



1/4/18

Dear Homeowner:

Thank you for applying to the Critical Home Repair Program. It is important that you submit all the required documents. Incomplete applications will not be evaluated. Completed applications are scored based on need and the availability of funds. It is important to understand that your application may not be approved. If funds are exhausted, approved applications will be placed on the waiting list. After six (6) months on the waiting list income information will be updated to ensure you are still eligible for the program.

The Following items will be needed to determine eligibility:

1. Completed Application
2. Most recent 30 days check stubs for all household members (If Applicable)
3. Most recent 2 months bank statements
4. Social Security award letter (Retirement, Disability, etc.)
5. Homeowners Insurance Declaration Page
6. Credit Report and Background Report Authorization forms for all adults in home.*
7. Copy of Government issued ID

Please return your completed application along with all required documents within 15 days of receipt of this packet.

Mail your application to: Attention Homeowner Services
Greater Matthews Habitat for Humanity
P.O. Box 2008
Matthews, NC 28106

Applications may also be dropped off at our office located at 2447 East John St. Matthews, NC 28105. If you have additional questions, or require assistance, please email jeffrey@habitatmatthews.org or call 704.847.4266 Ext 108.

Sincerely,

Jeffrey Elam
Homeowner Services Coordinator



**Additional Background Check forms can be picked up at our office.
We are happy to make copies of you documents in our office as needed.*



Community Development Block Grant

Date Received: _____

Application/Case# _____

APPLICATION FOR CRITICAL HOME REPAIR ASSISTANCE – Please Print Clearly

Applicant First Name: _____ Last Name: _____

Are you a Veteran - Y/N () Are you Disabled - Y/N ()

Co-Applicant First Name (If Applicable) _____ Last Name: _____

Are you a Veteran Y/N () Are you Disabled Y/N ()

Address: _____

Phone: _____ Email: _____

Social Security Number _____ Co-Applicant SSN Number _____

I. Household Members

A. Name: _____ Age: _____ Relationship: _____

B. Name: _____ Age: _____ Relationship: _____

C. Name: _____ Age: _____ Relationship: _____

D. Name: _____ Age: _____ Relationship: _____

Total Number in Household: _____

Are any non-applicants members of the household a veteran or disabled? Y__ N__

II. Sources/Type of Income

List all sources of current monthly income for ALL HOUSEHOLDS MEMBERS, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned seasonal work.

Household Member	Source of Income	Amount Per Month

E. Total Household Income: (a) Month _____ (b) Year _____

III. Monthly Housing Expenses

Monthly Bill	Amount	Monthly Bill	Amount
Mortgage	\$	Cable	\$
Electricity	\$	Homeowner Insurance	\$
Gas	\$	Healthcare	\$
Water & Sewer	\$	Car Loan	\$
Transportation	\$	Credit Cards	\$
Childcare	\$	Other	\$
Phone/Internet	\$	Other	\$

IV. Assets/Type: (Mark N/A if you do not own.)

Asset Type	Value	Notes
Checking Acct 1	\$	
Certificates of Deposit	\$	
Stocks/Bonds/Mutual Funds	\$	
Money Market	\$	
Savings Account 1	\$	
Rental Property	\$	
Other Assets	\$	

WARNING

Any false statements made knowingly and willfully may subject the applicant to forfeiture of further consideration for financial assistance.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United states knowingly or willfully falsifies ... or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both”.

Certification:

I (we) certify that the information contained herein is complete, accurate, and true to the best of my (our) knowledge and belief. I (we) also hereby authorize contact with whomever necessary in verifying this information and for those individuals to release said information.

(Signature)

(Date)

(Signature)

(Date)

Please list all the items you would like to be repaired or replaced. Construction Manager will make determination on which items will be addressed and assigning priority. Health & Safety items will take priority.

Item Number	Description	Health and Safety Issue? Y/N	Additional Notes
1.			
2.			
3.			
4.			
5.			
6.			
7.			

PROGRAM ELIGIBILITY REQUIREMENTS

I. INCOME ELIGIBILITY

- Applicants must have incomes at or below 80% of the area Median Income Level
- Matthews is in the Charlotte-Gastonia-Rock Hill MSA

To qualify, applicant incomes must not exceed the following: *(Update for 2018)

	Household Size	Maximum Income (80% MFI)
1.	1 Person	\$41,550
2.	2 Person	\$47,450
3.	3 Person	\$53,400
4.	4 Person	\$59,300
5.	5 Person	\$64,050
6.	6 Person	\$68,800
7.	7 Person	\$73,550
8.	8 Person	\$78,300

II. PROPERTY OWNERSHIP

Program Participants Must:

- Own their property and live in the home that will receive repair renovation assistance.
- Have clear title to the property
- Or have a legal “Life Estate”
- Property must be located in the Town of Matthews, NC.

III. PROPERTY TAXES – Must be paid and current!

IV. HOUSING CONDITIONS

The proposed repair(s) must meet eligibility requirements as outline in the Greater Matthews Habitat for Humanity Home Repair Program guidelines.

V. Residency – Must be a resident of the Town of Matthews, NC.

Applications do not guarantee acceptance into the Critical Home Repair Program. If you have additional questions, please contact Jeffrey Elam by phone at (704) 847-4266 Ext. 108 or by email at jeffrey@habitatmatthews.org.

Greater Matthews Habitat for Humanity

Authorization to Release Information

CREDIT AUTHORIZATION

Applicant Name:			
Last	First	Middle Initial	
Co-Applicant Name:			
Last	First	Middle Initial	
Address:			
Street	City	State	Zip Code
APPLICANT - Contact Numbers:		CO-APPLICANT - Contact Numbers:	
Home:		Home:	
Work:		Work:	
Cell Phone:		Cell Phone:	
<p>The undersigned ("Buyer") desires to purchase a home from Greater Matthews Habitat for Humanity ("Habitat"), which involves the loaning to Buyer a sum equal to the entire purchase price of the house. Buyer understands that Habitat will need to obtain various firms or agencies information about Buyer's credit history, financial situation, employment and other matters affecting Buyer's ability to repay the loan from Habitat. Buyer understands that these are necessary procedures for Habitat to evaluate Buyer's ability to maintain the home in proper condition and repay the Habitat loan. Buyer understands that information about Buyer's personal circumstances will be treated confidential and that no information about Buyer will be accessible to any party who is not directly involved in Buyer's purchase of home. Buyer therefore authorizes Habitat to obtain from any third parties information related to Buyer's personal or financial circumstances as may be necessary to determine Buyer's creditworthiness.</p>			
Applicant Signature: _____		Date: _____	
Co-Applicant Signature: _____		Date: _____	



Greater Matthews Habitat for Humanity

BACKGROUND AUTHORIZATION FORM

Please be advised that as part of our procedure for determining your eligibility to partner with Greater Matthews Habitat for Humanity ("Habitat"), we may obtain and consider criminal records, credit reports, driving records, consumer reports and other background checks regarding you. Since Habitat may use consumer reporting agencies to provide the company such reports, Habitat is providing you with this notice and authorization form in order to comply with the Fair Credit Reporting Act.

Authorization to Conduct and Consider Background Checks

I hereby authorize Habitat to obtain consumer reports and investigate consumer reports on me and to consider such reports when making decisions regarding my partnership with Habitat. Such reports may include, but are not limited to information regarding my criminal record, driving record, credit, employment history and performance and other investigative reports. I understand that the agencies from which such reports may be sought may include, without limitation, criminal record search agencies, consumer information/credit bureaus and the like. I also understand that this authorization, in original or copy form authorizes Habitat to obtain and consider such reports regarding me any time when considering my potential or continued engagement with Habitat, both now and in the future.

Certification of Information Submitted to Habitat

I acknowledge that I have read the information contained on this form carefully. I also certify that all of the information provided by me on the attached data sheet(s) and on my application submitted to Habitat (and any attachments to them) were and are true and complete to the best of my knowledge. I further understand that any omission to the fact or false or misleading information given on the data sheet(s) or on my application submitted to Habitat (and any attachments to them) may result in the withdrawal of my application and termination of my partnership with Habitat.

General Release

I also release Habitat and its officers, directors, employees, other agents and all other persons, employers, businesses, schools, consumer information agencies, record search firms and other entities of and from any and all potential liability arising from inquiries by Habitat and its agents concerning the background checks described above and/or the compilation or use of such information and reports regarding me.

Print Name:

Signature:

Date:

Greater Matthews Habitat for Humanity

BACKGROUND CHECK AUTHORIZATION DATA

Please complete the following for proper identification purposes:

Name:

Last

First

Middle

Current Address:

City

State

Zip Code

County:

Have you lived at your current address for 12 months or more? YES NO*
*If NO, how long? _____

Social Security Number:

Date of Birth:

Driver's License Number:

State:

Please list all other cities, counties and states in which you have lived within the past 2 years.

Dates: From: _____ to _____ Address: _____

City:

State:

Zip Code:

Dates: From: _____ to _____ Address: _____

City:

State:

Zip Code:

List any and all other names or Social Security Numbers that you have used and the years changed:

Please list any felony or misdemeanor criminal convictions, guilty pleas or pleas of no contest, deferred prosecutions, prayers for judgement, or pending changes (including minor traffic violations); Note: Offenses such as DUI/DWI vehicular manslaughter and reckless driving are NOT minor traffic violation and must be listed). Provide dates, courts of jurisdiction, counties/ parishes and states. Attach another page if necessary:

Printed Name:

Signature:

Date: