



Mail Completed Form to:

North Shore Habitat for Humanity
 Critical Care Repair Program
 14 Park Street
 Danvers, MA 01923

Date Received
Date to Board:
Board Approval:

The Critical Care Repair Program, designed by HFHI and implemented by North Shore Habitat For Humanity, is a program in which volunteers assist qualified homeowners in working on small, common home maintenance projects for those homeowners that require assistance and fall below the maximum income limits prescribed for the program by HFHI. Call 781-598-0310 with any questions.

SECTION 1 - Homeowner Information

Legal Name of Homeowner(s):		Age:
Home Address:	City:	Email:
Zip:	County:	
Telephone Numbers: (Please include area code)	Home: Cell:	Number of Years at Address:
		Name of Neighborhood:

List the names, ages, **and relationship to homeowner** of **all** people living in the home
 (attach a list if more space is needed):

Name/relationship: _____	Age: _____
Name/relationship _____	Age: _____
Name/relationship _____	Age: _____
Name/relationship _____	Age: _____

SECTION 2 - Household Income and Mortgage Information

The *total, combined income before taxes* for ALL persons living in the home is: \$_____ per **year**
You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children
 (For example, the most recent income tax return, monthly social security statement, other retirement income statements, or employment check stub. Please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.)

Are you still making loan payments on your home? Yes No

If yes, what is your monthly payment? \$_____ / month

After paying your total housing related monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$_____ / month

SECTION 3 - Homeowner's Agreement

I certify that the information on this application is accurate _____ (initials)

I certify that I own the property at the address given on this application _____ (initials)

I certify that I have no present intention to move or offer my home for sale for at least three years

_____ (initials)

I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the Critical Care Repair Program (CCRP) volunteers _____ (initials)

I confirm that, except for the conditions listed above, my home is a safe place for volunteers _____ (initials)

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.

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your name:

Your daytime telephone number:

Is homeowner aware of this application?

Yes

No

SECTION 4 - Media and Publicity

Where did you learn about Critical Care Repair Program?

TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization

Other: _____

(please describe)

If **CCRP** selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

YES - Interviews are okay

YES - Visits by elected officials are okay

NO - I do not want interviews

NO - I do not want visits by elected officials

SECTION 5 - Application History

Have you applied to **CCRP** in the past? Yes What year(s)? _____ No

Has **CCRP** done work at your home in the past? Yes Year(s)? _____ No

SECTION 6 - Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you.

SECTION 7 - Requested Repairs

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Critical Care Repair. The work done by Critical Care Repair will focus on warmth, safety, and independence. **Our volunteers are not professionals and may not be able to make all repairs.**

Please print

Area of Repair	Description
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p> <p>Would you like an assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</p>	
<p>Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.</p>	
<p>Plumbing Repairs. Describe sink, tub or toilet leaks, etc.</p>	
<p>Roofing Repairs. Identify where roof leaks.</p>	
<p>Painting. List all interior rooms that require painting and any exterior painting requirements.</p>	
<p>Appliances. Identify appliances such as stove, refrigerator, or hot water heater that do not work or need repair.</p>	
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.</p>	
<p>Other. Identify other repairs requested but not listed above.</p>	

SECTION 8 – Checklist

- Did you complete all 8 sections of this application?
- Did you sign the application? (SECTIONS 3 AND 8)
- Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Do you currently have homeowner's insurance? Yes No
- Are you current on your homeowner's insurance premiums? Yes No
- Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.

I understand and acknowledge that Northshore Habitat for Humanity may screen applicant families on the national sex offender database and I am submitting to such an inquiry by completing and signing this application.

signature of homeowner

date

Critical Care Repair Program

Thank you for your interest in Critical Care Repair. The Critical Care Repair Program is a home preservation program that provides painting, landscaping, and minor repair services for homeowners in need. CCR helps homeowners impacted by age, disability, or family circumstances, who struggle to maintain their homes, reclaim their homes with pride and dignity. Homeowners in CCR must meet the basic requirements of all Habitat families: demonstrated need, willingness to partner, and ability to pay. However, CCR provides great flexibility in how the requirements are determined.

Demonstrated Need: The condition of the home should be such that minor repairs and maintenance, landscaping, clean-up, painting, deck and ramp construction and, in some instances, roof repairs can be done by volunteers.

Willingness to Partner: Sweat equity is a central component of Habitat eligibility. Some affiliates choose not to set a fixed number of hours for CCR. Instead, the sweat equity is project-based and the requirement may be met by working alongside the volunteers, providing refreshments to volunteers, or cleaning up.

Ability to Pay – Payment for CCR loans should not exceed 10 percent of a family's monthly income.

Privacy Policy:

Northshore Habitat for Humanity takes very seriously the need to keep all information you provide secure. All written material containing your details are stored in secure areas and computer records can only be accessed by authorized staff. Northshore Habitat for Humanity is the sole owner of the information collected. We will not sell, share, or rent this information to others in any way. The information you provide us is used for internal purposes only and will not be sold to third parties.