## Hammers of Hope is a program of:



DO NOT RETURN this cover letter, just the application please.

# PLEASE MAKE SURE THAT SURVEY ON LAST PAGE OF APPLICATION IS FILLED OUT AND RETURNED WITH APPLICATION



## HAMMERS OF HOPE APPLICATION HOME REPAIR PROGRAM

Hammers of Hope is intended to be a safety net that provides home repairs, focused on increased health and safety, increased independence, and greater accessibility issues to low-income families, seniors, and persons with disabilities.

#### HOME OWNER REHABILITATION PROGRAM APPLICATION

You may opt out of answering any part of this form; however, doing so may affect your ability to qualify for the program.

#### I. APPLICANT CHECKLIST

Dia ability base of the latter

The following items must be submitted with your application for ALL persons residing in or associated with the applicant household/address:

## APPLICATION CHECKLIST

(please provide those items that apply to you and those who live with you):

| All Benefit Letters should be date | d within the last two | (2) months. |
|------------------------------------|-----------------------|-------------|
|------------------------------------|-----------------------|-------------|

| ш | Disability benefit letter                                   |
|---|---|
|   | Circuit Breaker Form  |
|   | SSI benefit letter  |
|   | TANF benefits letter  |
|   | Pension/Annuity benefit letter                              |
|   | Unemployment benefit letter                                 |
|   | Veteran benefit letter                                      |
|   | Child Support benefit letter                                |
|   | Food Stamp award letter                                     |
|   | Most recent bank statements                                 |
|   | Copy of Valid State ID or License                           |
|   | Rental Income Verification                                  |
|   | Interest/Dividends statements                               |
|   | Signed Application  |
|   | Most Recent Payroll Stubs                                   |
|   | No Income Affidavit   |
|   | Copy of Federal/State Taxes (if filed)                      |
|   | Copy of paid real estate taxes (Standard residence repairs) |
|   | Copy of paid personal property (Mobile home repairs)        |

All information and materials contained in your application shall be held in confidence and not as public record.

#### II. ADDITIONAL INFORMATION

After the submission of all required documents along with the completed application, HOH (Hammers of Hope) will review the application to evaluate whether or not the applicant(s) qualifies for the program. The applicant will be notified if their application is either accepted or denied.

If the applicant qualifies for the program, a HOH representative will contact the applicant to arrange for an interview/site evaluation. At this meeting the HOH representative will answer any questions you might have about the Program and discuss the Scope of Work that will be prepared which outlines the repairs to be done on the property.

SUBMIT THIS APPLICATION AND ALL REQUIRED DOCUMENTS TO:
Hammers of Hope
c/o Jefferson County Community Partnership
3875 Plass Rd Bldg. A
Festus, MO 63028



## **Standard Application**

3875 Plass Rd Bldg A Festus, MO 63028 Phone: Dean McKee 636-465-0983 x103

Fax: 636-465-0987 Website: www.hammersofhope.org

| SECTION A HOMEOWNER INFORMATION Please Print Clearly   |               |  |              |                       |  |  |
|--|---------------|--|--------------|-----------------------|--|--|
| Name(s) of Homeowners  | s:            |  |              |                       | Office use-date received                         |  |
| Mr. Mrs. Ms.:  |               |  |              |                       |  |  |
| Address:   |               |  |              |                       | Approved<br>Denied<br>Referred                   |  |
| City:  |               | Zip Cod  | de:          |                       | Case #   |  |
| Home Phone:  |               |  |              | _                     | Please check ethnicity: □White □African-American |  |
| Cell Phone:  |               | <del></del>  |              |                       | □Hispanic  |  |
| Work Phone:  |               |  |              |                       | □Native-American □Asian □Other:                  |  |
| Email:   |               |  |              |                       | Veteran: □No □Yes                                |  |
| Emergency Contact Nan  | ne:           |  |              |                       | □Spouse of Veteran Branch:                       |  |
| Emergency Contact Nur  | nber:         |  |              |                       | Rank:<br>Dates of Service:                       |  |
| Estimated value of the home: \$Age of Home: How long have you lived in home?Is the home your principal residence |               |  |              |                       |  |  |
| List the   | names and cur | rent age of <b>ALL</b> per<br>(attach list if more | eople living | in the home, in       | cluding applicant                                |  |
| Full Name  | Date of Birth | Relation to Homeowner                              | Gender       | List all disabilities |  |  |
| 1.   |               | Homeowner  |              |                       |  |  |
| 2.   |               |  |              |                       |  |  |
| 3  |               |  |              |                       |  |  |
| 4.     5.  |               |  |              |                       |  |  |
| 6.   |               |  |              |                       |  |  |
| 7.   |               |  |              |                       |  |  |
| 8.   |               |  |              |                       |  |  |

## SECTION B PROVIDE INCOME FOR ALL HOUSEOLD MEMBERS

IF ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER DOES NOT RECEIVE ANY INCOME OR BENEFITS THEY MUST COMPLETE THE NO INCOME AFFIDAVIT

### YOU MUST PROVIDE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU.

| Monthly GROSS<br>Income Amounts<br>(before taxes)  | Name | Name | Name | Name | Name | Name |
|--|------|------|------|------|------|------|
| Employment Wages   |      |      |      |      |      |      |
| Social Security  |      |      |      |      |      |      |
| Disability/SS  |      |      |      |      |      |      |
| Pension/Annuities  |      |      |      |      |      |      |
| Unemployment   |      |      |      |      |      |      |
| Rental Income  |      |      |      |      |      |      |
| Child Support  |      |      |      |      |      |      |
| Food Stamps  |      |      |      |      |      |      |
| Unemployment   |      |      |      |      |      |      |
| Other Income   |      |      |      |      |      |      |
| Total Gross Monthly Income   |      |      |      |      |      |      |
| List the amount of <b>EACH PERSON'S CURRENT ASSETS.</b> If you do not have a certain asset, write "N/A." |      |      |      |      |      |      |
| Checking Account   |      |      |      |      |      |      |
| Savings Account  |      |      |      |      |      |      |
| Certificate of Deposit   |      |      |      |      |      |      |
| IRA/Mutual<br>Funds/Stock  |      |      |      |      |      |      |

## **Acceptable Documents:**

Benefit letter dated within last 2 months for: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps and Unemployment.

2 most recent Payroll Stubs.

Full Bank Statements for all accounts for last 2 months.

If all income documents are not enclosed, your application cannot be processed.

| Section C HOUSE IN you must own your h  |   | does not work on condos, roofs or septic systems and  |  |  |
|---|---|---|--|--|
| Check all that apply:  ☐ One Story ☐ Two St   | tory □ Mobile Home  | □ Wood Frame/Siding □ Brick □ Basement  |  |  |
| Types of Repai  | irs Needed  | Brief Description of Repair   |  |  |
| Electrical  | ☐ Yes ☐ No  | Brief Description of Repair   |  |  |
| Plumbing  | ☐ Yes ☐ No  |   |  |  |
| Exterior<br>Repairs/Decks and<br>stairs   | ☐ Yes ☐ No  |   |  |  |
| Water Heater  | ☐ Yes ☐ No  |   |  |  |
| Doors / Windows   | ☐ Yes ☐ No  |   |  |  |
| Bathroom repairs  | ☐ Yes ☐ No  |   |  |  |
| AC/Heating  | ☐ Yes ☐ No  |   |  |  |
| Grab bars, railings, etc.   | ☐ Yes ☐ No  |   |  |  |
| Other:  | ☐ Yes ☐ No  |   |  |  |
| Explain why you/your formade these repairs:   | amily have not  | How will these repairs help you:  |  |  |
| Except for ramp builds Hamme be a ONE day event. Please lis most important repairs needed:  1   | t in your opinion the three   | List other agencies you have contacted and referred you to us or has denied you services: Put an (R) for referral and a (D) for denial  1  2  3   |  |  |
| General Release Form: I/we hereby authorize Hammers of Hope or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, banking information, and residency and from all persons, companies, or firms holding or having access to such information. Hammers of Hope or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Hammers of Hope the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Hammers of Hope for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of five (5) years.  My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Hammers of Hope and have a basic understanding of the program and its process. I give Hammers of Hope with volunteers my permission to inspect my home |   |   |  |  |
| for purposes of house selection<br>our mission parameters.) I give<br>I certify that all the inform<br>that any misrepresentate   | and/or repair. (I understand<br>we my permission information<br>mation in this application<br>ion of information or fai | that HOH reserves the right of refusal should a project be determined to not fit in to be shared with other agencies that might be able to help me.  In (All sections and any affidavits) are true and complete. I understand filure to disclose information requested on this form may disqualify me may be grounds for termination of assistance and civil penalties. |  |  |
| Applicant Sig   | nature:   | Date:   |  |  |
| -   |   | Date:   |  |  |
| • ,   |   | N and PROOF OF INCOME DOCUMENTS TO:   |  |  |
|   | C/O Jefferso  | Hammers of Hope on County Community Partnership   |  |  |

3875 Plass Road, Bldg. A Festus, MO 63028



## **Homeowner Hold Harmless Agreement**

I affirm that in consideration of the work to be performed by Hammers of Hope, a charitable effort coordinated by Jefferson County Community Partnership, a team of community volunteers, contracted service providers and partnering agencies on and about the Premises (as defined herein), I, as the owner of the Premises and the beneficiary of the improvements to be performed thereon, for myself, my heirs, assigns, successors, executors, and administrators, hereby release and hold harmless Hammers of Hope, a charitable effort coordinated by Jefferson County Community Partnership and its affiliates, officers, directors, employees, agents and volunteers (collectively "Hammers of Hope Affiliates") from any claims that may arise by reason of any negligence and any cause of action, claim, loss, demand, or suit including, but not limited to:

- (1) the presence of any Hammers of Hope Affiliate on or about the Premises,
- (2) any services provided;
- (3) any damages to personal or real property; or
- (4) any injuries sustained by myself, any of my family members, or any of my invitees.
- I represent that no other person or entity other than the undersigned owns any interest in and to the Premises.

(in the case of mobile homes I will provide written permission from the mobile home park for the ramp construction)

- I further accept and agree that all work performed by Hammers of Hope, Jefferson County Community Partnership, their employees, agents, and volunteers is being provided in an "AS IS" condition and no warranties, express or implied, are being made with respect to the work performed or products being provided.
- I acknowledge that the Work Summary listed outlines the general scope of work that may be performed by Hammers of Hope on or about the Premises and it may not address all issues identified in the home evaluation.
- I authorize Hammers of Hope to complete the work described in this application and to enter on to my property for that purpose.
- I further acknowledge that Hammers of Hope does not have any obligation to complete any of the tasks set forth in the Work Summary and may perform work not listed thereon without my prior consent if necessary to complete the project.
- Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, agents and volunteers against any loss and against any claim, demand, or action that may be brought against them arising out of this agreement.

I also agree to have any pictures taken of me or my project to be used for promotional purposes by Hammers of Hope or Jefferson County Community Partnership. I further accept and agree that all work performed by Hammers of Hope, Jefferson County Community Partnership, their employees, agents, and volunteers is being provided in an "AS IS" condition and no warranties, express or implied, are being made with respect to the work performed or products being provided. I authorize Hammers of Hope to complete the work described in this application and to enter on to my property for that purpose. Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, agents and volunteers against any loss and against any claim, demand, or action that may be brought against them arising out of this agreement.

| Date:                |  |
|----------------------|--|
| Homeowner Signature: |  |
| Name (Print)         |  |
| Witnessed by:        |  |

## **Hammers of Hope Safety & Living Environment Survey**

Please respond to each section from two points in time: before the repair was received and after the repair was finished.

Complete each section checked below. Use the following scale to answer.

1=No 2=Probably Not 3=Neither Yes nor No 4=Probably Yes 5=Yes N/A=Not Applicable

|   | ALL CLIENTS: Answer questions using scale above.      | Before<br>Repair | After<br>Repair |
|---|---|------------------|-----------------|
| 1 | My home is a comfortable place to live                |                  |                 |
| 2 | My home is safe from problems leading to injury       |                  |                 |
| 3 | My home is a healthy place to live                    |                  |                 |
| 4 | I am able to move around in my home with greater ease |                  |                 |
| 5 | I am able to remain living independently in my home   |                  |                 |
| 6 | Overall, I am happy with where I live                 |                  |                 |

|   | MOBILITY REPAIRS (Decks, Ramps, Stairs, Grab Bars): Answer questions using scale above. |  | After<br>Repair |
|---|---|--|-----------------|
| 7 | I can get in and out of my home safely  |  |                 |
| 8 | I can remain in my home with good accessibility   |  |                 |
| 9 | I can remain in my home with good mobility  |  |                 |

|    | ALL OTHER REPAIRS: Answer questions using scale above.                 | Before<br>Repair | After<br>Repair |
|----|--|------------------|-----------------|
| 10 | My home is in good working order                                       |                  |                 |
| 11 | The temperature in my home is pleasant                                 |                  |                 |
| 12 | My fixtures / appliances are in working order                          |                  |                 |
| 13 | My floors / doors are in good condition (not including cosmetic needs) |                  |                 |
| 14 | My home is free from water leaks                                       |                  |                 |
| 15 | I can manage home tasks (cooking/laundry/cleaning)                     |                  |                 |
| 16 | I can manage personal hygiene (bathing/toilet/handwashing)             |                  |                 |

Hammers of Hope is supported by charitable grants.

These questions are a portion of what is required by funders to support Hammers of Hope.

Thank you for your time answering these questions.

| For office use:   |           |
|-------------------|-----------|
| Client Name:      | Case No.: |
| Nature of Repair: |           |