

# ABOUT THE HOME PRESERVATION PROGRAM

*Habitat's vision:  
A world where everyone has a decent place to live.*

Columbus Lowndes Habitat for Humanity's **Home Preservation Program** provides affordable critical home repairs for qualified low-income homeowners.

Repairs that might be considered for the **Home Preservation Program** include:

- ◆ Porch or stair repairs
- ◆ Siding repair or replacement
- ◆ Windows and doors
- ◆ Gutters and downspouts
- ◆ Exterior house painting
- ◆ Roof replacement
- ◆ HVAC repairs

**To apply:** Fill out and sign the enclosed application and return with required documents. You will be contacted regarding your requested repairs.

**For More Information:** please contact Kathy Arinder 662-329-2501

## *What are the requirements?*

You Must:

- ◆ Own and live in the house in the Lowndes County area
- ◆ Be current on your mortgage and taxes
- ◆ Have homeowner's insurance
- ◆ Pay 25% of cost before project begins
- ◆ Not have any member of your household who appears on a sex offender registry

## *How much do repairs cost?*

Estimates on repairs won't be provided until each project is assessed and priced by Habitat staff or a subcontractor. You will know and approve project costs before work starts.

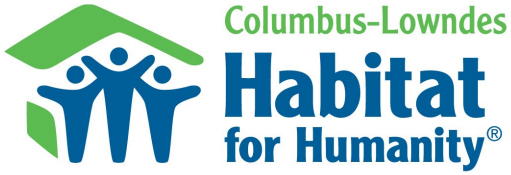
Whenever possible, volunteers will do repair work.

If you are unable to pay for repairs in full, an affordable payment plan will be set up via a partnership agreement and a promissory note.



1110 Gardner Blvd. Columbus, MS 39702

662-329-2501



# HOME PRESERVATION PROGRAM APPLICATION

## SECTION ONE — HOMEOWNER INFORMATION

Legal Name of Homeowner 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Legal Name of Homeowner 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MS ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own this home? ..... Yes \_\_\_ No \_\_\_

Are you able to show us proof of ownership (deed) for your home? ..... Yes \_\_\_ No \_\_\_

Have you owned and lived in the home for at least 18 months? ..... Yes \_\_\_ No \_\_\_

Do you plan on moving in the next 5 years? ..... Yes \_\_\_ No \_\_\_

Do you have homeowner's insurance? ..... Yes \_\_\_ No \_\_\_

Are you current on property taxes? ..... Yes \_\_\_ No \_\_\_

Are you current on your mortgage payment? ..... Yes \_\_\_ No \_\_\_

Have you received a foreclosure notice for this home? ..... Yes \_\_\_ No \_\_\_

Have you applied for any other housing assistance programs? ..... Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

## SECTION TWO—HOUSEHOLD INFORMATION

Please provide the names, birthdates, and school information for everyone living your house.

# of adults in the household \_\_\_\_\_ #of children in the household \_\_\_\_\_

Name	Birthdate	In school?	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SECTION THREE—ABILITY TO PAY

Use the chart below to determine your annual household income. In order for your project to be considered, you cannot make more than the maximum income listed on the right.

**You must provide proof of all sources of income.**

Employment Income	Hourly Rate	Avg. Hours per week	Total Income
Applicant			
Co-Applicant			
Other Income			
DHS Cash Assistance			
Food Assistance			
Social Security			
SSI/Disability			
Alimony*			
Child Support*			
Other (please describe)			
<b>TOTAL</b>			

<i>Household Size</i>	<i>Max Income</i>
1	\$28,700
2	\$32,800
3	\$36,900
4	\$40,950
5	\$44,250
6	\$47,550
7	\$50,800
8	\$54,100

*If your total annual gross income is higher than the income listed above by family size, unfortunately, you **do not qualify**, for the program.*

*Need help figuring this out?  
Call Kathy at 662-329-2501*

*\*Please note, you do not have to include alimony and child support income; but you may choose to do so for repayment reasons.*

Habitat believes in a hand up—not a hand out. Repairs are provided at affordable prices. Payment plans are available. **Please explain how much you can budget per month for your payment toward the repairs.**

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## SECTION FOUR—NEED

**Please provide a brief statement about why you need this program and how it will help you. Attach a separate piece of paper if more space is needed.**

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## SECTION FIVE—HOUSE AND REPAIR INFORMATION

Briefly explain the exterior work you would like done on your home. Remember that the items you list will be considered for repair, but the final decision on what work can be done will be made by the Columbus Lowndes Habitat staff.

*Please select repairs needed*

*Describe (age, problem, number of windows, location, etc.)*

◇ *Repair wood porch*

\_\_\_\_\_

◇ *Repair wood stairs*

\_\_\_\_\_

◇ *Repair/replace windows*

\_\_\_\_\_

◇ *Repair/replace doors*

\_\_\_\_\_

◇ *Repair replace gutters*

\_\_\_\_\_

◇ *Repair/replace siding*

\_\_\_\_\_

◇ *Paint house*

\_\_\_\_\_

◇ *Repair fence*

\_\_\_\_\_

◇ *Other:*

\_\_\_\_\_

◇ *Other:*

\_\_\_\_\_

◇ *Repair/replace roof\**

\_\_\_\_\_

***\*Most roof work cannot be done by Columbus Lowndes Habitat staff and volunteers. Repairs will have to be done by a professional.***

## SECTION SIX —SWEAT EQUITY

Partnership is critical to the work Habitat does in this community. Your partnership for this program will include turning in paperwork and payments on time, making communication a priority, and participating in the project schedule at your house or on other Habitat projects. If you are unable to do the 3 to 20 hours of Sweat Equity due to disability, you may have a family member or friend do these hours for you. If this is not an option, the affiliate will work with you on other options.

Are you willing to do sweat equity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION SEVEN—ACKNOWLEDGMENTS AND SIGNATURES

### Media and Publicity:

I/We consent to have our project publicized. This may include but not limited to: newspaper articles, newsletters, photographs, TV/Radio stories and/or interviews, and the Columbus Lowndes Habitat website.

(Please initial and date) \_\_\_\_\_

**If you are unable to participate in publicity, please tell us early in the process.**

I certify that the information on this application is true and accurate and that I own the property listed. I confirm that, except for the conditions listed on this application, my home is a safe place for volunteers. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades; and that Columbus Lowndes Habitat for Humanity **MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.** I hereby release CLHFH and all associated with it from any and all liability whatsoever.

I understand that if any information submitted is untrue or incorrect I may be disqualified at any time.

I authorize Columbus Lowndes Habitat for Humanity to verify all information and to obtain any additional information and/or clarification needed from any source named on this application, including, but not restricted to:

- Verifying all sources of income
- Verifying public assistance
- Verifying child support (if included in income)
- Verifying that no member of the household is listed on the Mississippi Public Sex Offender Registry or the National Sex Offender Public Registry; presence on one of these registries will disqualify your application from the program.

**I certify that I have read the above and that all information provided is true and correct.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signautre \_\_\_\_\_ Date \_\_\_\_\_

**Turn in with application: All documents on the checklist**

**How did you hear about us?** (Please circle)

Friends/family    TV commercial    Facebook    Newspaper    Other \_\_\_\_\_

## OFFICE USE ONLY



Date Application Received: \_\_\_\_\_

Notes: