Interfaith Housing and Community Services, Inc.

John W. Scott
Home Repair and Rehabilitation Program HRR
Application

The following application is an information gathering tool for our **Homeowner Occupied Housing Repair and Rehabilitation Program (HRR)**. If your application is approved, then additional program specific forms and releases are necessary.

Eligibility Requirements
Applicants must:

- Be 60 years of age or older.
- Own the home that is in need of repair.

Required Documentation
Please include the following with your completed application:

- A copy of you current mortgage statement (if applicable).
- Proof your property taxes are current.

Application Instructions:
Please complete the enclosed application in its entirety. Incomplete applications may delay processing.

Return the completed application and all required documentation to:
Interfaith Housing & Community Services, Inc.
PO Box 1987
Hutchinson, KS 67504-1987

If you have any questions about our programs or need assistance with this application, then please contact Interfaith at 620.662.8370.

Interfaith looks forward to serving you.

Sincerely,

Beth Mosier

Beth Mosier
Intake Speacilist
Interfaith Housing & Community Services

John W. Scott

Home Repair and Rehabilitation Program

HRR Application

Applicant Information

Name: _____

Date of Birth: _____ **Age:** _____

Race/Ethnicity: African American Caucasian Latino/Hispanic Asian/Pacific Islander

Native American Other: _____

Phone: _____

Email: _____

Property Address: _____

Mailing Address (if different): _____

County: _____

Household Information

Number of Household Members: _____

Monthly Household Income: $_____

Income Source(s):

☐ Social Security ☐ SSI ☐ Pension ☐ Employment ☐ Veterans Benefits ☐ Retirement ☐SSDI

Other: _____

Eligibility

Are you 60 years of age or older? ☐ Yes ☐ No

Do you own the home? ☐ Yes ☐ No

Is this your primary residence? ☐ Yes ☐ No

Is there a mortgage on the property? ☐ Yes ☐ No
(If yes, attach a current mortgage statement.)

Are your property taxes current? ☐ Yes ☐ No
(Attach proof.)

Property Information

Year Built: _____

Home Type: ☐ Single-Family ☐ Manufactured ☐ Duplex ☐ Other: _____

Years Owned: _____

Repairs Requested

Check all that apply:

☐ Roof ☐ Plumbing ☐ Electrical ☐ Heating ☐ Air Conditioning

☐ Flooring ☐ Windows ☐ Doors ☐ Foundation ☐ Siding

☐ Bathroom ☐ Kitchen ☐ Accessibility Ramp

☐ Interior Repairs ☐ Exterior Painting

☐ Weatherization/Insulation ☐ Other: _____

Describe the repairs needed and identify the highest priority:

Is there an immediate health or safety hazard? ☐ Yes ☐ No

If yes, explain:

Required Documents

- Completed Application
- Proof of Home Ownership
- Current Mortgage Statement (if applicable)
- Proof Property Taxes Are Current

Applicant Certification

I/We authorize Interfaith to photograph my/our home, and use the photographs for administrative, marketing, and other purposes. I/We will not claim any compensation for the use of the photographs.

If my application is approved, I authorize the repairs of my home to be completed by this program and will provide reasonable access to my property as required by Interfaith staff and contractors. If I disallow reasonable access to my home, I understand that my application will be deferred and any, and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation as a qualified client.

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for three years from the date signed. All owners/adult household members must sign below.

I certify that the information provided is true and correct to the best of my knowledge. I authorize the Home Repair and Rehabilitation Program to verify the information provided for eligibility purposes.

Applicant Signature: _____

Date: _____

Office Use Only

Date Received: _____

Eligibility Verified: ☐ Yes ☐ No

Inspection Date: _____

Approved: ☐ Yes ☐ No

Amount Approved: _____

Notes: