



Hammers of Hope

Jefferson County Community Partnership
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Mission Statement: Hammers of Hope is intended to be a safety net that provides free home repairs focused on safety and comfort issues to low-income families, seniors, and persons with disabilities, who have exhausted all available assistance options and have lost all hope. Hammers of Hope is a cooperative charitable effort made possible by Jefferson County Community Partnership (JCCP), Disability Resource Association (DRA), and a coalition of home repair volunteers.

Repairs provided include minor carpentry, plumbing, electrical, plastering, painting, glazing, and cleaning. We also construct ramps for persons with accessibility issues. The focus is to keep homeowners living independently in safety and comfort. We would like to be able to help everyone who needs assistance but services are available based on funds and volunteer availability.

Eligibility:

- 1. Applicants must own and live in their own home or mobile home and have neither the resources nor the ability to do the work themselves.
2. Applicants must provide proof of homeownership. (except in the case of mobile home rentals)
3. Applicants must meet income eligibility guidelines and provide documentation of total household income for all persons living in the home.
4. If Applicant lives in a mobile home they must have written permission from the mobile home park management for the work to be done or handicapped ramp to be built.
5. Persons with disabilities shall be deemed as priority cases.
6. Applicant must have sought out assistance and been denied by at least two other agencies.

Proof: Eligibility is established through these documents, of which we require copies to be sent with your application for our program consideration. It is very important that you complete and enclose all information including:

- Copy of the most recent U.S. Income Tax Return (if you file taxes), Circuit Breaker Form or other proof of income such as your social security benefit statement for EVERYONE living in your home.
• Copies of checking and savings bank statements for EVERYONE living in your home.
• Copy of your latest paid Real Estate Property Tax Bill.
• Not returning or completing necessary information may disqualify you for consideration. If you have any questions, call Dennis Murphy at 636-464-5144 extension 15.
• Mail documentation to Hammers of Hope 1671 Marriott Lane Barnhart, MO 63012

Maximum Household Income Guidelines based on HUD 2011 Jefferson County Very Low Income:

Table with 2 columns: Family Size (Check one) and Annual Income (Check one). Rows include One Person (\$24,359), Two Persons (\$27,800), Three Persons (\$31,300), Four Persons (\$34,750), Five Persons (\$37,550), Six Persons (\$40,350), Seven Persons (\$43,100), and Eight Persons (\$45,900).

Please understand that returning the application or even a visit to your home by a representative from Hammers of Hope does not mean you will be accepted into the program. This application shall serve as a waiver that your story and any pictures taken can be used for fundraising, volunteer recruitment and promotional purposes. If you are selected, we expect able-bodied homeowners and family members to work alongside our volunteers.

To receive services homeowner(s) must be willing to sign a Hold Harmless agreement protecting the partnering agencies and their volunteers from any cause of action, claim, loss, demand, or suit arising from or related to: the presence of any Hammers of Hope Affiliate on or about the Premises, and any services provided by any Hammers of Hope Affiliate; negligence or any damages to personal or real property; or any injuries sustained by the homeowner, any of family members, or friends.



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Hammers of Hope Homeowner Application

Mail to JCCP/Hammers of Hope 1671 Marriott Lane Barnhart, MO 63012

Section A

Name of Homeowner(s): _____

Contact Person: _____

Address: _____

City: _____ Zip: _____ Projected Monthly Income: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List everyone living in residence including homeowner:

| Name | Relationship to owner | DOB | Primary Disability (if any) |
|-------|-----------------------|-------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Years you have owned this home: _____ Amount of house payment: _____

Have you applied to Hammers of Hope before? Yes No

Has your home been repaired by Hammers of Hope before? Yes No

If "yes " what year? _____

How did you hear about this program?

Elected official Flyer Radio/Newspaper Social Worker Another program

Friend/Relative Neighbor Other: _____

List agencies you have contacted and been denied services:

| Agency | Person you spoke to | Reason denied |
|--------|---------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Section B: FINANCIAL INFORMATION

To Be Considered for Our Program, You Must Provide Copies of All Documents Listed Below That Apply to You!

Financial Information Document Check List

- Yes, I Have Provided: **PROOF OF INCOME FOR EVERYONE LIVING IN THE HOME**
This includes last year's U.S. Individual Income Tax Form 1040, and MOST RECENT statements from Form 1099 Social Security Benefits, Pension, SSI, Circuit Breaker Form, Welfare Determination Letter, Veteran's Benefits, TANF Benefits, Employment Payroll Stubs, Unemployment Benefits, Food Stamp Benefits, Interest/Dividends or any other benefits/income someone in the home is receiving.

- Yes, I Have Provided: **MOST RECENT ASSETS OF EVERYONE LIVING IN THE HOME** Assets include copies of Checking/Savings Accounts, Certificates of Deposit, Mutual Funds and Stocks.

- Yes, I Have Provided: **COPY OF MY LATEST PAID REAL ESTATE TAX**

Please list TOTAL MONTHLY amount BEFORE Deductions of all household members

| | | | | |
|---------------------|----|----|----|----|
| Name: | | | | |
| Wages/Employment | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Food Stamp Benefits | \$ | \$ | \$ | \$ |
| Pension Annuities | \$ | \$ | \$ | \$ |
| Rental Income | \$ | \$ | \$ | \$ |
| Unemployment | \$ | \$ | \$ | \$ |
| Other | \$ | \$ | \$ | \$ |
| Gross Total | \$ | \$ | \$ | \$ |

List the amount of **EACH PERSON'S ASSETS**. If you do not have a certain asset, write "N/A."

| | | | | |
|------------------------|----|----|----|----|
| Name: | | | | |
| Checking Account | \$ | \$ | \$ | \$ |
| Savings Account | \$ | \$ | \$ | \$ |
| COD | \$ | \$ | \$ | \$ |
| IRA/Mutual Funds/Stock | \$ | \$ | \$ | \$ |

Section C

Check repairs needed: Exterior Painting___ Interior painting___ Yard work ___ Doors ___ Windows___
Floor___ A/C___ Electrical ___ Plumbing ___ Heating ___ Roof___ Guttering ___
New Accessibility Ramp ___ Repair Existing Ramp___ Other modifications:_____

Hammers of Hope is meant to be a ONE DAY program. (Except in the case of Ramps)

Please list the three most important repairs needed

- 1. _____
- 2. _____
- 3. _____

Check all that apply to your home: Own___ Rent___ One story ___ Two story ___
Wood frame ___ Brick___ Siding ___ Basement ___ Flat roof ___ Pitched roof ___

Mobile Home: Own___ Rent___ Property/Lot: Own___ Rent___

How will these repairs help you? _____

Explain why you or your family have not made the repairs: _____

Section D: HOMEOWNER AGREEMENT

Do you understand volunteers will be working on your home only **ONE DAY**? Yes No
(Except for prep work or ramp builds)

If your home is selected, we do expect able bodied family and friend to be present to help? Yes No

General Release Form: I/we hereby authorize Hammers of Hope or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. Hammers of Hope or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Hammers of Hope the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Hammers of Hope for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Hammers of Hope and have a basic understanding of the program and its process. I give Hammers of Hope my permission to inspect my home with volunteers for purposes of house selection and/or repair. I would like my information shared with other agencies who might be able to help me.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Office Use Only: Date Returned _____ Approved ___ Declined ___ Referred _____