



# Critical Home Repair Application – DCED Whole-Home Repairs Program

The Armstrong Habitat for Humanity (AHFH) Critical Home Repair Program assists low-income homeowners with repairs that are critical to their family’s health and well-being. Homeowners pay only a part of the material cost, and those funds are recycled and used to assist future low-income homeowners in need of home repairs.

## Eligibility Criteria

- Applicant(s) must own a property within the Armstrong County service area.
- The property must be owner-occupied and the primary residence of all owners.
- Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
- The property must be an eligible property. Eligible properties are owner-occupied Single Family Residences.
  - Multi-family dwellings larger than one unit (apartment buildings, duplex, etc.), homes used as rental units, mobile homes, boats and recreational vehicles (RV’s) are not eligible.
- Homeowner(s) must be current with the following:
  - Mortgage loan payment (if homeowner is still making payments)
  - Homeowner’s insurance policy
  - Property taxes
- Applicants who own multiple real estate properties are not eligible.
- The property must demonstrate a need for repair.
- Household income must be below 80% of the area median income (AMI) for Armstrong County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.
- The homeowner will be required to pay AHFH upfront a percentage of material costs. These are calculated on a sliding scale basis.
- Homeowners are eligible to receive assistance from AHFH’s Critical Home Repair Program once every three years.
- Habitat Homeowners (individuals who have purchased their home from AHFH) are eligible if they have owned their Habitat home for at least ten years, in good standing and meet general criteria listed above.

Household Members	1	2	3	4	5	6
2023 Gross Annual Income Limit	\$45,150	\$51,600	\$58,050	\$64,500	\$69,700	\$74,850

For questions or additional information, please contact us at:

106 S. Jefferson St. • Kittanning, PA 16201 • (724) 545-4905 • [www.ArmstrongHabitat.org](http://www.ArmstrongHabitat.org)



# Application Checklist

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our home repair program is dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please feel free to call us at **724.545.4905**.

- Did you complete all applicable sections?
- Did all applicant(s) sign the Critical Home Repair Program application? Refer to Section 10.

**To complete this application, please include copies of all required documents listed below.**

**All documents submitted must show the name and address of the homeowner(s):**

- If you are still making mortgage loan payments, a copy of your most recent mortgage statement.
- A copy of proof of homeownership (Deed).
- Proof of current homeowner's insurance.
- Copy of Driver's License or Real ID.

Documentation to verify household income:

- Federal Income tax returns and W-2 and/or 1099 Forms for the previous year for all employed household members
- Pay stubs for the previous **two consecutive months** for each employed household member over 18
- SSI, Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
- Current checking and/or savings account statement.

## Application Process

- The homeowner submits an application, including copies of all supporting documents.
- AHFH reviews applications for completeness and eligibility.
- Once funding is available, eligible households will receive a property assessment.
- A property assessment allows AHFH to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
- Approved homeowners review scope of work and sign program agreements with AHFH staff.
- Home repair projects are scheduled based on funding and program calendar availability.



# Critical Home Repair Application

SUBMIT COMPLETE APPLICATIONS TO:

AHFH CRITICAL HOME REPAIR PROGRAM • P.O. Box 837 • Kittanning, PA 16201

## SECTION 1 - HOUSEHOLD INFORMATION

Full Name of Homeowner:		Full Name of Co-Homeowner:	
Property Address:		City:	Zip Code:
Home Phone #:	Cell Phone #:	Email Address:	

List the names, ages, and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Military Status (Active/Veteran) and Date of Discharge (if applicable).

Full Name	Relationship	Age	Military Status and Date of Discharge
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military
			<input type="checkbox"/> Veteran - Date of Discharge: <input type="checkbox"/> Active Military

## SECTION 2 - SPECIAL NEEDS

Is anyone in the home disabled?  Yes  No If YES, please describe below:

Do you or any of the applicants require translation?  Yes  No If YES, in what language:

## SECTION 3 - HOUSEHOLD INCOME

Please indicate the gross monthly income figure	Homeowner	Co-Owner	Household Member	Household Member	Household Member
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/Worker's Compensation	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$

Armstrong Habitat for Humanity provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

**SECTION 4 - MORTGAGE AND PROPERTY INFORMATION**

Are you making mortgage loan payments on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , how much is your payment:	Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please list here:
Are you current on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>NO</b> , please explain:	Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>NO</b> , please explain:
Do you have any illegal and/or unpermitted additions / building activity on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If <b>YES OR NOT SURE</b> , please explain:	Have you applied for the AHFH Critical Home Repair Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please indicate the year you applied:

**SECTION 5 - REQUESTED REPAIRS**

Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. Please understand that items listed below will be considered but the final decision regarding repairs provided is at the sole discretion of Armstrong Habitat for Humanity.

AREA OF NEED	DESCRIPTION OF REPAIR NEED
<b>Roofing Repairs:</b> Identify where roof leaks.	
<b>Doors, Windows, and Siding:</b> Describe repairs required, including siding, windows, locks, glass, frames, and weather stripping.	
<b>Accessibility Modifications:</b> Example - Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
<b>Carpentry Repairs:</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed.	

**SECTION 6 - AHFH COMMUNITY PARTNERSHIP CONSENT**

If AHFH has partnerships with other non-profit, civic and utility organizations that can provide free or low cost services to low income households, may we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by AHFH.*

Yes, I consent     No, I do not consent

**SECTION 7 - STATEMENT OF NEED**

**WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD'S ABILITY TO MAKE THE NEEDED REPAIRS? (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Income (low, limited, or no income in home)	<input type="checkbox"/> Lack of savings/assets to finance home repairs
<input type="checkbox"/> Ineligible for a loan/consumer credit due to poor credit, lack of home equity, or personal property	<input type="checkbox"/> Unwillingness to take a loan or consumer debt
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Lack of building/repair/home maintenance knowledge
<input type="checkbox"/> Unfamiliar with contractors and repair process	<input type="checkbox"/> Other (please explain):

**PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE CRITICAL HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.**

**SECTION 8 - PROGRAM REFERRAL**

**WHERE DID YOU HEAR ABOUT AHFH'S CRITICAL HOME REPAIR PROGRAM? (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Habitat Staff Member	<input type="checkbox"/> School	<input type="checkbox"/> Other

**DO YOU KNOW A VETERAN HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?**

Yes     No     Not Sure

**MAY WE SEND THEM AHFH CRITICAL HOME REPAIR PROGRAM INFORMATION ON YOUR BEHALF?**

Yes     No

**If yes, please indicate their name and contact information below:**

**SECTION 9 - DEMOGRAPHIC INFORMATION (OPTIONAL)**

This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Black/African American & White	

**SECTION 10 - APPLICANT AGREEMENT**

- I/We certify that the information provided on this application is true and accurate and that I/we own the property at the address given.
- I/We grant permission to AHFH to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the AHFH's Critical Home Repair Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history, (2) personal references, including all parties listed in this application and/or any other parties which AHFH desires to contact, (3) credit worthiness, (4) immigration status, (5) police records and other information relative to criminal charges and/or convictions, (6) any additional information that AHFH deems necessary to evaluate this application. I/We understand that AHFH may reject this application based upon results of these inquiries.
- I/We agree that if AHFH selects my/our home to be repaired, photos of me/us, my/our household members, and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/We understand that AHFH makes no guarantees as to the start or completion dates or length of repairs.
- I/We understand that AHFH is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that AHFH, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for AHFH or any claims of any nature associated herewith.
- I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request.
- I/We understand that if I/we receive assistance from AHFH's Critical Home Repair Program, I/we may not receive additional assistance for 3 **years** after the completion of my/our repairs.
- I/We understand that submission of this Critical Home Repair Program application and any supporting documentation **does not guarantee assistance from AHFH's Critical Home Repair Program**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria, and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

Signature of Homeowner

Date

Signature of Co-Homeowner

Date