

Aging in Place Home Repairs

Mail or fax completed form to:
 Crystal Coast Habitat for Humanity
 5898 Hwy 70 W, P.O. Box 789
 Newport, NC 28570
 Ph. 252-223-2111 Fax 252-223-6111



Crystal Coast
**Habitat
 for Humanity®**

For Office Use Only

Date Received: _____
 City Citation: _____
 Referred By: _____
 Phone No.: _____
 Application No: _____

Aging in Place (AIP) is a program offered to low income elderly in need of assistance to live independently, safely, and with dignity in their current home. Simple fixes such as ramps, grab bars, zero entry shower stalls, painting, mobility access, windows, doors and other minor repairs to preserve the home.

some repairs costs according to homeowner income will be requested.

SECTION 1 - Homeowner Information

Legal Name of Homeowner: _____ Date of Birth: _____

Home Address: _____

County: _____

City: _____ Zip Code: _____ Email: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

(Please include area codes)

Do you own your own home? yes no How many years at this address? _____

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 _____ Age: ___ Income: _____

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Name _____ Relationship _____ Age: ___ Income: _____

Name _____ Relationship _____ Age: ___ Income: _____

SECTION 2 - Household Income

Family Member	Age	Wages/Salary	Social Security Disability	Food Stamps	Child Support	Total Monthly Income
TOTAL						

SECTION 3- Family Expenses

Family Member	Utilities/Gas Heat/Electric Sewer	Telephone/ TV Cable	Food	Alimony/Child Support	Car Loan/Insurance Other Loans	Other Debts
TOTAL						

Estimated ability to pay \$ _____ month for home repairs.

SECTION 4 - Application History

Have you applied to Habitat in the past? YES NO What year(s)? _____

Has Habitat built or done work at your home in the past? YES NO Year(s) _____

SECTION 5 - Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you.

SECTION 6 - Requested Repairs

Briefly describe the type of work you would like don on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember the items listed below will be considered for repair. **Funds are limited, and the most urgent repairs have priority.**

Describe the Area of Repair

Exterior: Be specific.

Interior: Be specific

Mechanical Repairs:

SECTION 7 - Homeowner's Agreement

MEDIA AND PUBLICITY

I/we consent to having information released about our family to sponsor and for Habitat for Humanity publications including, but not limited to, the organization's newsletters, FaceBook, and website. This may include, but is not limited to, photographs and interviews as well as in-home visits from elected officials.

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

SIGNATURE OF HOMEOWNER(S)

DATE

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