## HOME REPAIR NETWORK

- \* **Program Rule:** help low-income families with health & safety repairs not remodeling/things that would be nice to have or change, but not necessary.
- \* Applicant must Own the home.
- \* Single Family homes only are eligible (no duplexes or apartments or condos are allowed).
- \* <u>Self Employed Applicant(s):</u> are required to provide 2 yrs. complete & signed tax returns, financial <u>statements, & schedules.</u>
- \* **No Liens** against the property are allowed (Ex: tax / sewer / collection). Mortgage is paid to date along with taxes.

\* **Multiple Properties** households are rarely ever approved, circumstances may vary the decision. (Ex: property is listed on the deed as 2 lots/parcels of land because a road runs through it, etc.would be eligible).

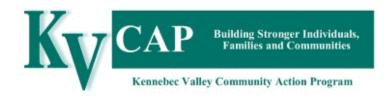
- \* You Can Not have received program funds from the Home Repair Network or Fix-Me Programs before.
- \* **If you have \$5,000.00 or more** accessible to you (Ex: CD's, savings, checking, etc.) then you are NOT eligible unless one applicant is 62 or older; they may have liquid assets up to a maximum of \$50,000.00
- \* **Applicants will be required at application time** to provide the most recent documents listed as follows:

Deed, tax bill, assets (Ex: bank statements), income, mobile home info. (age / make / serial#) – Bill of Sale, etc.

Income Guidelines	1	2	3	4	5	6	7	8
Kennebec								
Somerset								
Lincoln								
Sagadahoc				· ·		. <b>.</b>	· ·	

\* Funding and types of funds available can change at any time.

\* This preliminary application <u>Does Not Guarantee Assistance.</u>



# **Home Repair and Accessibility Screening**

#### **Applicant Information**

Applicant (Owner)

**Co-Applicant (Co-Owner)** 

First Name	Last Name	First Name	Last Name
Mailing Address		Mailing Address	
City	State Zip	City	State Zip
Date of Birth		Date of Birth	
Daytime Phone		Daytime Phone	
Email		Email	
	Prop	perty Information	
Property Street	City	State Zip	County
Is this a mobile home? $\Box$ Yes	$\Box$ No	If Yes, Model and Year?	
		If Yes, do you Own the land? $\Box$ Ye	es 🗆 No
What year was the home built?			
Have you received assistance fr	om MaineHousing	g programs in the past? $\Box$ Yes $\Box$ No	)
If Yes, what program and when	?		
How many people reside in the	household?		

#### Monthly Household Income

Total monthly household income includes combined income of ALL household members, excluding dependents under age 18 or attending school on a full time basis

Fill in name of		
Household member		
Wages/Salary		
(Enter gross amount)	\$ \$	\$ \$
Overtime/Commissions	\$ \$	\$ \$
VA Benefits	\$ \$	\$ \$
Pension	\$ \$	\$ \$
Annuity	\$ \$	\$ \$
Social Security	\$ \$	\$ \$
Disability Benefits	\$ \$	\$ \$
TANF/General		
Assistance/Other	\$ \$	\$ \$
Unemployment Benefit	\$ \$	\$ \$
Child Support/Alimony	\$ \$	\$ \$
Other(specify)	\$ \$	\$ \$

#### Assets

List all cash, checking, savings, CD & money Market Accounts

Name of Financial Institution	Type of Account	Account Balance
		\$
		\$
		\$
		\$
		\$

### List all Real Estate (including any property jointly owned)

Address of Property	Assessed Value	Mortgage Amount	
	\$	\$	
	\$	\$	
	\$	\$	

Please describe the repairs and/or modifications you are requesting in detail:

Water Source: $\Box$ Private $\Box$ Public Do you have an arsenic abatement system? $\Box$ Yes $\Box$ No
Has your water been tested for arsenic within the past 12 months? $\Box$ Yes $\Box$ No
If Yes, date of test? Were the arsenic levels greater than $10 \text{ ug/L}$ ? $\Box$ Yes $\Box$ No
Is your septic system malfunctioning (backing up into home or yard)? $\Box$ Yes $\Box$ No
Does your water source provide adequate and safe water? $\Box$ Yes $\Box$ No