing storm windows
- _____ Repairing or replacing window screens
- _____ Replacing furnace filters
- _____ Filling gaps in insulation

Please provide a brief description of work needed: _____

_____ **Installing raised/ADA-height toilets**

- _____ Repairing floor immediately around base of toilet

Please provide a brief description of work needed: _____

_____ **Grading and drainage**

- _____ Re-grading around foundation
- _____ Cleaning gutters
- _____ Repairing gutters
- _____ Repairing or installing downspout

Please provide a brief description of work needed: _____

_____ **Exterior maintenance, not mentioned in previous sections**

- _____ Trimming trees away from house
- _____ Siding repair
- _____ Filling gaps

Please provide a brief description of work needed: _____

_____ **Plumbing**

- _____ Replacing faucets
- _____ Repairing leaky drain

Please provide a brief description of work needed: _____

_____ **Roof**

- _____ Repairing/sealing leak
- _____ Replacing damaged shingles
- _____ Installing chimney cap

Please provide a brief description of work needed: _____

_____ **Shelving and cabinets**

- _____ Lowering cabinets/shelves
- _____ Replacing cabinet pulls with C/D-shaped pulls

Please provide a brief description of work needed: _____

4. Applicant/Co-Applicant information:

Applicant	Co-Applicant
<p>Name: _____</p> <p>Alternative/former name(s): _____</p> <p>_____</p> <p>_____</p>	<p>Name: _____</p> <p>Alternative/former name(s): _____</p> <p>_____</p> <p>_____</p>
<p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p> <p>Address: _____</p> <p>_____</p>	<p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p> <p>Address: _____</p> <p>_____</p>
<p>Date of Birth (optional): _____</p>	<p>Date of Birth (optional): _____</p>
<p>Dependents and others who live with you:</p> <p>Name & Date of Birth</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dependents and others who live with you:</p> <p>Name & Date of Birth</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

5. Military Service:

Did you (or your deceased spouse) serve, or are you currently serving in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)

- Yes
- No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving or did they serve, in the United States Armed Forces?

- Yes
- No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

6. Present Housing Conditions:

Number of bedrooms: _____

Other Rooms:

- Kitchen
- Bathroom
- Living Room
- Dining Room

Other (please describe): _____

Please describe the condition of the house in which you live. Why do you need St. Croix Valley Habitat for Humanity to help you with repairs/modifications?

7. Please fill out the following table, as well as submit copies of the two most current paystubs, and other proof-of-income documents, for every individual living in the home who is 18 or older, with this preliminary application to qualify for further review. Any individual living in the home who is 18 or older who does not have a source of income should complete the Certification of Zero Income on page 12 of this application.

Monthly Income				
Income Source	Applicant	Co-applicant	Others in Household	Total
Salary/Wages (gross)	\$	\$	\$	\$
Salary/Wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
VA Compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military Entitlements	\$	\$	\$	\$
Other:	\$	\$	\$	\$

8. Declarations

Please check the box that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
Are there any outstanding judgments because of a court decision against you?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past 7 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Note: If you answered “yes” to any question, please explain on a separate piece of paper.		

9. Please include copies of the following documents with this application form:

- Photo identification of everyone living in your household who is 18 or older
- Most recent Property Tax Bill
- Proof of current homeowner's insurance policy (Declarations Page)
- Income documentation for all household members 18 years of age and older:
 - Two most recent months' paystubs
 - Two most recent years' federal tax returns (with all schedules, W-2s, and 1099s) or IRS Statement of Non-Filing
 - If self-employed, Profit & Loss statement from January 1 to the most recent preceding month of the date of application
 - Child support or alimony documentation
 - Disability, social security income or survivor's benefits benefit statements, retirement/pension award letters for current year or statement showing monthly amount
- Unemployed Household members who are 18 years of age or older who are receiving no income at all must complete an Certification of Zero Income, if not receiving unemployment benefits (*complete page 12*)

If you are selected to participate in the Critical Home Repair Program, we will need copies of the following documents:

- Signed rental agreement for any tenant residing in the home
- Recent loan statement for mortgage loans and copy of promissory note(s)
- Recent utility bill

Homeowner disclosure agreement and general release: My/our signature/s confirm that all the information provided in this application is accurate and complete. I understand that to knowingly submit false information is considered fraud and may make me ineligible for services provided through St. Croix Valley Habitat for Humanity. (SCVHFH) I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive services through SCVHFH, who is subject to funding availability. I give permission to SCVHFH to check any and all information, including but not limited to home ownership history, employment and included herein. I give permission to SCVHFH to check my criminal record, and sexual offender registry. I also understand that the evaluation of my application will include personal home visits, and I authorize SCVHFH to take pictures of my house for review and documentation of repairs.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Co-Applicant Name: _____

Co-Applicant Signature: _____

Date: _____

Return Preliminary Application and Supporting Documents to:

St. Croix Valley Habitat for Humanity
749 Ryan Drive
Hudson, WI 54016

or via email to:

billing@scvhabitat.org

Certification of Zero Income

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the period _____ through _____.

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Unemployment or disability payments;
- e. Public assistance payments;
- f. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- g. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- h. Veteran's benefits;
- i. Supplemental Security Income; and
- j. Any other source not named above.

Please check all that apply:

- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployed since _____.
- I filed for unemployment compensation on _____ and am awaiting a response.
- I am currently a student. My expected graduation date is _____.
- I currently have an offer of employment. My start date is _____ and my pay rate is \$_____ per _____. (Please attach supporting offer letter/correspondence.)
- I am currently in an unpaid apprentice program. My expected completion date is _____.

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud.

Name: _____

Signature: _____

Date: _____