

PARTICIPANT GUIDELINES

Education Program Participants Must:

Classes are FREE to families who meet the following guidelines. Participants who do not meet the guidelines are welcome to attend for a donation suitable to their budget.

- ✓ Live in Kalamazoo County
- ✓ Be willing to complete an eligibility application
- ✓ Have a household income at or below 80% of the area median income (\$50,050 for a family of four)

Critical Home Repair Program Participants Must:

- ✓ Live in the city limits of Kalamazoo
- ✓ Own your home or be purchasing it through a mortgage
- ✓ Be able to pay a percentage of the cost of repair which will be based on household income level (see table)
- ✓ Be willing to attend free educational classes
- ✓ Need a repair affecting the health and safety of the occupants or would prevent further damage to the home.

Family Income Limits	
1 Person	\$38,550
2 People	\$44,050
3 People	\$49,550
4 People	\$55,050
5 People	\$59,500
6 People	\$63,900
7 People	\$68,300
8 People	\$72,700

Limitations:

- We are unable to work on mobile homes or homes being purchased through Land Contract.
- Most repairs conducted may not exceed \$5000 in total cost per year. More substantial repairs will be assessed on a case-by-case basis.
- This program does not include painting, cosmetic work, frozen pipes, upgrades, window replacements, landscaping, work on garages or outbuildings, roof replacements, finish carpentry work (unless part of a larger project), driveway repairs (unless hazardous), stand-alone floor covering, or pest removal.

Energy Efficiency Program Participants Must:

- ✓ Live in Kalamazoo County
- ✓ Own your home or be purchasing it through a mortgage
- ✓ Be a Consumers Energy customer
- ✓ Be able to pay a percentage of the cost of weatherization which will be based on household income level
- ✓ Be willing to attend 12 educational classes

Family Income Limits	
1 Person	\$24,120
2 People	\$32,480
3 People	\$40,840
4 People	\$49,200
5 People	\$57,560
6 People	\$65,920
7 People	\$74,280
8 People	\$82,640

Limitations:

- We are unable to work on mobile homes or homes purchased through Land Contract.

NOTE: The geographic area we serve largely depends on available funds. We primarily work within the **city limits of Kalamazoo**, and sometimes have funding for projects outside the city but within Kalamazoo County. Please call our offices for more information.

This activity is brought to you in partnership with the City of Kalamazoo.



Return Documents and Application to
810 Bryant St. Kalamazoo, MI 49001
(269)998-3275 | admin@communityhomeworks.org

Participant Document Checklist

(Not Required for Education)

Community Homeworks must have a copy of the following on file before any services can begin. Please contact us if you have any questions.

Income Documents: required for all persons over 18 living in the home *if applicable*:

_____ most recent 90 days of paycheck stubs

_____ Most recent two (2) months of bank statements

_____ Other documentation to prove income [award letters for retirement (include year-end statement and award letter), unemployment, social security, disability, business income, alimony, VA benefits, and educational benefits]. Please list _____

_____ Any occupant in the home over 18 years of age, having no income, is required to sign a Zero Income Affidavit and have it notarized (the Community Homeworks office can do this).

Other Documents:

_____ Driver's License or State Issued I.D. Card with correct address (all persons over 18)

_____ Copy of your Consumers Energy bill

_____ Copy of the Deed to your home

Helpful Information:

Copy of the Deed

Kalamazoo County Administration Building
201 W. Kalamazoo Avenue
Kalamazoo, MI 49007
Hours: M- F 8:00 to 4:30

Copy of Social Security Statement

Social Security Administration
317 S. Drake Rd., Suite A
Kalamazoo, MI 49009
Phone: (866) 331-9088

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Client Eligibility Application

Head of Household _____ Date ____/____/20____

Address _____ City _____ Zip _____

Neighborhood/Township _____

Home Phone _____ Work _____ Cell _____

Other contact person _____ Contact Phone _____

E-mail Address _____

Soc. Sec. # ____ - ____ - ____ Birthdate ____/____/____

Number of Household Members: Adults (over18): ____ Children: ____ Total Occupants: ____

H-Hispanic/Latino **AI**-American Indian **A**-Asian **B**-African-American/Black
W-Caucasian/White **MR**-Multi-Racial **P**-Pacific Islander

Names of Adults Only	Relationship	D.O.B	Race
Child's Date of Birth _____ Race _____	Child's Date of Birth _____ Race _____		
Child's Date of Birth _____ Race _____	Child's Date of Birth _____ Race _____		
Child's Date of Birth _____ Race _____	Child's Date of Birth _____ Race _____		
Have any of these children ever been diagnosed with lead poisoning? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Income: List ALL income of **everyone over 18** except full time students

First Name	Source of Income	If Employed, how long?	Monthly\$	Annual \$

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Homeownership Type (circle one): Homeowner Land Contract Mobile Home Renter	
What year did you move in? _____	
Did you receive any Pre-purchase Education when you bought this house? Yes No	
How is your house financed? Mortgage Land Contract Paid Off	
Monthly house payment \$ _____	
Is this your only permanent residence? Yes No	
House payments up to date? Yes No # of month's behind _____	
Property taxes up to date? Yes No # of year's behind _____	
Is your house listed for sale? Yes No	
Do you have Homeowners insurance? Yes No	
Are you having difficulty getting or keeping insurance? Yes No	
Are you renting any rooms in this house? Yes No If Yes, how much do you collect in monthly rent? \$ _____	
Are you selling any homes on land contract? Yes No Do you own any other houses? Yes No	
If yes, what is the address: _____	
Have you reported all the income of everyone in your household for the last 12 months? Yes No	
Do you have liquid assets that can be reduced to cash (annuities or CD's) or do you have any cash assets (saving account, etc.) exceeding \$30,000? Yes No If yes, what is the amount? _____	
Does anyone in your household repair or paint houses for others for money? Yes No	
Are you a member of a faith community or other group that may be able to help with the cost of materials or provide volunteers for emergency home repairs? (church, synagogue, etc.)? Yes No	
May we have permission to check your natural gas consumption with your utility company? Yes No	

I certify that the information provided is correct and accurate to the best of my knowledge, and that withholding or purposely supplying inaccurate or misleading information will jeopardize my ability to receive services and may cause me to be subject to civil and criminal charges.

Signature _____ Date ____/____/20____



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Authorization to Release Information

(Not Required for Education)

This form authorizes Community Homeworks to discuss and/or communicate information about my home repair request with the authorized parties listed below. This can include my credit history, financial situation, assets, employment, scope and cost of repair, and other information or documentation deemed necessary to assist in obtaining the requested repair. I understand this information will be kept confidential, and that no information will be discussed with anyone not directly involved as authorized parties.

Homeowner's Name: _____
(Please Print)

Homeowner's Name: _____
(Please Print)

Phone Number(s): _____

Please **initial** next to **each** organization in the appropriate column to signify your authorization or non-authorization of release of information

Authorized / Not Authorized

- ____ / ____ 1. Contractors or vendors that Community Homeworks may work with on the project
- ____ / ____ 2. Michigan Department of Human Services (DHS)
- ____ / ____ 3. Kalamazoo Valley Habitat for Humanity
- ____ / ____ 4. Legal Aid of Western Michigan
- ____ / ____ 5. Other party: _____ Relationship: _____
- ____ / ____ 7. Homeowner's Insurance Company: _____
Policy # _____

Authorization begins with the Homeowner's Signature and Date below, and ends 5 years from the date of the document.

Homeowner Signature: _____ Date: _____

Last four digits of homeowner's Social Security # _____

Homeowner Signature: _____ Date: _____

Last four digits of homeowner's Social Security # _____



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Address _____

Client ID _____

Affidavit Of Legal Residency

I, _____, swear or affirm under penalty of perjury under the laws of the United States of America and of the State of Michigan **(please check one)**:

<input type="checkbox"/>	I am a United States citizen, or
<input type="checkbox"/>	I am a Permanent Resident of the United States, or
<input type="checkbox"/>	I am otherwise lawfully present in the United States pursuant to Federal law

I also swear or affirm under penalty of perjury under the laws of the United States of America and the State of Michigan **that all members of my household are** (please list number in all that apply):

<input type="checkbox"/>	United States citizens, or
<input type="checkbox"/>	Permanent Residents of the United States, or
<input type="checkbox"/>	Otherwise lawfully present in the United States pursuant to Federal law

I understand that this certification is required by law because I have applied for a public benefit. I understand that Federal law and the City of Kalamazoo requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of the United States of America as perjury, and it shall constitute a separate Criminal offense each time a public benefit is fraudulently received.

SIGNATURE _____ DATE _____

PRINT NAME _____

FULL ADDRESS _____



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I Understand...

Carefully read each statement and initial your agreement in the space provided.

_____ I understand that Community Homeworks is a private nonprofit that operates due to the generosity of citizens in the community.

_____ I understand that Community Homeworks is not a government agency, and must **prioritize participant requests** according to need, funding, and staff availability.

_____ I understand that my **copayment** helps Community Homeworks assist other families in the future and that it is only a portion of the total cost of the repair.

_____ I understand that until my copayment and education **requirements** are complete, I am ineligible for more services from Community Homeworks.

_____ I understand that my participation in the home repair program likely goes hand-in-hand with my participation in the **education** program and that I may need to take up to 12 classes.

_____ I understand that the classes in the education program help me **maintain** my home and the work done by Community Homeworks.

_____ I understand that after the repair is complete, I may need to **schedule an inspection**. If so, I will be ineligible for more services from Community Homeworks until it is complete.

_____ I understand that most repairs conducted in a home **may not exceed \$5000 in total cost per year** and that more substantial repairs will be assessed on a case-by-case basis.

_____ I understand that Community Homeworks may contact me in the future to follow up on the results of our program partnership.

Homeowner Signature: _____ Date: _____