



**Homeowner Assistance Overview**



**DEAR APPLICANT:** Please fill out both applications as completely and accurately as possible so we can determine if you qualify for *Homeowner Assistance*. All information you include in this application will be kept confidential. The assistance programs currently available are:

**A Brush With Kindness (ABWK)** program serves to provide minor exterior repair services to prevent houses from deteriorating, protect affordable housing stock in our communities, ensure families live in a safe, healthy, and well-maintained home by offering painting, landscaping, and minor exterior repair services for low-income homeowners. Work is done by groups of 10-20 volunteers during summer months under the supervision of a Habitat for Humanity staff member.

**Critical Home Repair (CHR) & Homeowner Assistance Fund Home Repair (HAFHR)** programs serve low-income homeowners by delivering home repairs necessary to address code violations and restore safe living conditions. The program provides major interior and exterior repairs including roof replacement, electrical wiring upgrades, as well as mechanical equipment replacement such as furnaces and water heaters.

**Aging In Place (AIP)** makes safety and functional home modification repairs and renovations to meet the needs of low-income elderly or disabled homeowners. Repairs and renovations include the installation of accessibility ramps, walk-in bathtubs, handrails as well as upgraded lighting, levered door handles, wider door openings and the elimination of trip hazards. These modifications allow seniors to enter, exit and live in their homes more safely and independently.

**Cost recovery:** Up to 25% of the repair cost and 100% of the permit fee is paid by the homeowner depending on which of the above programs are utilized.

**ABWK, CHR, HAFHR and AIP Eligibility Requirements:**

- Home must be owned and occupied for a minimum of two (2) years
- Household income at or below 80% of HUD median income (see chart below)
- Own (name on title) and occupy the home as the primary residence
- Verification that property taxes are not delinquent
- Current on mortgage payment or have no mortgage payments
- Fair Cash Value or Property Value less than \$287,000
- Verification of property insurance
- Certification from homeowners that they are not in danger of foreclosure and are not planning on selling their home in the next 36 months

Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Maximum Household Income	\$62,800	\$71,800	\$80,750	\$89,700	\$96,900	\$104,100	\$111,250	\$118,450

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

**Application Process**

Applications are available on Habitat for Humanity of Northern Fox Valley’s website, [www.habitatnfv.org](http://www.habitatnfv.org), or can be mailed to you by calling 847-836-1432.

If the application meets the eligibility requirements, an inspection of the repair work will be performed by Habitat for Humanity staff. The scope of work, budget, and repayment will be agreed upon by the homeowner prior to work commencing. Bidding and scheduling subcontractors, ordering materials, scheduling, supervising volunteers, ensuring compliance with building codes, and scheduling inspections will be the responsibility of Habitat for Humanity. Homeowners will be informed of the repayment amount prior to the work commencing and will have the opportunity to decide whether to move forward with the repair work. If work is authorized by the homeowner, one half of the homeowner’s portion will be due before the work is started, with the balance due upon the satisfactory completion of the work.

**HAFHR HOMEOWNER APPLICATION**  
**Grantee:** Chicagoland Habitat for Humanity

**Homeowner Information**

**Owner(s) Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Is/Are Applicant(s) receiving assistance from other rehabilitation programs?** Yes / No

**If so, list here:** \_\_\_\_\_

**Did the applicant receive ILHAF housing assistance in the past?** Yes / No

**Primary Applicant**

**First and Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Race (select those that apply to you):**

American Indian or Alaska Native

Asian- Chinese

Asian- Filipino

- Asian- Indian
- Asian- Japanese
- Asian- Korean
- Asian- Vietnamese
- Asian- Other
- Black or African American
- Pacific Islander- Guamanian or Chamorro
- Pacific Islander- Native Hawaiian
- White
- Decline to Answer

**Ethnicity:**

- Hispanic or Latino/a
- Non-Hispanic or Latino/a
- Decline to Answer

**Gender:**

- Female
- Male
- Non-Binary
- Decline to Answer

**Co-Applicant (if any)**

**First and Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Race: (select those that apply to you):**

- American Indian or Alaska Native
- Asian- Chinese
- Asian- Filipino
- Asian- Indian
- Asian- Japanese
- Asian- Korean
- Asian- Vietnamese
- Asian- Other
- Black or African American
- Pacific Islander- Guamanian or Chamorro
- Pacific Islander- Native Hawaiian
- White
- Decline to Answer

**Ethnicity:**

- Hispanic or Latino/a

Non-Hispanic or Latino/a

Decline to Answer

**Gender:**

Female

Male

Non-Binary

Decline to Answer

Is the household Limited English Proficiency?  Yes  No

**HOUSEHOLD INCOME INFORMATION**

1. Please list the names and ages of all individuals living in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Owner/Occupant's Employer:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Salary: \_\_\_\_\_  Weekly  Monthly  Annual

**3. Co-Owner's/Spouse's Employer:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Weekly Monthly Annual

**4. If anyone else in the household is working, or you or your spouse have a second job, please answer the following:**

**Other Person or second job:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Weekly Monthly Annual

**Other Person or second job:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Weekly Monthly Annual

**5. Does anyone in the household receive any of the following? If YES, please fill in the amount:**

Social Security: \_\_\_\_\_

Supplemental Income (SSI): \_\_\_\_\_

AFDC: \_\_\_\_\_

Child Support: \_\_\_\_\_

Disability: \_\_\_\_\_

Pension or Retirement: \_\_\_\_\_

Interest Income: \_\_\_\_\_

Other (Specify below): \_\_\_\_\_

**PROPERTY INFORMATION**

1. Are you the sole owner of the property?  **YES** /  **NO**    If no, list the other owners(s):

\_\_\_\_\_

2. What type of mortgage, if any? \_\_\_\_\_

3. Is the property your principal residence? \_\_\_\_\_

4. What type of property is your home?

Single-family detached

1-4 Unit Property

Condominium

Cooperative Mobile Home

5. Approximate Square footage of your home: \_\_\_\_\_ Sq. ft.

6. How many total rooms are in your home? \_\_\_\_\_ rooms

7. How many bedrooms are in your home? \_\_\_\_\_ bedrooms

8. How many bathrooms are in your home? \_\_\_\_\_ bathrooms

9. Please list the major repairs which you feel need to be done to your home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full.”**

**Applicant certifies that they qualify as an eligible homeowner as outlined in Eligible Homeowners in the Homeowners Assistance Fund Guidance**

**ELIGIBLE HOMEOWNERS**

Homeowners<sup>3</sup> are eligible to receive amounts allocated to a HAF participant under the HAF if they experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) and have incomes equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater. A HAF participant may provide HAF funds only to a homeowner with respect to qualified expenses related to the dwelling that is such homeowner’s primary residence.

HAF participants must require homeowners to attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

*Income Determinations.* With respect to each household applying for assistance, HAF participants may use HUD’s definition of “annual income” in 24 CFR 5.609 or use adjusted gross income as defined for purposes of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.

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<sup>3</sup>A HAF participant may determine an individual to be a “homeowner” if the individual holds a vested legal or equitable ownership interest in the relevant dwelling, in accordance with applicable state law.

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**Signature**

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**Signature**

**Date:** \_\_\_\_\_



## Application for *ABWK, CHR & AIP* Programs

### AUTHORIZATION, RELEASE AND HOMEOWNER'S AGREEMENT

I \_\_\_\_\_ certify that the information on this application is true and accurate and that I own the property at \_\_\_\_\_. I confirm that any physically able persons residing in my home or visiting on the project day will work alongside the Habitat for Humanity volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that A Brush with Kindness **MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.** I hereby agree that I, my assignees, their heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity of Northern Fox Valley or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity of Northern Fox Valley activities. I hereby release Habitat for Humanity of Northern Fox Valley and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Habitat for Humanity of Northern Fox Valley activities.

X Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION CHECKLIST

- What year was the house built? \_\_\_\_\_
- How long have you owned and lived in this home \_\_\_\_\_
- Have you owned and occupied your home for at least 24 months?  Yes /  No
- Is your home currently for sale?  Yes /  No
- Do you plan on selling your home in the next 36 months?  Yes /  No
- Is your house in foreclosure or in danger of foreclosure?  Yes /  No
- Have you received notice of any code violations which have not been resolved?  Yes /  No
- If yes, please provide a copy of the code violation or a detailed explanation.
- Is your home a trailer, mobile home, or located in a mobile home community?  Yes /  No
- Does your home have a Homeowner's Association?  Yes /  No
- Are there any unsanitary work conditions present in the home?  Yes /  No
- Is there a pest (roaches, bedbugs, lice, etc.) issue present in the home?  Yes /  No
- Is your home owned by a Trust or an Estate?  Yes /  No
- Have you taken out a Reverse Mortgage on your home?  Yes /  No
- Are there any liens (second mortgage, tax lien, mechanic's lien, judgement lien, HOA lien, child support liens, etc.) on your home?  Yes /  No
- Is your home located in a Registered Historic District?  Yes /  No



Have you completed all sections of this application?

Yes /  No

Did you **sign the application**?

Yes /  No

Did you enclose **proof of ownership and proof of property tax payment**, such as a property tax receipt?

Yes /  No

Did you enclose proof of **homeowner's insurance**, such as a copy of homeowner's insurance policy?

Yes /  No

Did you enclose a copy of **last year's return (1040) or tax transcripts**? (Free copies of tax transcripts may be ordered by calling the IRS at 1-800-829-1040. Allow two weeks for delivery)

Yes /  No

Did you enclose proof of current income or public assistance (**W-2, 1099, SSA Benefits Statement, etc.**)?

Yes /  No

Do you own and occupy this home as your primary residence?

Yes /  No

Does anyone in the household have special needs?

Yes /  No (If yes, please describe):

Is translation needed?  Yes /  No (If yes, what language):

Are you, or any family member living with you, a veteran of the United States Military?  Yes /  No

To be considered for *A Brush With Kindness, Critical Home Repair & Aging In Place* programs, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in working on your home is called "sweat equity," and includes being present and active in the day(s) events, working side by side with volunteers, and being responsive to Habitat for Humanity staff and hired contractors as applicable. Consideration will be made to the physical limitations of residents.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:  No  Yes

**X** Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

te Received:	
More Information Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Letter Sent:
Date Application Completed:	Date of Home Visit: