

Washington County Helping Hands, Inc.

Emergency Home Repair Application

Thank you for your interest in Washington County Helping Hands, Inc. Home Repair Program! We offer assistance with minor home repairs and maintenance for elderly and disabled Washington County residents. If you have any questions about qualifications, please call 812-404-8359. *Please mail completed applications to Washington County Helping Hands, Inc. PO Box 483, Salem, IN 47167.*

General Guidelines

- Applicant must live in and own the home to receive assistance as well as meet income requirements.
- Home must be located in Washington County, Indiana and provide proof of ownership.
- No structural repairs or major renovations. Projects taken on by Helping Hands will be selected on a case-by-case basis depending on level of need and available resources.
- Applicant must cooperate with Helping Hands as needed to complete the projects. Helping Hands reserves the right to void the application and cancel any projects for failure to cooperate or government regulation/restriction.
- You will need to provide verification of all income received in the household and proof of insurance.
- You will need to provide at least two estimates for the requested assistance.
- Applications will not be processed without all requested documentation.

Income Requirements

The Total Gross Monthly Income of all Household Members May Not Exceed 150% of the Federal Poverty Level shown in the Chart Below:

Persons in Home	Annual Income	Monthly Income
1	\$19,140	\$1,595
2	\$25,860	\$2,155
3	\$32,580	\$2,715
4	\$39,300	\$3,275

For families & households with more than 4 persons, add \$6,720 per person.

Privacy Policy and Background Check:

We collect information from you during the application process. The information provided may be used to determine eligibility, perform background checks, process applications, obtain funding for your project, and to help us serve you better. We will protect this information. We will not sell your information to a third party nor disclose your identifiable information unless it is a trusted source and for the purpose of providing you the assistance in which you seek.

All applicants are subject to a background check and sex offender check for convictions of violence or crimes against children. Qualifications for the program are based off of the application, proof of home ownership, and valid insurance. Washington County Helping Hands, Inc., reserves the right to verify any information provided on this application. By signing below, you acknowledge our privacy policy and give consent to Washington County Helping Hands, Inc. to verify the information you have provided.

Applicant Signature

Date

Co-Applicant Signature

Date

****Complete all information on the application. If you do not know the information, or if it does not apply to you, mark N/A or Unknown****

Primary Home Owner Applicant Information

Full Legal Name: _____ Preferred name: _____

Social Security Number: _____ Driver's License Number: _____ State: _____

Mailing Address: _____

City, State & Zip Code: _____

Phone: _____ Email: _____

Are you employed?: Yes No Do you receive Social Security/Disability?: Yes No

If Employed, Name of Employer: _____ Phone Number: _____

List ALL people who live in the home, including applicant. Please continue on back if you need more room.

Name	Date of Birth	Relationship to Applicant	Gross monthly Income	Type of Income
		Self		

Do you have someone helping you complete this application? Yes No

If so, Name: _____ Phone Number: _____

Relationship to applicant: _____

Is the home owner over the age of 65?: Yes No Is the homeowner a Veteran?: Yes No

Is anyone in the home Disabled?: Yes No Is anyone in the home receiving VA benefits?: Yes No

Does anyone in the home have any special needs: Yes No

If yes, please describe: _____

Monthly Expenses:

Mortgage Payment: \$ _____

Utilities: \$ _____ (Include gas, electric, water, phone, internet, cable)

Insurance: \$ _____

Other: \$ _____ Expense Type: _____

Have you received any type of assistance in the last 6 months? Yes No

If So, please describe type and amount of assistance received: _____

Property Information

Name(s) on the Deed: _____

Property Address: _____

City, State & Zip Code: _____

When did you purchase the home? _____ What year was it built?: _____

How was the home paid for?: (Circle One) Mortgage Contract Cash/Gift

Please provide a copy of the deed. If purchased on contract, please attach a copy of the contract to the application

Name on mortgage/contract: _____

Is the mortgage/contract paid off?: Yes No If not, are the payments Current? Yes No

Are property taxes current?: Yes No

Do you carry homeowner's insurance?: Yes No

Insurance Company Name: _____ Phone number: _____

Policy Number: _____

Please provide a copy of your homeowner's Insurance policy

Please describe your emergency need:

Have you sought assistance for these needs/repairs from anywhere else? Yes No

If yes, please describe:

Washington County Helping Hands, Inc.
Willingness to participate Questionnaire

Are you willing to....	YES	NO
Return phone calls and submit paperwork in a timely manner?		
Contribute a combination of sweat equity hours and payment to help complete the project?		
Be at your home at all times and working on Washington County Helping Hands, Inc. related activities while work is being completed on your home?		
Fully prepare the site in advance for volunteers and contractors? This includes temporarily removing items from your yard and the sides of your house, relocating outdoor pets, mowing the lawn and making sure project areas are easily accessible.		
Be present and engaged with volunteers and contractors working on your home?		
Team up with people you don't know, including Helping Hands staff, Volunteers, Contractors and donors?		

If you answered no to any of the above questions, please explain and list any reasonable accommodations you may need to participate:

How did you hear about Washington County Helping Hands, Inc.? _____

I/we verify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being rejected. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving assistance through Washington County Helping Hands, Inc. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility to the program.

Further, I/we understand that the submission of this form constitutes an application to the program. Completing an application and agreeing to a preview visit does not constitute acceptance to the program.

 Applicant Signature

 Date

 Co-Applicant Signature

 Date