



Critical Home Repair Program

Habitat for Humanity of Sumner County (HFHSC) Critical Home Repair Program serves elderly (60+), disabled and/or veterans homeowners and household members in our community. This is not an emergency repair program. Critical repairs are provided to homeowners at no cost on a most critical basis as well as availability of funds donated to HFHSC through community donations.

Critical needs do not include cosmetic or beautification projects. HFHSC is unable to engage in any work on modular/manufactured homes, foundation repairs, mold/asbestos abatement.

*Application submittal is not acceptance into the program.

Maximum Income limits

Household Income must be below each amount for number of household member

\$55,900 (1 member household)	\$63,900 (2 member household)
\$71,900 (3 member household)	\$79,850 (4 member household)
\$81,250 (5 member household)	\$92,650 (6 member household)

Repairs that are not eligible through our program should refer to the following programs:

- United States Department of Agriculture Repair Program- 615-783-1300
www.RA.USDA.gov

What to expect after submitting your application:

If an applicant meets the initial program requirements they will be notified and an initial inspection will be performed by an inspector to gather information on the need and our ability to complete the repair. Inspectors are unable to answer any questions pertaining to eligibility or acceptance into the program. We are unable to promise a timeline of repair completion, as we rely on grants and donations. If you have any questions, please call our office at 615-452-9606.



Habitat Critical Repair Application

Please **PRINT** answers clearly using an ink pen. Applications can be mailed to P.O. Box 516, Gallatin TN or returned in person at 327 Sumner Hall Drive, Gallatin, TN. **Unsigned or incomplete forms cannot be processed.**

Applicant Information	
Name:	
Street Address:	
City, State, Zip Code:	
Date of Birth:	Social Security #:
Phone #:	Email:
Marital Status:	Race:

General Eligibility/Need		
	Yes	No
Are you or anyone in your home a veteran of the United States Military?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a modular, manufactured, mobile or trailer home? (If you answered yes to this question please be advised your home is not eligible for repairs through this program.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you own AND live in your home in Sumner County, TN? (If you answered no to this question please be advised you are not eligible for repairs through this program.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed a claim with your homeowner insurance policy for the needed repairs?	<input type="checkbox"/>	<input type="checkbox"/>
Are your property taxes for both city and county paid up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone living in your home have a special need, including physical, mental or developmental disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
What is your current monthly mortgage payment \$ _____		

Applicant Income	
Please specify monthly or annual income	
Supplemental Security Income (SSI)	
Disability	
Pension/Retirement	
Families First/TANF	
Food Stamps	
Employment	
Other	

Household Information

List all other persons who will be living in the home with you, including children.

Name	Date of Birth	Relationship to Applicant	Do they receive income?	Amount?	Income Source (i.e. job, SSI, etc.)
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	

Please tell us about the repairs needed in your home:

**Is there anyone you would like to list as someone we can speak with about your repairs?
(Caseworker, family member)**

Please include the following documents with your applications

- Deed to home
- Proof of Income for all household members
- Photo ID for all individuals listed on the deed to the home
- 30 days of bank statements
- Copy of DD-214 for veterans in the home (if applicable)

By Signing below, I certify that all the information provided is true and correct to the best of my knowledge.

Applicant Signature

Date