

DO NOT RETURN this cover letter, just the application please.



HAMMERS OF HOPE APPLICATION HOME REPAIR PROGRAM

Hammers of Hope is intended to be a safety net that provides home repairs, focused on increased health and safety, increased independence, and greater accessibility issues to low-income families, seniors, and persons with disabilities.

Hammers of Hope is a program of:



Revised June 2022

[https://jeffcocommpart.sharepoint.com/sites/JeffCoCommPart/Shared Documents/Departments/Hammers of Hope/HOH Home Repair Program \(Applications\)/HOH Applications/HOH Home Repair Application \(Rev. 06-2022\).docx](https://jeffcocommpart.sharepoint.com/sites/JeffCoCommPart/Shared Documents/Departments/Hammers of Hope/HOH Home Repair Program (Applications)/HOH Applications/HOH Home Repair Application (Rev. 06-2022).docx)

REPAIR PROGRAM COVER LETTER

You may opt out of answering any part of this form; however, doing so may affect your ability to qualify for the program.

I. CHECKLIST

Items must be submitted with your application for ALL persons residing in or associated with the applicant household/address:

(please provide those items that apply to you and those who live with you):

All documentation should be the most current available:

- Disability benefit letter
- Circuit Breaker Form
- SSI benefit letter
- TANF benefits letter
- Pension/Annuity benefit letter
- Unemployment benefit letter
- Veteran benefit letter
- Child Support benefit letter
- Food Stamp award letter
- Copies of last two months bank statement(s) for all accounts
- Copy of Valid State ID or License
- Rental Income Verification
- Interest/Dividends statements
- Signed Application
- Most Recent Payroll Stubs
- No Income Affidavit
- Copy of Federal/State Taxes (if filed)
- Copy of paid real estate taxes (Standard residence repairs)
- Copy of paid personal property (Mobile home repairs)
- Copy/proof of homeowners insurance

All information and materials contained in your application shall be held in confidence and not as public record. If you are unable to make copies or if you do not wish to "send documents through the mail" you may bring them into the office, and copies can be made for you and attached to your application at that time.

II. ADDITIONAL INFORMATION

After the submission of all required documents along with the completed application, HOH (Hammers of Hope) will review the application to evaluate whether or not the applicant(s) qualifies for the program. The applicant will be notified if their application is accepted or denied.

If the applicant qualifies for the program, a HOH representative will contact the applicant to arrange for an interview/site evaluation. At this meeting the HOH representative will answer any questions you might have about the program and discuss the priorities and the scope of work that will be prepared, which outlines the repairs to be done on the property.

SUBMIT APPLICATION AND ALL REQUIRED DOCUMENTS TO:

**Hammers of Hope
c/o Jefferson County Community Partnership
3875 Plass Rd Bldg. A
Festus, MO 63028**



Standard Application

3875 Plass Rd Bldg A
 Festus, MO 63028
 Phone: Program Coordinator
 636-465-0983 x103

Fax: 636-465-0987

SECTION A: HOMEOWNER INFORMATION *Please Print Clearly*

Name(s) of Homeowners: Mr. Mrs. Ms.: _____ Address: _____ City: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Emergency Contact Name: _____ Emergency Contact Number: _____	Office use-date received _____ Approved: _____ Denied: _____ Reason: _____ Referred to: _____ Case #: _____ Please check ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____ Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spouse of Veteran Branch: _____ Rank: _____ Dates of Service: _____
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Estimated value of the home: \$ _____ Age of Home: _____
 How long have you lived in home? _____
 Is the home your principal residence? Yes No Is Home Rented? Yes No
Total Number of people living in the home? _____ (list names below)
 Have you ever applied to Hammers of Hope? Yes No
 Has Hammers of Hope ever done work/provide services for you? Yes No If yes, what year(s) _____
 How did you hear about the program? Disability Resource Association Mideast Area Agency on Aging
 Jefferson/Franklin Community Action Corp. 211 St. Vincent DePaul Elected Official Flyer
 Radio/Newspaper Website Social Worker Friend/Relative Neighbor Facebook
 Other: _____

List the names and current age of **ALL** people living in the home, including applicant (attach list if more space is needed):

Full Name	Date of Birth	Relation to Homeowner	Gender	Medicaid? Yes/No	Advantage Plan? Yes/No	List all disabilities
1.		Homeowner				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

SECTION B: PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

If any member of the household is 18 years or older and does not receive any income or benefits, they must complete the "No Income Affidavit"

List each person living in the home at the top of the column. Next, provide all sources of income associated with each person in the column below their name.

Monthly GROSS Amounts (before taxes)	Name	Name	Name	Name	Name	Name
Employment/ Wages						
Social Security						
Disability/SSI						
Pension/Annuities						
Unemployment						
Rental Income						
Child Support or TANF						
Food Stamps						
Veteran Benefits						
Other Income(alimony, severance, court award, or any other)						
Total Gross Monthly Income (if Zero, individual or head of household should sign No Income Affidavit)						

What are the household assets? Complete the boxes below by filling in the current dollar value of each asset, for each person residing in home (use names from columns above.) If a person does not have a certain asset, write "N/A."

Checking Account						
Savings Account						
Certificate of Deposit						
IRA/Mutual Funds/Stock						

Copies of supporting documentation will be necessary to process your application. Supporting documentation should be current.

Acceptable Documents: Current benefit letter for: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps, TANF, Alimony and Unemployment. Two most recent Payroll Stubs for employment.

Full Bank Statements for all accounts for last two months.

If all income documents are not enclosed, your application cannot be processed.

Section C: HOUSE INFORMATION

(HOH does not work on condos, roofs or septic systems and you must own your home or mobile home.)

Check all that apply:

One Story Two Story Mobile Home Wood Frame/Siding Brick Basement

Types of Repairs Needed		Brief Description of Repair
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Exterior Repairs/Decks and stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Doors / Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Bathroom repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
AC/Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Grab bars, railings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<p><i>Explain why you/your family have not made these repairs:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>		<p><i>How will these repairs help you:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><i>Please list in your opinion the three most important repairs needed in the order of priority:</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>		<p><i>List other agencies you have contacted and referred you to us or has denied you services: Put an (R) for referral and a (D) for denial</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

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 home repair program, including employment, income (including IRS returns), credit, banking information, and residency and 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 informing volunteers working on the project. 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 other, against any person or firm or corporation by reason of any statement or information released by them to 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 five (5) 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 processes. I give Hammers of Hope along with its volunteers my permission to inspect my home for purposes of house selection and/or repair. I understand that HOH reserves the right of refusal should a project be determined to not fit mission parameters. I give my permission for information to be shared with other agencies that might be able to help me.

I certify that all information in this application including all sections and any affidavits, are true and complete. I understand that any misrepresentation of information, including failure to disclose information, requested in this application may disqualify me from participation in the program, both now and in the future, and may be grounds for civil penalties.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

RETURN APPLICATION and PROOF OF INCOME DOCUMENTS TO:
Hammers of Hope
C/O Jefferson County Community Partnership
3875 Plass Road, Bldg. A
Festus, MO 63028



Homeowner Hold Harmless Agreement

I affirm that in consideration of the work to be performed by Hammers of Hope, a charitable effort coordinated by Jefferson County Community Partnership, a team of community volunteers, contracted service providers and partnering agencies on and about the Premises (as defined herein), I, as the owner of the Premises and the beneficiary of the improvements to be performed thereon, for myself, my heirs, assigns, successors, executors, and administrators, hereby release and hold harmless Hammers of Hope and its parent organization, Jefferson County Community Partnership, including its affiliates, officers, directors, employees, agents and volunteers (collectively "Hammers of Hope Affiliates") from any claims that may arise by reason of any negligence and any cause of action, claim, loss, demand, or suit including, but not limited to:

- (1) the presence of any Hammers of Hope Affiliates on or about the Premises,
- (2) any services provided;
- (3) any damages to personal or real property; or
- (4) any injuries sustained by myself, any of my family members, or any of my invitees.

- I represent that no other person or entity other than the undersigned owns any interest in and to the Premises.

(in the case of mobile homes, I will provide written permission from the mobile home park for ramp construction if applicable)

- I further accept and agree that all work performed by Hammers of Hope, Jefferson County Community Partnership, their employees, agents, and volunteers is being provided in an "AS IS" condition and no warranties, express or implied, are being made with respect to the work performed or products being provided.
- I acknowledge that the Section C-House Information identifies work that is being requested by Hammers of Hope on or about the Premises and it may not address all issues identified in the home evaluation.
- I authorize Hammers of Hope to complete any portions of the work described in this application and to enter on to my property for that purpose.
- I further acknowledge that Hammers of Hope does not have any obligation to complete any of the tasks set forth in the Section C-House Information and may perform work not listed thereon with my prior consent (written or verbal) if necessary to complete the project.
- Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, directors, agents and volunteers against any loss and against any claim, demand, or action that may be brought against them arising out of this agreement.
- I give permission for any pictures taken of me or my project to be used for promotional purposes by Hammers of Hope or Jefferson County Community Partnership.

Date: _____

Homeowner Signature: _____

Name (Print) _____

Witnessed by: _____

