

## Please print and mail to:

# **Emergency Repair**

Emergency Repair 2401 Scott Blvd Iowa City, IA 52240 (319)337-8949

Section 1: Homeowner/ Primary Residence Information		
Name:	Date of Birth:	
Address:	Email Address:	
	County:	
Phone:	Do you own your home? Yes/No	
Secondary:	If so, for how many years?	
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How many people live in your home?		
Are you a veteran of the United States Armed F	Forces? Yes/No	
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Are you current with the mortgage payments or	n your home? Yes/No	
Are you current with property tax payments on	your home? Yes/No	
Do you have current homeowner's insurance?	Yes/No	
Are you willing and able to pay the administration	on fee Yes/No	





#### **Section 2: Household Income and Mortgage Information**

lowa Valley Habitat for Humanity collects financial information to determine each applicant's eligibility. This information will remain confidential and will not be used for any reason other than to evaluate whether a candidate meets the program's criteria.

List ALL Household Members and ALL sources of income for adult members of the household. Include unearned income of minor children. DO NOT include earned income of minor children.

Income sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Section 3: Assets		
Asset Type	Value	
Checking Account: Bank:		
Savings Account: Bank:		
401(k)/ IRA:		
Stocks, Bonds, Mutual Funds, EFT's:		
Cash value of life insurance policies:		
Certificates of Deposit		
Trusts:		
Other:		

Section 4: Work Request	
What area of your home is in need of emergency repair?	





#### **Section 5: Proof of Home Ownership**

It is Iowa Valley Habitat for Humanity policy to complete emergency repair projects only on owner occupied homes. To verify that the home is owner occupied, the following documents are required:

- -A copy of the deed to the home and/or a property tax receipt
- -Proof of homeowner's insurance
- -A copy of the utility bill

#### **Section 6: Media and Publicity**

If Helping Hands selects your project, pictures of you and your home may be taken. With your consent, IVHFH will share your story with media outlets or on our website.

Where did you learn about the Helping Hands program? (Please circle any that apply.)

TV Radio Newspaper Flyer Internet Friend/Neighbor Community Organization

# **Section 7: Funding**

Helping Hands aims at providing an affordable alternative for home maintenance and accessibility. However, none of the work done by Iowa Valley Habitat is free. In some cases grant funding will offset materials costs. In order to keep projects affordable, Helping Hands may utilize volunteer labor. Each project will meet our high standards. When applicable, Iowa Valley Habitat will work with homeowners to create a manageable repayment plan:

- No interest loans are provided, when required, to cover minimal administrative costs.
- Loans are to be repaid with a monthly payment. The amount of the monthly payment is dependent on your ability to repay. This will be arranged prior to receiving service.

#### Disclaimer

IVHFH will perform a background check on the applicant and any adults living in the household. While all requests will be considered, an application's acceptance will depend upon the repair project. Iowa Valley Habitat for Humanity will assess the scope of the project and the final decision will be made at the discretion of IVHFH. Prior to beginning the project, a written agreement with details of the scope of work and repayment may be required. When available, public funds may be used to help offset the cost of the project. In such instances, information in the application may be shared with staff at Johnson County.





### **Section 8: Applicant's Agreement**

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years.

I confirm that any physically able person residing in my home or visiting for the project day(s) will contribute to the project in some way, either by working alongside the Helping Hands volunteers or providing hospitality. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowners' insurance, I agree to sign the release and waiver of liability.

<ul> <li>I understand that submitting an application does not guarantee acceptance in the Helping Hands Program.</li> </ul>	
Applicant Signature	Date





# **Document Checklist**

(items in italics are required)

Reason for Document	Document
Proof of Home Ownership	<ul> <li>Copy of Deed and/or Property tax receipt</li> <li>Proof of homeowner's insurance</li> <li>Copy of utility bill</li> </ul>
Household Income	<ul> <li>Two of the Following are required</li> <li>Past two years' tax filings</li> <li>Three months of pay stubs/ Social Security Statement</li> <li>Three months of bank statements for each account</li> <li>The following (if applicable)</li> <li>Copy of legal award of child support</li> <li>Copy of legal award of alimony</li> <li>Award letter of food assistance</li> <li>Award letter of welfare</li> <li>Award letter of disability</li> <li>Statement of investment income (dividend and annuity payments)</li> <li>Award letter of Pension payments</li> </ul>
Asset Verification	The following (if applicable) Account statements that provide proof of:      Stocks     Bonds     Retirement Accounts     Pension funds     Checking Account     Savings Account     Life Insurance Policies
Completed Application	Please review the application to ensure that every question is addressed.

