

Home Preservation/Repair Program

Thank you for your interest in Habitat for Humanity of DeKalb County's (HFHDC) Home Preservation Program. All applications will be reviewed during our review period as posted on our website. Please note not all applicants will be accepted into the program. In addition to owning and occupying the home, applicants must meet the following:

Need

- a. Necessity of repair or maintenance for the purpose of preservation or critical repairs as determined by HFHDC.
- b. Inability to obtain a conventional loan to pay for needed repairs.
- c. Inability to carry out maintenance and repairs due to age, disability, or family circumstances.
- d. Home value less than \$250,000, as determined by HFHDC utilizing AVI models.

Ability to Pay

- a. Household Income Limit: Gross annual household income cannot exceed 80% of the median family income for DeKalb County, as determined by the U.S. Department of Housing and Urban Development.
- b. Proof of stable income for the last 6 months with the likelihood of continued income.
- c. Proof of mortgage payments, insurance and taxes are current.

Willingness to Partner

- a. Partners agree to be a positive representative of HFHDC, including attending and participating in public functions, surveys and interviews.
- b. Partners agree to provide a testimonial regarding their experience in the program which may be used for future marketing.

Scope of Work

Before any work begins, a site visit will be conducted to determine an agreed upon scope of work by the homeowner and HFHDC, or their representative. The scope and fee will be discussed with the applicant, if agreed upon, a contract will be prepared between the applicant and HFHDC. All application information and agreements shall be completed and executed prior to any work beginning. Repair work is limited to the following:

Items included, but not limit to:

1. Decks/Porches and Windows/Doors due to safety concerns or inoperability
2. Fences and Landscaping (including small brush and tree removal) due to safety or code violations
3. Water Heaters, toilets and sink replacements needed due to inoperability
4. Roofs (At the discretion of HFHDC)
5. Grab bars/handrails/smoke detectors and handicap ramps to meet accessibility and safety needs
6. Weatherization needs to improve energy efficiency of the home (as determined by HFHDC)

Items **NOT** included in the program:

1. Structural repairs within mobile homes
2. Major plumbing/electrical repairs (unless otherwise approved by HFHDC)
3. Air conditioning/furnace repair (unless otherwise approved by HFHDC)
4. Mold removal (unless otherwise approved by HFHDC)

Repayment Structure

Total repair costs not to exceed \$7,500 and all projects are subject to the discretion of the HFHDC. The cost to applicants for all repairs will be calculated based on the following:

- Project costs between \$0 and \$5,000
 - Shall be repaid to HFHDC at 20% of the total project cost (not to exceed \$1,000).
 - Program costs to the applicant are to be paid in a lump sum or monthly to HFHDC over six months, per the contractual agreement.
- Project costs between \$5,001 and \$7,500
 - Shall be repaid to HFHDC at 25% of the total project cost (not to exceed \$1,875).
 - Program costs to the applicant are to be paid in a lump sum or monthly to HFHDC over twelve months, per the contractual agreement.

No applicant shall be awarded more than one repair project per calendar year and no more than two projects within a five-year period.



We build strength, stability, self-reliance and shelter.

Where did you learn about Habitat for Humanity of DeKalb County Home Preservation Program?

Friend/Family Website Radio Church/Faith Org. Nonprofit org. Other

MONTHLY INCOME

Monthly Income	Applicant	Co Applicant
Gross-Employment Income	\$	\$
Food Stamps	\$	\$
Social Security	\$	\$
Disability	\$	\$
Child Support / Alimony	\$	\$
Section 8 Housing	\$	\$
Rental Assistance	\$	\$
Veterans Benefits	\$	\$
FIP (Family Investment Program)	\$	\$
Student Loan	\$	\$
Utilities / Fuel Assistance (LIHEAP)	\$	\$
Other	\$	\$
TOTAL	\$	\$

REQUESTED REPAIRS

Briefly describe the type of work needed for your home. Attach a separate piece of paper if needed. Items listed below will be considered for repair, but the final decision on what work can be done will be made at the discretion of the Habitat for Humanity DeKalb County.



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AUTHORIZATION, RELEASE AND HOMEOWNERS AGREEMENT

I/we, _____ certify that the information on this application is true and accurate and that I own and reside in the property at _____ . I/we confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I/we 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 Habitat for Humanity MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE/RESIDENCE. I/we hereby agree that, my assignees, their heirs, distributed, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity activities. I/we hereby release Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I/we, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damaged resulting from my participation in any Habitat for Humanity activities.

Applicant Signature _____ Co-Applicant Signature _____

Date _____ Date _____

SUPPORTING DOCUMENTS

In order to process your application, please be prepared to include the following supporting documents:

Proof of homeownership (This may include a copy of the **Deed of Trust** or most recent **Property Tax Receipt**.)

Proof of current homeowner insurance

Proof of property tax payment

Proof of income (recent payroll stubs, bank statements, letter of benefits)

Complete all sections of the application

Sign and date the application

Return Application and all attachments to:

**Kim McIver, Executive Director, 308 W. State Street, Suite 302, Sycamore IL 60178
kim.mciver@habitatdcil.org**

FOR OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

Date Received			
More Information Requested?	Yes	No	Date Letter Sent: