

Program:

- Our Critical Home Repair Program is a “hand-up, not a handout” partnership. You will be asked to pay back the cost of the project materials. Additionally, there may be a charge for labor if a licensed contractor is required.
- A *zero-interest* payment plan based on your income is established, and agreed to, prior to the start of the project.
- As part of our partnership, you will be required to complete sweat equity (*volunteer hours*).
- **This is NOT an emergency service.** If you are accepted, It may take several months before repairs can begin.
- Only repairs addressing health, safety, accessibility issues, or preservation of structural integrity will be considered.
- A family that is approved will be required to make a down payment. Of \$50 to \$100.



2017 Qualifying Criteria

In order to be considered for the REPAIR program with Putnam County Habitat for Humanity, you must meet 3 basic requirements;

1. **You have a need for critical home repair**
2. **You have the ability to pay for the materials needed for the repair.**
3. **You are willing to work with Putnam County Habitat for Humanity.**

Sliding Scale for Materials Cost and Repayment

HUD AMI for Putnam County = \$74,300

<u>HUD AMI</u>	<u>% of materials charged to homeowner</u>	<u>Annual Income</u>
≤15%	10%	Under \$11,100
16-20%	20%	\$11,101-\$14,800
21-30%	40%	\$14,801-\$22,200
31-40%	60%	\$22,201-\$29,600
41-50%	80%	\$29,601-\$37,000
51-60%	90%	\$37,001-\$44,400
61-80%	100%	\$44,401-\$59,200

Note: The numbers above are based on a family of four. Numbers are adjusted based on family size.



Pre-Application



The Critical Home Repair Program works in partnership with income qualifying homeowners in need of essential home repairs and improvements to create a safe, healthy, affordable and decent place to live.

Only repairs addressing health, safety, accessibility issues, or preservation of structural integrity will be considered.



Putnam County
Habitat for Humanity[®]
 150 North Oak Street
 Ottawa, Ohio 45875 Phone (419) 523-9621
 pcohhabitat@putnamohhabitat.org
 www.putnamohhabitat.org



PRE-QUALIFICATION FORM FOR CRITICAL HOME REPAIRS

This is a pre-screening questionnaire, not a final application for Critical Home Repair. This form is to help determine if the Habitat for Humanity Critical Home Repair program will be able to assist you. Please return this form to our office.

Name _____
 Print (first, middle initial, last)

Preferred Phone _____

Other Phone _____

1. Describe the Repair(s) you need assistance with.

2. My home is in Putnam County. Y____ N____

3. I live in the home year-round. Y____ N____

4. This is the only home I own. Y____ N____

5. My home is under a land contract agreement.
 Y____ N____

6. I have owned my home for at least 2 years.
 Y____ N____

7. I am current on my property taxes and homeowner insurance.
 Y____ N____

8. Habitat for Humanity requires each participant in the Critical Home Repair Program to complete a defined number of sweat equity/volunteer hours. To your ability, are you willing to make this commitment?
 Y____ N____

(friends and family may assist with sweat equity)

9. Please list your total **monthly** household income. **You will be asked to verify this information.**

<u>Type of Income</u>	<u>Monthly Amount \$</u>
Employment Wages	_____
Social Security	_____
Alimony	_____
Child Support	_____
Disability Income	_____
Other	_____

10. Please list your recurring monthly expenses:

<u>Expense</u>	<u>Monthly Amount \$</u>
Mortgage	_____
Electricity	_____
Natural Gas	_____
Other	_____

Please list other monthly expenses such as credit cards, car payments, insurance, child care, other loans, and any other debt.

<u>Expense</u>	<u>Monthly Amount \$</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Do you have any outstanding collections or judgements (including past-due child support)? Y____ N____

Before being invited to complete a homeowner application, applicants must provide proof of citizenship or residency status and agree to a credit check, a sex offender check, and a criminal background check.

By my signature, I affirm that the information on this form is true and correct. I understand that providing false information could cause me to be disqualified. I also understand that someone from Habitat for Humanity will contact me with the results from this questionnaire, and that I MAY be invited to complete a formal application.

Signature _____ Date ____/____/____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____