

*Hammers of Hope is a program of:*



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

**PLEASE MAKE SURE THAT SURVEY ON LAST PAGE OF APPLICATION IS FILLED OUT AND RETURNED WITH APPLICATION**



## 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.

## HOME OWNER REHABILITATION PROGRAM APPLICATION

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

### I. APPLICANT CHECKLIST

*The following items must be submitted with your application for ALL persons residing in or associated with the applicant household/address:*

#### APPLICATION CHECKLIST

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

All **Benefit Letters** should be dated within the last two (2) months.

- 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
- Most recent bank statements
- 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)

*All information and materials contained in your application shall be held in confidence and not as public record.*

### 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 either 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 Scope of Work that will be prepared which outlines the repairs to be done on the property.

**SUBMIT THIS 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: Dean McKee 636-465-0983 x103

Fax: 636-465-0987  
 Website: www.hammersofhope.org

## SECTION A HOMEOWNER INFORMATION *Please Print Clearly*

Name(s) of Homeowners: Mr. Mrs. Ms.: _____ Address: _____ City: _____ Zip Code: _____	Office use-date received _____ Approved _____ Denied _____ Referred _____ Case # _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Emergency Contact Name: _____ Emergency Contact Number: _____	<i>Please check ethnicity:</i> <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: _____

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	List all disabilities
1.		Homeowner		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**SECTION B PROVIDE INCOME FOR ALL HOUSEHOLD MEMBERS**

IF ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER DOES NOT RECEIVE ANY INCOME OR BENEFITS THEY MUST COMPLETE THE NO INCOME AFFIDAVIT

**YOU MUST PROVIDE COPIES FOR ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU.**

Monthly GROSS Income Amounts (before taxes)	Name	Name	Name	Name	Name	Name
Employment Wages						
Social Security						
Disability/SS						
Pension/Annuities						
Unemployment						
Rental Income						
Child Support						
Food Stamps						
Unemployment						
Other Income						
<b>Total Gross Monthly Income</b>						

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

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

**Acceptable Documents:**

Benefit letter dated within last 2 months for: Social Security, Disability, SSI, Pension/Annuities, Veteran Benefits, Child Support, Food Stamps and Unemployment.

2 most recent Payroll Stubs.

Full Bank Statements for all accounts for last 2 months.

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





## 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, a charitable effort coordinated by Jefferson County Community Partnership and 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 Affiliate 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 the ramp construction)**

- 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 Work Summary listed outlines the general scope of work that may be performed 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 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 Work Summary and may perform work not listed thereon without my prior consent if necessary to complete the project.
- Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, 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 also agree to have any pictures taken of me or my project to be used for promotional purposes by Hammers of Hope or Jefferson County Community Partnership. 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 authorize Hammers of Hope to complete the work described in this application and to enter on to my property for that purpose. Further, I indemnify and hold harmless Hammers of Hope, Jefferson County Community Partnership, their employees, agents and volunteers against any loss and against any claim, demand, or action that may be brought against them arising out of this agreement.

Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_

Name (Print) \_\_\_\_\_

Witnessed by: \_\_\_\_\_

## Hammers of Hope Safety & Living Environment Survey

Please respond to each section from two points in time:  
before the repair was received and after the repair was finished.

**Complete each section checked below. Use the following scale to answer.**

1=No   2=Probably Not   3=Neither Yes nor No   4=Probably Yes   5=Yes   N/A=Not Applicable

<b>ALL CLIENTS: Answer questions using scale above.</b>		Before Repair	After Repair
1	My home is a comfortable place to live ...		
2	My home is safe from problems leading to injury ...		
3	My home is a healthy place to live ...		
4	I am able to move around in my home with greater ease ...		
5	I am able to remain living independently in my home ...		
6	Overall, I am happy with where I live ...		

<b>MOBILITY REPAIRS (Decks, Ramps, Stairs, Grab Bars): Answer questions using scale above.</b>		Before Repair	After Repair
7	I can get in and out of my home safely...		
8	I can remain in my home with good accessibility ...		
9	I can remain in my home with good mobility ...		

<b>ALL OTHER REPAIRS: Answer questions using scale above.</b>		Before Repair	After Repair
10	My home is in good working order ...		
11	The temperature in my home is pleasant ...		
12	My fixtures / appliances are in working order ...		
13	My floors / doors are in good condition ... (not including cosmetic needs)		
14	My home is free from water leaks ...		
15	I can manage home tasks (cooking/laundry/cleaning)		
16	I can manage personal hygiene (bathing/toilet/handwashing) ...		

**Hammers of Hope is supported by charitable grants.**

**These questions are a portion of what is required by funders to support Hammers of Hope.**

*Thank you for your time answering these questions.*

For office use:

Client Name:

Case No.:

Nature of Repair: