

Critical Repair Application

Applicant Name: _____ Co-Applicant Name: _____

Complete Property Address: _____

Applicant Phone: _____ Co-Application Phone: _____

Applicant Email: _____ Co-Applicant Email: _____

Who else has property rights to your home? _____

Number of people in household: _____

- | | |
|--|--|
| <input type="checkbox"/> I/we own and live in this residence | <input type="checkbox"/> My/our property taxes are paid and current |
| <input type="checkbox"/> I am a US Citizen or legal permanent resident | <input type="checkbox"/> I/we have homeowner's insurance |
| <input type="checkbox"/> I/we have lived in St. Lucie/Okeechobee County for 1+ years | <input type="checkbox"/> I have tried to use insurance for these repairs |
- My/our property has: current code violation(s) current lien(s) unpermitted structure(s)
 *I understand that if my property has any of these issues, my application may be denied.

Total Household Gross Monthly Income: \$ _____ Total Household Gross Monthly Expenses: \$ _____

Required Financial & Identification Information – check all that apply to your household.

When requested, copies of all checked items must be submitted. The application will not be complete, and the work will not start without all the required documents. Eligibility will be determined by funding requirements, the application package, and the initial inspection.

- | | |
|--|---|
| <input type="checkbox"/> 2 most current months of pay stubs | <input type="checkbox"/> Other verifiable income i.e. child support or alimony |
| <input type="checkbox"/> Social Security, SSI or Disability Award Letter | <input type="checkbox"/> 2 most current months of ALL Bank statements including blank pages |
| <input type="checkbox"/> Most recent tax return & W-2s | <input type="checkbox"/> Proof of citizenship or permanent residence. |

This information below is requested solely for determining compliance with Federal civil rights laws. Your response will not affect consideration for this application.

- | |
|---|
| <input type="checkbox"/> I do not wish to answer |
| Are any household members a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any household members 62 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any household members disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe disability: _____ |
| Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Mixed <input type="checkbox"/> Prefer Not to Answer |

CONSTRUCTION INFORMATION:

Number of Bedrooms: _____ Number of Bathrooms: _____ Type of Home: Single-Family Condo/Townhome

Do you have a mortgage? Yes No If so, how much are your monthly payments? _____

Explain the necessary Critical Repairs:

2024 HUD Income Limits		
80% Area Median Income		
St. Lucie County Residents		
Persons in Family	Monthly Income must be below	Annual Income must be below
1	\$4,279.17	\$51,350.00
2	\$4,891.67	\$58,700.00
3	\$5,504.17	\$66,050.00
4	\$6,112.50	\$73,350.00
5	\$6,604.17	\$79,250.00
6	\$7,091.67	\$85,100.00
7	\$7,583.33	\$91,000.00
8	\$8,070.83	\$96,850.00

2024 HUD Income Limits		
80% Area Median Income		
Okeechobee County Residents		
Persons in Family	Monthly Income must be below	Annual Income must be below
1	\$3,045.83	\$36,550.00
2	\$3,479.17	\$41,750.00
3	\$3,912.50	\$46,950.00
4	\$4,345.83	\$52,150.00
5	\$4,695.83	\$56,350.00
6	\$5,041.67	\$60,500.00
7	\$5,391.67	\$64,700.00
8	\$5,737.50	\$68,850.00

*****By signing this application, I acknowledge this is not a free program and understand that I am responsible for payment of services and materials. I acknowledge that our annual gross household income is at or below the income from the chart above for the number of household members (all persons living in the house). I understand that Critical Repairs are repairs that affect the household members' health & safety. I understand that Habitat SLO may or may not be able to assist with all repairs that are listed and those not listed on this application. I understand that the limit for each exterior repair project is \$5,000, or \$2,500 for insurance deductible payment. I understand that applications are only accepted when there is available funding. If this application is submitted when funding is not available, the application will not be accepted.***

Print Name

Signature

Date

Print Name

Signature

Date