



Building Homes, Community, and Hope in the Heart of Massachusetts since 1985

Thank you for your interest in the Habitat for Humanity MetroWest/Greater Worcester Home Repair program. Our work through the Home Repair Program will include handicap accessibility modifications (wheelchair ramps, grab bars, and handrails), roof repair, floor repair, and other health and safety home repairs. Home Repair is **NOT** an emergency repair program; there may be a months-long waiting period for repair work to be done.

Eligibility Criteria for the Home Repair program are as follows:

- You must own the home where the repairs are to be made, and the home cannot be an income-producing property.
- You must occupy the home as your primary residence.
- You (or a member of your household) must have a need that makes the requested repairs necessary.
- Your household income must fall between 30%-80% of A.M.I. (Area Median Income) as defined by HUD. *See income guidelines listed below on page 2.*
- Those receiving Home Repair services must be present during the duration of the repair work when working inside the home. Any able-bodied household is welcome to participate (where applicable). Other friends and family (not in the household) are also encouraged to participate.
- Applicant must demonstrate a willingness and ability to pay for project cost based on a sliding scale.

Important to understand:

- Homeowners will have to pay for Home Repair services on a sliding scale based on household income
- Habitat for Humanity MetroWest/Greater Worcester may only be able to commit to part of what a house needs
- Cost for the project will include materials, contracted labor, and supervision.
- Upon acceptance into the program, participants must agree to a payment plan, which will begin immediately. Applicant must be current with a plan to remain eligible. All pre-payments will be held in escrow until the project is begun. If the applicant withdraws from the program or is disqualified for any reason before beginning the project, 100% of escrowed funds will be returned to the applicant.
- No interest will be charged
- A Recapture Agreement shall be executed and notarized prior to work commencing.



NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

Household Income
2019 Area Median Income (AMI) 30% Min – 80% Max

Worcester County		FY 2019		
Family Size		30%	60%	80%
1		19,850	39,660	52,850
2		22,650	45,300	64,400
3		25,500	50,940	67,950
4		28,300	56,580	75,450
5		30,600	61,140	81,500
6		34,590	65,640	87,550
7		39,010	70,200	93,600
8		43,430	74,700	99,600

Middlesex County		FY 2019		
Family Size		30%	60%	80%
1		24,900	49,800	62,450
2		28,450	56,880	71,400
3		32,000	64,020	80,300
4		35,500	71,100	89,200
5		38,400	76,800	96,350
6		41,250	82,500	103,500
7		44,100	88,200	110,650
8		46,950	93,900	117,750



Paperwork Needed for Home Repair Application

You will need to provide proof of total household income by providing copies of the supporting documentation listed below. Your application will be considered incomplete if copies of supporting documentation are not provided with the application. You can bring supporting documentation to our office, located at 640 Lincoln Street, Suite 100, Worcester, MA 01605 and we will gladly make the copies for you.

If you need assistance in completing the application, call the Family Services Coordinator at (508) 799- 9259 ext. 109 to schedule an application appointment.

Provide the following documents when you return your application:

- Copies of Driver's License and/or Massachusetts I.D. for all adult family members (18 years and older)**
- Proof of Income (as applicable) – bank statements cannot be used as an income statement**
- Copies of current Award Letters or most recent stubs for:**
 - SSI**
 - Social Security**
 - Pension or Retirement**
 - Disability (SSDI)**
 - Child Support**
- Copies of Pay Stubs for the most recent three months**
- Last 3 months of bills**
- Last 3 months of bank statements from checking accounts and savings accounts**

To Order a Social Security Statement, please call 1-866-331-9069.



Habitat for Humanity MetroWest Greater Worcester
640 Lincoln Street Suite 100
Worcester, MA 01605
Office: 508.799.9259 ext. 109
Office Hours: Monday – Friday 9:00 AM – 5:00PM

Home Repair Application

Dear Applicant: Please complete this application to determine if you qualify for Habitat for Humanity MetroWest Greater Worcester Massachusetts's Home Repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. All homeowners listed on the deed must be included on this application.

Applicant Information

Applicant Name: _____ Co Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Years at Address: _____ Email: _____

Do you own the home where work is to be done? YES or NO

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)

Is anyone in your household a veteran? Yes No Name: _____

Are you a widow/ widower of a veteran? Yes No

Number of persons living in your home (including applicant): _____

Year the home was built: _____

Mortgage Information

Are you making on-time loan payments on your home? YES or NO N/A I no longer have a mortgage payment

What is the estimated current value of your home? _____

How much, if any, do you still owe on your mortgage? _____

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

Do you currently have homeowner's insurance? YES or NO Name of Insurance: _____

Requested Repairs

Please check (✓) the types of repairs or modifications you are requesting for your home.

_____	Ramp access to primary entrance
_____	Hand Rail to primary entrance
_____	Grab bars in bathroom
_____	Roof repair/ Replacement
_____	Floor repair
_____	Plumbing
_____	Electrical
_____	Decking or porch repair
_____	Other

Personal Statement

Please write a brief explanation of why you are in need of Home Repair services. Include pictures of home if possible.

If you need more space, please include a separate piece of paper



Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home.

You must provide proof of all household income.

Name	Relationship	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, etc...)
	Applicant		
	Co-Applicant if applicable		

I certify that the income reported above represents 100% of the total monthly income for my household:

Applicant Signature

Date

Co - Applicant Signature

Date

COMBINED MONTHLY EXPENSES					
	Applicant		Co-Applicant		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Mortgage & Insurance *	\$	\$	Car Payment	\$	\$
Property Taxes *	\$	\$	Child Care	\$	\$
Heating Fuel *	\$	\$	School Expenses	\$	\$
Electric *	\$	\$	Job Related Expenses	\$	\$
Phone: Cell *	\$	\$	Total Monthly Credit Card payments	\$	\$
Home*	\$	\$			
Internet + Cable *	\$	\$	Student Loan	\$	\$
Other			Alimony You Pay	\$	\$
Insurance: Auto *	\$	\$	Child Support You Pay	\$	\$
Health *	\$	\$			
Life *	\$	\$			
Total	\$	\$	Total	\$	\$
Total for Applicant	= \$		Total for Co-Applicant	= \$	

Total Monthly Expenses (Applicant + Co-Applicant) = \$ _____

***PLEASE ATTACH COPIES OF TWO MONTH'S BILL FOR STARRED ITEMS ABOVE.**

ASSETS: Checking and Savings Accounts

<p>1. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ Type of account: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance _____</p>	<p>3. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ Type of account: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance _____</p>
<p>2. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ Type of account: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance _____</p>	<p>4. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ Type of account: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance _____</p>

Permission to Refer

If your needs can be met more appropriately by another program, may we share your contact information with them?
 (circle one)

YES NO

Your application will be kept confidential

Military Background

Branch: _____	If yes, please attach a DD214
Years of service: _____	RANK: _____
Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>	



HOMEOWNERS INSURANCE VERIFICATION AUTHORIZATION

Insurance Company Name:

Agent Name:

_____ Agent phone number

Policy#:

I authorize a representative of the above-named insurance company to provide proof of homeowner insurance to Habitat for Humanity MetroWest Greater Worcester.

Name:

Property address:

Signature

_____ **Date**

(Applicant)

Signature

_____ **Date**

(Co-Applicant)

Habitat for Humanity MetroWest Greater Worcester
640 Lincoln Street Suite 100
Worcester, MA 01605
P: 508.799.9259 ext. 109 ~ Family Services Coordinator
F: 508.799.3925
E: familyservices@habitatmwgw.org

Please read thoroughly the below statements and sign your agreement to all as stated.

- ✓ I/ We understand that unpaid volunteers will complete labor for this program under the administration of Habitat for Humanity MetroWest/ Greater Worcester's Construction Site, Supervisor/ Manager.
- ✓ I/ We own and occupy the home listed on this application.
- ✓ I/ We also understand that Habitat for Humanity MetroWest/ Greater Worcester offers no warranties, expressed or implied, regarding any of the material used or work completed during this project
- ✓ I/We here release Habitat for Humanity MetroWest Greater Worcester, all volunteers, and staff associated with this program from any liability whatsoever.
- ✓ I/We intend to continue to occupy my home for at least five years.
- ✓ I/We certify that in signing this application, I am authorizing Habitat for Humanity MetroWest/ Greater Worcester to evaluate my need for home repairs and renovations.
- ✓ I/We certify that I understand that Habitat for Humanity MetroWest/ Greater Worcester may not be able to provide all of the repairs I/ We have requested on the application.
- ✓ I/ We certify that I will provide all household income to Habitat for Humanity MetroWest Greater Worcester and will allow Habitat for Humanity MetroWest Greater Worcester to conduct certification of household income, credit report, verify people on the deed, and make personal visits to my home.
- ✓ I/ We certify that this application and all copies of supporting documents will become the property of Habitat for Humanity MetroWest/ Greater Worcester and will not be returned to me, and Habitat for Humanity MetroWest/ Greater Worcester will keep the original application on file permanently if chosen and 25 months past decision if not approved.
- ✓ I/ We certify that I will communicate program information and requirements, an explanation of repairs made, and any property lien information with all other titleholders (if any) of the property listed on the application.
- ✓ I/We certify that the information on this application is accurate.

Signature of all persons listed on the deed:

Applicant Signature

Date

Co-applicant Signature

Date

Applicant Agreement

I at this moment authorize and instruct Habitat for Humanity MetroWest Greater Worcester, Inc. (hereafter HFHMWGW) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHMWGW. I understand and agree that HFHMWGW intends to use the credit report to evaluate my financial readiness for Home Repair services. I understand that according to my ability, I will be required to repay a 0% interest loan to pay for the home repair unless otherwise stated in the homeowner agreement. I also allow HFHMWGW to perform a SORI (Sex Offender Registry Information) on the applicant and co-applicant, along with all persons over the age of 18 living in the home.

I understand that by filing this application, I am authorizing Habitat for Humanity MetroWest Greater Worcester to evaluate my need for home repairs and my ability to repay a no-interest loan. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and that even if I have already been selected to be eligible to receive Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity MetroWest Greater Worcester even if the application is not approved.

Applicant Signature(s)

Co Applicant Signature(s)

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

Name	Date	Contact Number	Organization (if applicable)
_____	_____	_____	_____

Mail or email completed application along with supporting documentation to:

Habitat for Humanity MetroWest/ Greater Worcester

Attn: Family Services Coordinator

640 Lincoln Street Suite 100

Worcester, MA 01605

508.799.9259 ext. 109

Email: homerepair@habitatmwwg.com

Please read this statement before completing the information below

The following information is requested by the federal government for loans, to monitor lender’s compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither disseminate based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex based on visual observations or surname. If you do not wish to furnish the information below, please check the box indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify)</p> <p>Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Date of Birth: ____/____/____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify)</p> <p>Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Date of Birth: ____/____/____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)</p>



Photo & Video Release

I, the homeowner, grant and convey in perpetuity to Habitat for Humanity MetroWest/ Greater Worcester all right, title and interest in any photographic images, use of the homeowner's name, printed interviews or statements, and video or audio recordings made by Habitat for Humanity MetroWest/ Greater Worcester and/ or its agents, contractors, directors, employees, officers, volunteers and other representatives in the course of performing the work (described in the Home Repair agreement) including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, printed materials or recordings.

Homeowner's Name (Printed)

DATE

Homeowner's Name Signature

Co Applicant's Name (Printed)

Co-Applicant's Name Signature



CREDIT CHECK AND SEXUAL OFFENDER RECORD INFORMATION (SORI)

Acknowledgment Form APPLICANT

All persons over the age of 18 in the household must have a SORI completed

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ --- _____ -- _____

Mother's Full Name along with Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

SUBMITTED BY: _____

Signature / Date

Please make additional copies as needed for additional family members over the age of 18

CREDIT CHECK AND SEXUAL OFFENDER RECORD INFORMATION (SORI)

Acknowledgment Form **CO-APPLICANT**

All persons over the age of 18 in the household must have a SORI completed

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ -- _____ -- _____

Mother's Full Name along with Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

SUBMITTED BY: _____

Signature / Date

Please make additional copies as needed for additional family members over the age of 18 living in the home

Towns in BLACK: Worcester County

Towns in GREEN: Middlesex County

