



We build strength, stability, self-reliance, *and* shelter.

Dear Monroe County Homeowner,

Thank you for your interest in Monroe County Habitat for Humanity's Home Preservation Program which partners with limited income homeowners to complete necessary and sometimes critical repairs on their homes.

If you wish to apply, fill out the attached application and return it with all documents requested on the included checklist so that we can process your application as quickly as possible. If you do not include all requested items with your application, we will not be able to move forward with its review. Incomplete applications will be kept on file at the Monroe County Habitat for Humanity office for 2 years as required by law.

If you have questions or need help completing this application, contact our office.

Thank you for your willingness to partner with Monroe County Habitat for Humanity.

In Partnership,

A handwritten signature in black ink, appearing to read "Kelly Jean Kemmerer".

Kelly Jean Kemmerer, PhD
Executive Director



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Home Preservation Program Qualification Guidelines

- Live in an owner-occupied home (renters are not eligible).
- Own and occupy home in Monroe County for at least 2 years.
- Plan to stay in current residence for at least 5 years.
- Provide proof of homeowner's insurance.
- Provide proof of current paid-up-to-date mortgage statement.
- Provide proof of current paid-up-to-date property taxes.
- Be willing to partner with Monroe County Habitat for Humanity and contribute sweat equity (volunteer) hours to MCHFH and their own project.
- Have the ability and be willing to pay for the materials used in home preservation project.
- Fall at or under the following maximum annual household income:

Household size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Income	\$38,600	\$44,100	\$49,600	\$55,100	\$59,550	\$63,950	68,350	72,750.00



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Applications will be processed only when accompanied by the following items:

- \$35 Check or money order made out to Monroe County Habitat for Humanity
- Two Forms of Identification for each adult in home
 - see attached document
- Deed
 - Death certificate for any deceased persons listed on deed.
- Community Needs Survey
- Appeal Explanation Form Signed (Send one back and Keep One)
- 1 Sex offender background check authorization form completed for each adult in home.
- **Most Recent:**
 - Federal Income Tax returns and W2's
 - 2 years complete tax returns
 - If you are not required by law to file income taxes, hand write a letter explaining why, sign and date it.
 - Checking Account statements
 - 2 Monthly Statements
 - Proof of Income:
 - 2 Months of pays stubs
 - Award letters for Social Security, SSI, Child Support, Pensions, IRAs, and Unemployment Compensation
 - Proof of any income not listed.
 - Homeowner's insurance (most recent declaration page)
 - Paid Property tax receipt
 - Paid School tax receipt
 - Mortgage statement

Applicant(s) must present two forms of identification, and at least one must be primary form of identification.

Primary Forms of Acceptable Identification:

- Valid unexpired driver's license with photo (preferably Pennsylvania issued)
- Valid unexpired non-driver's ID card with photo (preferably Pennsylvania issued)
- Valid unexpired US Passport with photo
- Valid US Military ID with photo

Secondary Forms of Acceptable Identification (applicant must present social security card with at least one item listed below) in addition to one form of primary identification:

- Current Employee ID card with photo
- Current Student ID card with photo
- Medicare Card
- Photo credit card
- Organizational membership card with photo



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APPLICANT INFORMATION

Homeowner Name(s) _____

Street Address: _____

City _____ State _____ Zip Code _____

Is your home in a Gated Community? Circle One: Yes / No Lot # _____

Email Address(es) _____

Home Phone: _____ Cell Phone: _____

Do you own and occupy your own home? _____

Are you planning to sell your home in the future? _____ When? _____

How many properties do you own? _____

Locations of other properties: _____

Homeowner's Insurance Provider: _____

Homeowner's Insurance Policy # _____

List the following information for each current occupant of your home:

Name: Age: Gender: Social Security # Relationship to homeowner:

Name	Age	Gender	Social Security #	Relationship to homeowner
_____	____/____/____	____	____-____-____	SELF
_____	____/____/____	____	____-____-____	_____
_____	____/____/____	____	____-____-____	_____
_____	____/____/____	____	____-____-____	_____
_____	____/____/____	____	____-____-____	_____

Total Number of home occupants fitting each of the following categories:

I. Ethnicity

a. Hispanic, Latino or Spanish Origin _____

b. Not Hispanic, Latino or Spanish Origin _____

II. Race

a. American Indian or Alaska Native _____

b. Asian _____ c. Black or African American _____

d. Native Hawaiian and Other Pacific Islander _____

e. White _____ f. Other _____ g. Multi-race (two or more races) _____



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Monthly Income:

List ALL sources of income for your household. This includes salaries, retirement, disability, Social Security, alimony, child support, etc.

Income Source:	Recipient:	Amount Received Monthly:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total monthly income: \$ _____

Monthly Expenses:

Mortgage Payment: _____	Alimony/Child Support: _____
Property Taxes: _____	Student Loans: _____
Homeowner's Insurance: _____	Credit Card Bills: _____
Utilities (Heat, Water, Gas, Electric): _____	
Car Payments: _____	Car Insurance: _____
Child Care: _____	Health Insurance: _____
Recurring Medical Expenses, Prescriptions. Etc.: _____	

Other Monthly Debt Source:	Amount Spent Monthly
_____	_____
_____	_____
_____	_____

Total Monthly Expenses: \$ _____



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Requested Repairs: _____



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Circle your answers to the following questions and initial next to each:

Are you willing to work alongside other volunteers to complete your home preservation project?
Yes/No _____

Are you willing to provide volunteers with water, lunch, and use of your restroom as they partner with you to complete your home repairs?
Yes/No _____

Are you a veteran?
Yes/No _____

Are you planning to continue to live in your home for at least 5 years?
Yes/No _____

Initial next to each statement if you agree:

I certify that the information I provided on this application is accurate and true.

I understand that the labor for repairs completed through the home preservation program will be completed by unpaid volunteers.

I understand that I am responsible for the repayment of the of the materials and costs associated with my home preservation project.

I understand that MCHFH screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am consenting to a sex offender background check.

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

EXHIBIT G

Community Needs Survey for CSBG Participants

COUNTY: MonroePike

SERVICE PROVIDER (Agency Name): _____

DATE: _____

CURRENT HOUSING (City, Zip Code): _____

(Town/City)

(Zip Code)

CSBG SURVEY PARTICIPANT AGE: _____

HOUSEHOLD SIZE: _____

If CSBG Participant is a CHILD (under 18), what is the CHILD CSBG Participant Age(s): _____

Circle the number that reflects your opinion on the NEED for each item in each Category below.

Categories	NEEDS	Not Needed (0)	Rarely Needed (1)	Needed (2)	Very Needed (3)
Employment	Help finding a job	0	1	2	3
	Help with job skills, training	0	1	2	3
	Assistance to attend trade or technical school	0	1	2	3
Education	GED classes	0	1	2	3
	English as a second language classes	0	1	2	3
	Child care	0	1	2	3
	Help paying for night school	0	1	2	3
Income and Asset Building	Financial Education/ Budgeting/Credit Counseling	0	1	2	3
	Help with applying for Social Security, SSDI, WIC, TANF, etc.	0	1	2	3
Housing	Help finding housing/apartment	0	1	2	3
	Help paying rent	0	1	2	3
	Help with utility bills	0	1	2	3
	Help working with landlord	0	1	2	3
Health / Social Development	Mental / Behavioral health classes	0	1	2	3
	Food	0	1	2	3
	Help getting health insurance	0	1	2	3
	Paying for prescriptions	0	1	2	3
	Substance abuse treatment/ prevention	0	1	2	3
	Counseling for domestic violence	0	1	2	3
	Activities for youth (ages 12-18)	0	1	2	3
	Activities for seniors (65+)	0	1	2	3

From the NEEDS listed above, please list five (5) needs:
(In order of importance to YOU)

If there is a NEED(s) that is important to you, but NOT listed above, please provide below:

1-

2-

3-

4-

5-



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Send this copy back

Home Preservation Program
Appeal Explanation Form

Applicant(s): _____

Home Preservation Program Eligibility Requirements:

- Household income does not exceed the 60% Area Medium Income (AMI) for Monroe County.
- Must be owner of the home in Monroe County for at least two years and be a current occupant of that home.
- Must have up to date homeowners' insurance
- Must be up to date on mortgage, property taxes, and school taxes.
- Any approved repairs will be deemed to increase the safety and/or health of the home.

Home Preservation Program Partnership Requirements:

- Property owner agrees to make regular monthly payments before work begins and to continue to make regular payments after work is completed until balance is paid.
- Property owner will work with MCHFH to schedule appointments and will not cancel scheduled appointments (including workdays).
- Property owner agrees to contribute 6 hours of sweat equity before home repairs project begins.
- Property owner agrees to clear all work areas, including pathways and driveways before work crews arrive.
- Property owner agrees to not smoke in active work areas or consume alcoholic beverages during scheduled MCHFH workdays.
- Property owner agrees to treat all volunteers, employees and community members with respect, courtesy, and dignity.
- Property owner agrees to not use obscene language during scheduled MCHFH workdays.
- Property owner agrees to be present during all workdays and will work alongside volunteers.

Affiliate Appeal Process:

If an application is denied or termination of services occurs, it is our policy to allow the applicant an opportunity to provide a program appeal objecting the decision made. The applicant may present their appeal in writing to the Monroe County Habitat for Humanity Board of Directors, 354 Memorial Blvd., Tobyhanna, PA, 18466. The appeal will be reviewed by the Board of Directors at their monthly meeting. A final decision will be made and mailed to the applicant within 30 business days. Once the appeal has been completed, no further appeals will be granted through Monroe County Habitat for Humanity.

Discrimination Right to Appeal:

Monroe County does not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, gender, disability, lifestyle, or sexual orientation. Any person who asserts that denial or termination of services is based on discrimination because of any of these reasons has a right to appeal to the Pennsylvania Human Relations Commission. The Harrisburg Regional Office services complaints for Monroe County under the Pennsylvania Human Relations Commission. You can file a complaint by calling (717) 787-9780, going online to <https://phrc.pa.gov> or by mail 333 Market Street, 8th Floor, Harrisburg, PA 17101-2210

I have been provided a copy of this policy for my records to reference the eligibility requirements, appeal processes, and right to appeal due to discrimination.

Applicant Signature

Date

Applicant Signature

Date



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Keep This Copy

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Sex Offender Registry Check Policy

Monroe County Habitat for Humanity (MCHFH) values the families we partner with, our volunteers, and our employees.

MCHFH requires that sex offender registry checks be conducted for all potential partner families, board members, employees, and volunteers.

Any person who does not consent to a sex offender registry check will not be permitted to become a partner family, work, or volunteer with MCHFH.

MCHFH reserves the right to recheck sex offender status at any time during the homebuilding process, course of employment and/or service.

By signing below, you consent to MCHFH checking your name against the national sex offender registry database.

Print Name Clearly

Sign Name

Date of Birth

Date