



P.O. Box 333  
 Longmont, CO 80502-0333  
 Phone: 303-682-2485  
 www.stvrainhabitat.org

## GLENS HOME REPAIR PROGRAM APPLICATION

Habitat for Humanity of the St. Vrain Valley’s Home Repair program is part of the Neighborhood Revitalization Program in The Glens neighborhood of Dacono. Habitat partners with homeowners to complete repairs when Homeowners are financially and/or physically unable to make changes on their own. Habitat will consider any interior or exterior repair, but projects will be selected based on need, willingness of the homeowner to partner, and Habitat’s ability to complete the repair. If you are considering applying to partner in our Home Repair Program, please contact Krystal Winship Erazo, Neighborhood Revitalization Manager, at 720-899-0893 or [kwinshiperazo@stvrainhabitat.org](mailto:kwinshiperazo@stvrainhabitat.org).

### 2021 WELD COUNTY Area Median Income

#### ELIGIBILITY

- Home is in The Glens neighborhood in Dacono
- Homeowner(s) owns and lives in the home being repaired, and it is the only home they own.
- All adults in the home combined earn less than 50% of the Area Median Income annually.
- Home is in need of repair(s) as determined by Habitat Construction Staff
- Homeowner has ability to pay 10% of total materials and labor costs before repair work begins.\*

	30% AMI	50% AMI
1 person	\$26,550	\$44,250
2 people	\$26,550	\$44,250
3 people	\$26,550	\$44,250
4 people	\$26,550	\$44,250
5 people	\$35,070	\$58,450
6 people	\$35,070	\$58,450
7 people	\$35,070	\$58,450
8 people	\$35,070	\$58,450

#### HOME REPAIR PROCESS

1. Application: Homeowner submits Application to Habitat.
2. Eligibility: Habitat determines homeowner eligibility.
3. Feasibility: Habitat assesses feasibility and scope of repair.
4. MOU: Homeowner and Habitat agree to a Memorandum of Understanding.
5. Repair: Repair is completed by Habitat in partnership with homeowner and volunteers.
6. Completion: Habitat and Homeowner certify completion of repair.

#### DOCUMENTS TO SUBMIT WITH APPLICATIONS

Please submit **COPIES** of the following documents with your completed application:

- Proof of income (Current Pay Stub, Social Security Benefits Letter, 2020 Federal Tax Return, etc)
- Proof of homeownership (such as a copy of the deed, property tax statement or mortgage statement)

*\*Additional documentation and information may be required for projects of a larger scope and/or if homeowner chooses to pay for the project with monthly payments.*

**This is an equal opportunity program. Discrimination is prohibited by Federal Law.**



Name:	Address:	Date Application Received:
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**PLEASE SUBMIT COMPLETED HOME REPAIR APPLICATIONS TO:**

**Habitat for Humanity of the St. Vrain Valley, Neighborhood Revitalization Manager,  
Krystal Winship Erazo**

**720-899-0893  
kwinshiperazo@stvrainhabitat.org  
www.stvrainhabitat.org**

**by mail:  
P.O. Box 333  
Longmont, CO 80502-0333**

**in person by appt:  
303 Atwood Street  
Longmont, CO 80501**

**SECTION 1 - Homeowner Information**

Legal Name of Homeowner(s):		Date(s) of Birth: _ / _ / _ _ / _ / _
Home Address:	City:	Zip:
Email:		
Telephone Numbers:      H: Please include area code      C:	When was your home purchased? Month & Year:	

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: _____	Date of Birth: _____
Name/relationship _____	Date of Birth: _____
Name/relationship _____	Date of Birth: _____
Name/relationship _____	Date of Birth: _____
Name/relationship _____	Date of Birth: _____
Name/relationship _____	Date of Birth: _____

Is anyone in your household a veteran?     Yes     No  
 Is anyone in your household currently in the military?     Yes     No  
 Do you own property in addition the home described in this application?     Yes     No

**SECTION 2 - Special Considerations**

Is the homeowner or anyone in the home disabled?     Yes     No  
 If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches     Wheelchair Bound     Blind     Hearing Impaired     Loss of Limb  
 Mentally Disabled     Other: \_\_\_\_\_

Is translation needed?     Yes     No    If yes, what language: \_\_\_\_\_

### SECTION 3 - Household Income and Mortgage Information

The *total, combined* income *before taxes* for ALL adults living in the home is: \$ \_\_\_\_\_ **per year.**

Are you current on your mortgage and property taxes?       Yes       No

If you have a mortgage, what is your total monthly payment? \$ \_\_\_\_\_ / month

### SECTION 4 - Sharing Your Personal Information?

If the homeowner or anyone in the home is a senior or disabled, meeting with a health care professional to help identify how a repair can help with activities of daily living and explore available services is encouraged. Would this be helpful for you?

Yes       No

If your application is a more appropriate fit with other, similar programs may we share it with them?

Yes       No

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Habitat for Humanity of the St. Vrain Valley your consent to share the information you provide on this application with similar organizations assisting in Repair projects, or with Service Providers for programs or resources you wish to apply for.*

### SECTION 5 – Media and Publicity

Where did you learn about Habitat’s Home Repair Program?

City of Dacono     Newspaper     Flyer     Friend     Neighbor     NextDoor.com

OTHER (please describe): \_\_\_\_\_

If Habitat 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 6 - Homeowner’s Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. After repairs are complete, I/we have the intention to live in this home as our primary residence. I confirm that all homeowners and occupants over 16 years old will assist with project or contribute agreed upon sweat equity. I understand that I have the opportunity to be involved in decisions related to the project including choosing finishes, colors, styles of materials to be used. Occupants will be sensitive to volunteers working within the home. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law, I agree to sign a release and waiver of liability.

HOMEOWNER SIGNATURE

DATE

HOMEOWNER SIGNATURE (if applicable)

DATE

## SECTION 7 – House Description

Year Built	
Approx. Square Feet	
# of Bedrooms	
# of Bathrooms	
Date Purchased (mm/yy)	

*Indicate and describe any area in need of repair. Include problems with Carpentry, Electrical, Plumbing, Roofing, Painting, Appliances, Doors and Windows, etc.*

*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 Habitat for Humanity’s Home Repair staff. The work done by our Home Repair Staff and volunteers will focus on health and safety for the homeowners, staff and volunteers.*

***Our volunteers are not professionals and may not be able to make all repairs. Please Print.***

### House Exterior

	YES, needs repair	NO, does not need repair	N/A, does not exist	Description of needed repairs
Roof				
Gutters				
Windows				
Exterior Doors				
Siding				
Paint on Siding/Trim				
Foundation				
Porch				
Any other Exterior Repairs				

<b>House Interior</b>				
	<b>YES, needs repairs</b>	<b>NO, does not need repairs</b>	<b>N/A, does not exist in home</b>	<b>Description of needed repairs</b>
Bedrooms				
Bathrooms				
Kitchen				
Living Room				
Dining Room				
Laundry Room				
Utility Closet				
Additional Living Space				

## Section 8- Checklist

Did you complete all the sections of this application and **sign the application?** (Pages 3 AND 6)

Yes  No

Did you include required documentation?

- Proof of Income for all adults 18 or over in the household (Social Security Letter, 2020 Federal Tax Return)
- Proof of homeownership (such as a copy of the deed, property tax statement or mortgage statement)

The homeowner understands and authorizes Habitat for Humanity to perform an in-depth study to determine the applicant's need and eligibility. This study may include a criminal background check, sex offender registry check and credit check.

The applicant understands that submission of this application does not guarantee services will be completed by Habitat for Humanity.

The statements made in this application are true and correct to the best of the undersigned's knowledge and belief. You are required to notify Habitat of any change in your financial or living situation after the date of application.

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER (if applicable)

\_\_\_\_\_  
DATE

## Section 9 – Demographics (Optional)

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

### **Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

### **Gender:**

- Male
- Female

### **Race: (Mark one or more)**

- 1 American Indian/ Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

## Section 10 - For use by Habitat for Humanity of the St. Vrain Valley Staff

When an application is submitted, the applicant's eligibility will be determined based on the date the application was received. Habitat Staff will meet with the applicant at their home to determine the feasibility of the Repair project and identify the Scope of Work. Habitat will consider any interior or exterior repair, but projects will be selected based on need, willingness of the homeowner to partner, and Habitat's ability to complete the repair.

The criteria below may be used to select or prioritize Repair projects when multiple applications have been received by HFHSVV.

	<b>0 Not Feasible</b>	<b>1 Feasible Project</b>	<b>2 High Priority</b>	<b>Score</b>
<b>Project Need</b>	Homeowner owns other property or does not plan to stay in the home.	Non-hazardous or Preventive Repairs	Repairs needed for home to be safe, sanitary, functional	
<b>Homeowner Special Needs</b>		Home is owner occupied in the Glens of Dacono	Applicant is a Veteran, Elderly or Disabled	
<b>Homeowner Need</b>	Combined Household Income >50% AMI	<50% AMI	<30% AMI	
<b>Willingness of Homeowner to Partner</b>	Unwilling to participate or contribute partial payment.	Applicant has ability to participate and host volunteers	Applicant is an engaged volunteer with Glens Coalition	
<b>Ability of HFHSVV to complete Repair</b>	Home is beyond current capacity of HFHSVV to repair, OR needed Repairs exceed \$22,500	Repair requires technical capacity of HFHSVV staff or subcontractors. Estimated cost 10,000-15,000	Repair is suited to a small team of volunteers. Estimated cost <10,000	
Total Feasibility Score (0 – 10)				