



Carolina Rebuilding Ministry (CRM)

APPLICATION FOR ASSISTANCE ©

(All personal and household information must be completed. Use back of sheets if necessary.)

Agency (if applicable): _____

Contact Name: _____ Phone Number: _____

Last Name: _____ First: _____ M.I.: _____

Phone (H): _____ Phone (C) _____ SS #: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Gender: _____ Race: _____ Marital Status: _____ Birth Date: ____/____/____

Do you own the home in need of repairs? _____ Do you live in the home? _____ # Years in Residence: _____

Home Type: (Circle one) Mobile Condo Duplex Single-Family Number of People in Household _____

Do you or any member of your household own any other real estate? _____

Do you qualify for Medicaid? _____ May we contact other agencies on your behalf? _____

Have You previously applied for assistance from CRM? _____ If yes, what year? _____

Is the homeowner or anyone else residing in the home a Military Veteran? _____

REQUIRED DOCUMENTATION

In order to process your application, we need a copy of the following documents; please do not mail originals to us.

Proof of Ownership: Provide information proving that you own and live in the home in need of repairs, or that you live on "heir's property", or that you have lifetime rights to said property. For example: a copy of your deed, a will, or a county tax statement. In the case of a mobile home, please submit a copy of the title from the North Carolina Department of Motor Vehicles. In the case of lifetime rights, please submit a notarized document signed by the homeowner granting you rights to live on the property as long as you live.

Proof of Income: Provide the following information about your income and for all those living in the household: 1. For all household members a copy of last year's federal income taxes filing, 2. in the case of Social Security, SSI, or Disability income, send a copy of annual statement. These documents should match the list of sources you complete in the household information section.

HOUSEHOLD INFORMATION

Please complete the following information for EACH household member, including yourself.

Name of Household Member	Relation to You	Birth Date	Gender	Age	Employment Status
	Self				

Please complete the following income information for EACH household member, including yourself. Include all salaries, Social Security, SSI, Disability, Veteran Benefits, Pensions, Child Support, Alimony, Unemployment, etc.

Name of Household Member	Sources of Income Salary, Social Security, SSI, Disability, etc	Monthly Income
		\$
		\$
		\$
		\$
		\$

Total Income for all Household members \$ _____

Please list any agencies (besides CRM) that you have contacted for assistance recently.

Agency Name	Date(s)	Contact Name	Type of Assistance Received/Denied

For Office Use Only	
Review Date: _____ Reviewed by: _____	Background Check
Homeowner Verification: _____ Deed _____ Tax Statement _____ Other (Describe) _____	_____ Approved _____ Denied
	Date _____
Total Household Monthly Income _____ x12 equals \$ _____ (annual). Number of persons residing in the household is _____. Median income for a household of _____ person(s) according to income limits dated _____ is \$ _____ Median Income for _____ County. _____ Annual Income / _____ Median Income x 2= _____. The income of the above household as a percentage of the median is _____ %. Please reference HUD 20 _____ Income Requirements for which County (circle one) Washington Chowan Bertie	

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I hereby certify that the information on this profile is correct and may be used for statistical reporting and may be furnished to other agencies that may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided.

If I am approved, I understand that Carolina Rebuilding Ministry reserves the right to halt the project at any time, for any reason.

Homeowner Signature	Date	Homeowner Signature	Date
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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize CRM to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my family.

I understand that the release of this information does not guarantee that assistance will be provided but that without the information, my case cannot be processed for consideration of CRM services.

I understand confidential information may be collected from relatives, friends, acquaintances, coworkers, employers, other assistance agencies, and businesses with whom I have interacted. CRM may release or receive information regarding my social and family history, my employment status, my finances, or any other information they deem necessary to review my application.

Homeowner Signature	Date	Homeowner Signature	Date
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Homeowner Signature	Date	Homeowner Signature	Date
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Physical Address _____ Town _____ Zip _____

DISCLAIMER

The execution of this Consent does not guarantee that the assistance you require, or desire will be provided. This information may be given to one or more social agencies or their representative/s that may request it. CRM cannot and does not decide whether or how any other agency may provide assistance to you.

PROJECT INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. What year was your house built? _____
2. Does the home contain asbestos materials? ____ Yes ____ No
3. List funding resources you have available to help pay for the building materials (lumber, roofing shingles, wiring, paint, etc.) used for your home repair.

Cash \$ _____

Credit Cards \$ _____

Loan Potential \$ _____

4. List any building materials on-hand that can be used for your home repairs.

5. Check the repairs needed to make your home safe and secure.

___ Flooring ___ Exterior Siding ___ Window/s ___ Plumbing ___ Heating/AC

___ Walls ___ Electrical ___ Roof ___ Ramp ___ Door/s

___ Bathroom ___ Kitchen ___ Foundation ___ Water Drainage ___ Accessibility

Please provide additional information about the conditions related to the above checked needed repairs. Use back of sheet if necessary. _____

HEALTH AND SAFETY INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. How many colds or infections did residents have during the 12 months? _____
2. Describe any respiratory illnesses or other types of chronic or terminal illnesses in the household.

3. Describe any falls, burns, or other accidents in the home over the past 12 months.

4. Describe any contagious diseases or conditions in the household.

5. What is the monthly cost of healthcare, including medical visits and prescriptions? \$ _____

BACKGROUND INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. Please tell us more about your situation so we can understand what you are going through.

2. How is the condition of your home affecting you and any other residents?

3. How do you hope our services will improve your situation?



CAROLINA REBUILDING MINISTRY

STATEMENT OF UNDERSTANDING

I, _____ am the owner of the property at
_____ Town _____ State _____ Zip

I give my permission to any volunteers or professional tradesmen who have been referred by the Carolina Rebuilding Ministry (CRM) to make repairs and modifications to my home. I understand that CRM provides no warranty on work completed by volunteers.

Therefore, in consideration of the volunteer and/or professional services rendered me on my premises, I waive any and all claims or demands that may arise or accrue to me, growing out of any negligent action or omission by said organization or any of its members, agents or helpers in rendering such voluntary or professional service, and specifically covenant not to sue it or them for any of said negligent acts or omissions.

I agree to allow a yard sign identifying Carolina Rebuilding Ministry and any other funding entity to be placed on my property for the duration of the work. I agree to allow photographs, videos, or other audio-visual representation of myself, other members of this household, and of my home, without identifying me or my address, to be taken and published in print, on websites or other media. I further release CRM from any liability associated with the promotional use of these images. I release any claim to said images and acknowledge that they are the sole property of and are copyrighted by CRM.

Homeowner (Print Name)

Co-Homeowner (Print Name)

Homeowner Signature

Date

Co-Homeowner Signature

Date