

Critical Repairs Program

Who is eligible?

- Homeowners in the UCHFH coverage area and must occupy the home.
- Have homeowners' insurance on specified property.
- Be current on all mortgage payments of the home.
- Be current on property taxes of the home.
- Make maximum of 60% Average Median Income (AMI) or meet USDA AMI scale
- Homeowner Willing to Partner. Homeowners will be responsible to prepare the home, making it accessible and safe for all UCHFH staff, volunteers, and contractors to allow repairs to be done safely. This may include isolating pets out of the work areas, moving furniture, clearing out shelves if needed, and removing restrictive objects either inside or outside of the home.
- Eligibility is limited to owner-occupied homes, verified through title, deed, or tax records. Exceptions to the homeowners' insurance requirement may be granted in cases where applicants demonstrate financial hardship or other barriers. Income thresholds will follow the published AMI standards for the service area and household size.

Critical Repairs Program Service Examples

- Roof repairs
- Unstable floor repairs
- HVAC
- Doors/Windows
- Electrical Hazards
- Plumbing Hazards
- Ramps for Handicap
- Deck repairs for primary entryways
- Handicap/Disabled Accessibility. Accessibility upgrades may be prioritized for applicants with documented needs, such as proof of disability or certification from a healthcare provider.
- Grab Bars for Bathrooms
- Converting Tubs to Walk-in Showers
- Water Heaters

What is NOT Covered?

- Basic Painting
- Cosmetic Repairs. Services that are cosmetic or unrelated to safety, accessibility, or code compliance (e.g., painting, cosmetic carpet replacement) are excluded due to limited funding and the program's focus on addressing critical needs.
- Carpet/Flooring (unless due to structural renovations)
- Misc. Repairs that are not necessary for code issues, safety or accessibility issues
- Foundation/Structural Work
- Mold Remediation

Rev. 12/26/24



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Critical Repair Program

The Critical Repair Program is for owner-occupied, single-family homes in the Upper Cumberland Habitat for Humanity (UCHFH) service area. This repair program does not currently include mobile home repairs, due to the structural and repair limitations associated with these types of properties. UCHFH reserves the right to deny any application and repairs. If approved for the Critical Repair Program the start date will depend on the nature of the repair work, available funding, volunteers, subcontractors, the time of year and weather, along with other contributing factors.

Please PRINT answers on the application with a black or blue ink pen. Unsigned forms CANNOT be processed and failure to report accurate information may disqualify applicants from the program. A letter will be sent to you in 4-6 weeks after the application and documents are received with denial or approval. Completion of application does not guarantee an immediate response, site visit, or acceptance into the Critic Repair Program.

Once completed please mail or drop off the completed application and copies of all documents required to the address listed above. Please do not send your original documents/deeds/etc. as they will not be returned. If you are unable to get copies made, please call to schedule a time to come by the office with originals in person so copies can be made.

Applications not signed, incomplete, or missing documentation will NOT be considered for acceptance into the Critical Repair Program.

An adult is defined as anyone who is over 18 years of age.

Required Documents: Please make copies, DO NOT SEND ORIGINALS

- Copy of Property Deed
- Copy of Proof of Homeowner's Insurance
- Copy of IRS Tax Returns for the last two years
- Copy of Bank Statements for last 2 months for ALL adults in household
- Copy of Income Documentation for last 2 months for ALL adults in household (Including SSI, SS, Disability, Pension, Pay Stubs, Childs Support, Adoption Support, Alimony, etc.)
- I certify that I have read and understand all of the above, please print your name, sign, date, and return this page along with application.

Printed Name _____ Date: _____

Signature: _____ Date: _____

Critical Repairs Checklist

Documents:

- _Fully Completed Application (Signed and Dated)
- _Proof of Residency in Home
- _Proof of Ownership/Deed
- _Proof of Homeowner's Insurance
- _Last Two Year's Tax Returns (Free copies of your last two Tax Return Transcripts may be ordered by calling the IRS at 1-800-829-1040. Allow two weeks for delivery.)
- _Last Two Month's Bank Statements
- _Last Two Month's Income for Homeowner
(Include alimony, child support, spousal support, etc.)
- _Last Two Month's Income for ALL Adults in Household
(Include alimony, child support, spousal support, etc.)

DO NOT mail in original documents!

If you are unable to make copies, please call the UCHFH office at (931) 528-1711 ext. 5 to schedule a time we can meet and make copies. If you need assistance with the application, we would be glad to help when you make an appointment to come into the office.

Applications not signed, incomplete, or missing documents will NOT be reviewed.

Critical Repairs Program Application



We may receive federal assistance for this program. The following information is required by the Department of Housing & Urban Development (HUD) for each individual receiving repair assistance. Your information will remain confidential and is for qualification and record-keeping purposes only.

Section 1 - Homeowner and Household Information*

Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Homeowner #1 (*Head of Household*): _____
 Contact Info: Home: _____ Number of Years at this Address: _____
 Work: _____ Name of Neighborhood: _____
 Cell: _____
 Email: _____ Birthdate: _____ Social Security #: _____
 Married Separated Unmarried

Homeowner #2 (*if more than one*): _____
 Contact Info: Home: _____ Number of Years at this Address: _____
 Work: _____ Name of Neighborhood: _____
 Cell: _____
 Email: _____ Birthdate: _____ Social Security #: _____
 Married Separated Unmarried

Single head of household Female head of household

Additional Household Members (*relationship is to head of household*):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Section 2- Disability

Is anyone is the home disabled? Yes No
 If yes, indicate the type of disability: _____

Section 3- Property Information

mobile home single family townhouse condo other: _____
 Year Built: _____ Year Purchased: _____ Own Rent
 Name(s) on deed or title of property: _____
 Property Ins. Co.: _____ Policy #: _____ Exp Date: _____

Please note that repairs cannot be performed on any property that is not insured.

Please complete if any adult in the household owns any other real estate:

<u>Address of Property</u>	<u>Type</u>	<u>Value</u>	<u>Rental Income</u>
_____	_____	_____	_____
_____	_____	_____	_____

Section 4- Household Income and Financial Information

Homeowner #1: Employer Name & Address: _____
Income: \$ _____ Hrly Wkly Monthly Annually Other: _____
 Self Employed Type of Business: _____ # of Years: _____

Amount of self-employment income declared on most recent federal income tax return: \$ _____

Other Sources of Income for Homeowner #1:

Type	Amount	Weekly	Monthly	Annually	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeowner #2: Employer Name & Address: _____
Income: \$ _____ Hrly Wkly Monthly Annually Other: _____
 Self Employed Type of Business: _____ # of Years: _____

Amount of self-employment income declared on most recent federal income tax return: \$ _____

Other Sources of Income for Homeowner #2:

Type	Amount	Weekly	Monthly	Annually	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income of other families members:

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Bank Accounts (for all members of the household):

Name: _____ Bank: _____ Acct #: _____
Name: _____ Bank: _____ Acct #: _____
Name: _____ Bank: _____ Acct #: _____
Name: _____ Bank: _____ Acct #: _____
Name: _____ Bank: _____ Acct #: _____

Authorized Contact Person: If unable to reach the applicant, who may we contact on the applicants behalf?

Name: _____ Relationship: _____ Phone #: _____

Section 5 - Credit History

Please answer the following questions. If a "Yes" is given to any question please attach an explanation.

	Homeowner #1		Homeowner #2	
Do you have any outstanding judgments or liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 7 years have you declared bankruptcy? If yes, date of discharge: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had property foreclosed upon or given title or deed in lieu of foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your current home in foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your mortgage in modification? If yes, are you complying with the terms of the modification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 6 - Media and Publicity

UCHFH often works with corporate and/or church sponsors. These sponsors provide funds and/or volunteers for our projects. In celebration, some sponsors may wish to publicize the event and/or information about the family. Participation in publicity activities is voluntary. Applicants who do not wish to participate may opt out by notifying UCHFH in writing.

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

Signature of Homeowner #1

Date

Signature of Homeowner #2

Date

Section 7 - Information for Government and Funding Monitoring Purposes

The following information is requested by the federal government and other funders in order to track the demographics of persons served. The law provides that we may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. * I do not wish to furnish this information.

Homeowner #1

Homeowner #2

Race/National Origin

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Black/African American

Caucasian

Asian

American Indian or Alaskan Native AND Caucasian

Asian AND Caucasian

Black/African American AND Caucasian

American Indian or Alaskan Native AND Black/African American

Other (specify): _____

Ethnicity

Hispanic

Non-Hispanic

Sex

Male

Female

Section 8 - Notices

1. Upper Cumberland Habitat for Humanity (UCHFH) reserves the right to deny applicants or repairs. The Critical Repair Program is NOT an emergency repair program. The Critical Repairs Program takes time to process and receive grants and funding for the approved repairs. Please allow 3-4 weeks for processing of applications for a letter of denial or approval with the next steps.

This application must be filled out completely, signed, dated, and returned with all documents to be considered for approval. Unsigned applications will not be accepted and missing documents that are required will result in denial. Once you have completed the application and gathered ALL documents, please call (931)528-1711 to set up a time to submit your applications and documents in person.

UCHFH Administrative Office
 1546 E Spring Street, Ste B
 Cookeville, TN 38506
 Phone (931) 528-1711

2. This portion of the application is to further assist UCHFH in evaluating your eligibility for the repair program. The information provided through this portion of the application process will be kept confidential and reviewed only by the Coordinator of Repair Services and Executive Director of UCHFH.

Please complete the following for each household member over eighteen years of age:

Full Name	Birth Date	SS#	Have you been convicted of a crime in the last 3 yrs? If so include description, date & location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Authorization and Release:

I understand that Upper Cumberland Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check. All criminal background checks and sex offender registry reviews are conducted to ensure program safety and integrity. Decisions are made on a case-by-case basis and consider the nature, severity, and timing of any offenses.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected for this program, I may be disqualified from the program and forfeit any rights or claims to any repairs.

I understand that the repairs selected in the scope of work will be the ONLY repairs done to my house. I shall not ask the volunteers or sub-contractors to do any additional work other than what is listed on the scope of work which has been pre-approved.

The staff at Upper Cumberland Habitat for Humanity wishes to have a positive, rewarding experience with each applicant. To that end, we consider this process to be upheld with mutual respect and willingness to partner. If at any time the relationship established becomes one of contention or disrespect Habitat reserves the terminate the agreement, at any time, at its sole discretion. In the event of such termination, any funds paid by the applicant hereunder shall be non-reimbursable.

Homeowner #1 Signature _____ Date _____ Homeowner #2 Signature _____ Date _____

Please Describe Repairs Needed To The Home (attach sheet if needed):

* All personal information provided in this application will be handled in compliance with the state law and HUD privacy guidelines. Your information will not be shared without your consent except as required by law. UCHFH reserves the right to deny applications or terminate agreements based on documented behaviors that jeopardize the safety, integrity, or mutual respect of the program.

Rev. 12-26-24



Upper Cumberland Habitat for Humanity, Inc. is pledged to a policy of equal opportunity. All decisions regarding the provision of program services are made without regard to the race, color, sex, religion, national origin, familial status or disability of an applicant, their household members or the surrounding community. *The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal laws prohibiting discrimination against applicants seeking to participate in this program on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race, ethnicity/national origin, and sex of the individual applicants on the basis of visual observation or surname.

"This institution is an equal opportunity provider and equal opportunity program. Discrimination is prohibited by Federal Law"



1546 E Spring Street, Ste B, Cookeville, TN 3501
Phone (931)528-1711

Critical Repair Program Authorization for Release of Information & Privacy Notice

I, _____, residing at address _____

_____ hereby authorize Upper Cumberland Habitat for Humanity (UCHFH) and subcontractors to release any information provided for pre-approval, payment for repairs, or modifications requested and/or information the funder requests. This also includes the before and after pictures, financial, and personal information provided for service providers that assist with the repair project. Information will be shared only with parties directly involved in facilitating the repair project or as required by law. Applicants may revoke this authorization in writing at any time by notifying UCHF.

While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our establishment and trusted name. UCHF have no marketing experts with whom we share applicants' personal information. Employees and volunteers are subject to a written policy regarding confidentiality. Applicant data will be restricted to staff and volunteers on an as-needed basis. UCHFH complies with all applicable federal and state privacy laws. Applicant data will not be shared with marketing entities or third parties unrelated to the repair program

All applicant data will be securely stored and accessed only by authorized staff and volunteers. UCHFH uses secure protocols to protect applicant information from unauthorized access or disclosure

I release UCHFH to contact the following individual(s) concerning my application and/or repairs:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

I understand that my authorization will remain effective for two (2) years from the date of my signature. I understand that I have the right to revoke the authorization at any time.

Applicant's Signature: _____ Date: _____

UCHFH Representative: _____ Date: _____

Rev. 12/26/24



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Certification of Zero Income

**To be completed by each adult over the age of 18 living in the household without income.*

Occupant Name: _____ Relationship to Homeowner: _____

Property Address: _____

*I hereby certify that I am an occupant at the above address and do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from the operation of a business.
- c. Rental income from real estate or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability benefits.
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Scentsy, Delivery Services, etc.)
- j. Any other sources not named above.

*Initial one of the following:

_____ Currently, I have no income of any kind, and while I am seeking employment.

_____ Currently, I have no income of any kind and will NOT be seeking employment.

*I will be using the following sources of funds to pay for rent and other necessities:

Confidentiality Statement: The information provided regarding sources of support will remain confidential and is collected solely to assess financial need. It will not be used to disqualify applicants based on the source of support.

Certificate and Fraud Warning:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the repair agreement.



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Fraud Warning: Providing false representations may constitute an act of fraud and may result in legal action under Tennessee law (Tenn. Code Ann. § 39-14-101).

Printed Name of Occupant

Signature of Occupant

Date

Printed Name of Homeowner

Signature of Homeowner

Date

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Upper Cumberland Habitat for Humanity

CRIMINAL STATUS CHECKLIST - NON SEX OFFENDER CRIMES

Applicant: _____ (complete one for each adult resident)

Has the applicant been convicted of any crime? Yes: ____ No: ____ (place form in file)

Conviction	Point Value	# of Convictions	TOTAL
*Murder / Att. Murder / Solicit of Murder	30	X _ .	
Drug Related		X ___ =	
*Any Methamphetamine Related	30	X _ =	
Drugs for Resale (other than Meth)	15	X _ =	
Other Felony Possession	10	X ___ =	
Other Misdemeanor Possession	5	X ___ =	
Paraphernalia	5	X ___ =	
Alcohol Related			
Felony Alcohol	10	X _ =	
Misdemeanor Alcohol	5	X ___ =	
Assault			
Domestic Assault	10	X _ =	
Other Felony Assault	10	X _ =	
Other Misdemeanor Assault	5	X _ =	
Theft / Burglary / Robbery			
Home Invasion	10	X _ =	
Other Felony Theft	10	X _ =	
Other Misdemeanor Theft	5	X _ =	
Arson	15	X _ =	
Fraud			
Felony Fraud	10	X _ =	
Misdemeanor Fraud	5	X _ =	
Other Felony not listed here	8	X _ =	
Other Misdemeanor not listed here	5	X _ =	

Time	Point Reduction
< 5 years	0
5 - 7 years	-5
8 - 9 years	-7
10 years	-10

Point Subtotal: _____
 Point Reductions: _____
 Total: _____

Note: If applicant obtains 30 or more points, the applicant will receive an individualized evaluation to ensure that any denial is sufficiently related to a Habitat for Humanity business necessity.

Any denial based on criminal history will consider the nature and severity of the offense, its relevance to program operations, and the time elapsed since the conviction.

Time since last conviction (please consider the time since the most serious conviction): _____

***NOTE: Point reductions do not apply to murder, attempted murder, solicitation of murder, or methamphetamine-related convictions.**



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