Dear Applicant:

Thank you for your interest in Habitat for Humanity Metro Maryland, Inc.'s (HFHMM) CAPABLE Program. HFHMM CAPABLE serves seniors who are experiencing challenges with Activities of Daily Living (ADL's) by providing a more holistic approach to the idea of aging in place.

With the CAPABLE program, income qualified seniors have access to an Occupational Therapist and Registered Nurse, both of whom will conduct a series of visits in order to assist in the identification of challenges, setting of goals, and outlining of action plans for those goals. Within the parameters of the program, Habitat for Humanity is able to provide minor home modifications per the recommendation of the occupational therapist, which are geared toward improving independence.

GENERAL GUIDELINES TO QUALIFY FOR HABITAT'S CAPABLE PROGRAM:

Applicant(s) Must:

- Be at least 65 years of age or older.
- Have difficulty with at least one Activity of Daily Living (ADL) (dressing, bathing, etc.) or difficulty with Instrumental Activities of Daily Living (IADL's) (e.g. Housework, meal preparation, taking medication as prescribed, etc.)
- Be a Montgomery County or Prince George's County resident (applicant does not have to be the owner of the home, but the owner must be willing to sign all forms associated with the home modification piece of the program).
- Reside in a home currently covered by a homeowner's insurance policy.
- Be income qualified (Income for the individual participant cannot exceed $42,500 per year)
  There is no minimum income needed to qualify
- Be able and willing to participate in meetings with an Occupational Therapist and a Registered Nurse focused on your goals
- Be able and willing to participate in surveys administered by a HFHMM staff member
- Due to strict program regulations **neither** active cancer patients, **nor** individuals diagnosed with dementia or Alzheimer's can be deemed eligible for the CAPABLE piece of the HFHMM program; however, those in this category are welcome to explore options with the boarder HFHMM Repair and Weatherization Program.

An HFHMM committee will review all applicants. Part of the application process will include a home audit to determine your home's suitability for the program. Please note that homes with unsafe, unsanitary, or illegal living conditions are not eligible for HFHMM's services. Also, note that we will need to access various areas in your home to perform these services and, if we cannot safely access these areas due to significant clutter in your home, or other reasons, you may not be eligible for services.

HFHMM strives to serve as many households as possible. For homeowners who participated in the repair or weatherization program in 2015 or later, HFHMM will not approve applications for additional services within a 7-year period.

Should your home require any additional, larger, home repairs, please see Attachment A at the back of this packet. Included, is a cover letter explaining the eligibility requirements for HFHMM's traditional Home Repair and Weatherization Program, which can be paired with the CAPABLE program if eligible.

In order for your application to be considered complete, you must include:

- Income verification (paystubs, social security income etc. –for the last 3 months)
  **** Bank statements and Tax Returns not accepted****
- Retirement, Pension, Annuity, SSI and other Social Security benefits may be verified with annual letter stating amount and frequency benefits for the year
- Proof of current homeowners insurance, which includes the address insured, and effective dates.

The application and required documentation will not be returned. Make a copy of the completed application and all documents for your records.

Rebecca Arce
Repair Client Coordinator
Habitat for Humanity Metro Maryland Inc.
Rebecca.Arce@HabitatMM.org

Habitat for Humanity® Metro Maryland

Repair and Weatherization Program Application Checklist

Please complete and submit alongside your application

Application

All application fields must be completed, and accompanied by *COPIES* of the required documentation on this checklist. Incomplete applications will not be considered.

Homeowners Insurance Verification

Documentation must include the following information: Effective dates of the policy (these dates must be current), Type of policy (homeowners insurance), and address insured matching the address for which repair services.

CAPABLE Program Applicant income verification (prospective CAPABLE client ONLY)

**Documents should clearly indicate gross earnings or benefits, Frequency earnings/benefits, and Individual earner or recipient.

1. Paystubs/Check stubs (3 full months) — Yes — No — N/A
   ***For example, bi-weekly earners would likely be supplying 6 paystubs to document 3 months of wages.*
2. Social Security Annual Benefits Letter — Yes — No — N/A
   ***This can be requested with Social Security Office if you do not have a current copy*
3. Disability Annual/Statement of Benefits Letter — Yes — No — N/A
   ***This can be requested with Social Security Office or source of Disability settlement- must be current*
4. Retirement/Annuity Statement of Benefits — Yes — No — N/A
   ***This can be in the form of monthly stubs or a current annual overview*
5. Zero Income Statement — Yes — No — N/A
   ***a blank copy of this form is included in your application- please complete one copy of this form for every member of household over 18 earning/receiving $0 annually.*

Income Verification for Remainder of Household (all members over 18 years of age) – **See Attachment A**

**Documents should clearly indicate gross earnings or benefits, Frequency earnings/benefits, and Individual earner or recipient.

1. Paystubs/Check stubs (3 full months) — Yes — No — N/A
   ***For example, bi-weekly earners would likely be supplying 6 paystubs to document 3 months of wages.*
2. Social Security Annual Benefits Letter — Yes — No — N/A
   ***This can be requested with Social Security Office if you do not have a current copy*
3. Disability Annual/Statement of Benefits Letter — Yes — No — N/A
   ***This can be requested with Social Security Office or source of Disability settlement- must be current*
4. Retirement/Annuity Statement of Benefits — Yes — No — N/A
   ***This can be in the form of monthly stubs or a current annual overview*
5. Zero Income Statement — Yes — No — N/A
   ***a blank copy of this form is included in your application- please complete one copy of this form for every member of household over 18 earning/receiving $0 annually.*

Utility Information Release Form

This form is an information release form for billing/usage history (not personal account information) with regard to utilities for the property. This information assists HFHMM in determining weatherization program eligibility. Do not complete if your home has already been weatherized within the last 5 years through an alternate program.

Guidelines for Initial Home Visit Disclosure form

This form is required for all households applying to the program. It is imperative that this information be read and agreed to, for the safety and sustainability of HFHMM's staff and program(s). Households that have not completed this form will not receive a home visit and thus, cannot be accepted into the program.

** Please Note – Bank Statements, SSA 1099's, as well as last year's Tax Documents cannot be accepted**

Habitat for Humanity® Metro Maryland

CAPABLE

Only completed applications with all required documentation can be considered.

1. Applicant Information

Applicant Information		
First name	Middle Initial	Last name
◯ Male ◯ Female ◯ Non-Binary ◯ Prefer not to say		
Date of Birth: (mm/dd/yyyy):		
Primary Phone:		
Work Phone:		
Email:		
Present Address:		
(Street)	(City/Town)	
(County)	(State and Zip)	
Number of years at this address?	Have you applied to HFHMM before? If so, when?	
Number of household members?	Has the home ever been weatherized?	
Are there Pets present in the home? ◯Yes ◯No -- If yes, how many and what kind?_____		

2. CAPABLE Program Acknowledgements

By singing below, I am consenting to Participation in the Habitat for Humanity Metro Maryland (HFHMM) CAPABLE Program. I understand that the CAPABLE model includes the assessment of my challenges with activities of daily living (ADL's) by both an occupational therapist and a registered nurse in order to help me to improve my safety, stability, health and wellbeing as I continue to age in place. I further understand that my involvement with the CAPABLE program offered by HFHMM does not guarantee my involvement in HFHMM's Home Repair and Weatherization program and that my eligibility for that program must be assessed separately. (See Attachment A)

◯ I/We are willing to consent to the CAPABLE program's guidelines. Initial _____ / _____

3. Household information

Do you own the home?	◯Yes	◯No
Would the homeowner be willing to "co-sign" the work scope if need be?	◯Yes	◯No
Does the home have an active homeowner's insurance policy?	◯Yes	◯No

What type of home do you have? (i.e. Single family home, Townhome, Condo)	What year was the home Built?_____ How many Stories is the home? _____
Number of Rooms in the home: Bedrooms:_____	Bathrooms:_____ Total Rooms:_____
Electricity provider? _____	Water source? ◯Well ◯Town/City
Waste Water system? ◯Septic ◯Town/City	Heat source? ◯Electric ◯Gas ◯Oil
Air Conditioning? ◯Window ◯ Central ◯None	Water Heater type? ◯Electric ◯Gas ◯Oil

4. Participant Income Verification

CAPABLE Participant ONLY
Gross Monthly Wages (Before Taxes):
TANF*:
Social Security Income:
Social Security Disability:
SSI*:
Alimony*:
Child Support*:
Section 8 Housing*
Other (Please Specify):

*= You are not required to report income derived from these sources. However, if disclosed HFHMM will need to assess:
1) The length of time payments are expected to be received/continue
2) The consistency of payment history

Total Monthly Income for CAPABLE Program Participant:

_____

5. Checklist for Required Documents

Make sure to include the following: Applications CANNOT be reviewed without this documentation.	
A. 3 months of income verification. (Paystubs, Social Security income, etc.)	◯Yes ◯No
B. Proof of Homeowners Insurance	◯Yes ◯No

Please List any Additional Comments here: _____

_____

_____

6. Homeowner's Agreement/Waiver

I certify that the information I have provided on this application is accurate and will remain so for the near future. I confirm that my home is free of any known safety hazards beyond what has been disclosed on this application. I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my eligibility for services as they relate to Habitat's CAPABLE program. I understand that, if approved, the program will include a series of personal visits conducted by HFHMM, their participating partners including an occupational therapist and a registered nurse. I understand the final decision on my eligibility for this program will be determined by an initial home visit, conducted by either the Occupational therapist or HFHMM.

Applicant	
Print Name	
Signature	Date

Complete this box **ONLY IF** you are **NOT** the homeowner, but are assisting the homeowner in this application.

◯Yes ◯No

(Name) (Daytime Phone Number) (Is the homeowner aware of this application?)

7. Repairs Requested – In order to be considered for these repairs, Please fill out Attachment A

Please briefly describe your Home Repair and Weatherization needs as you see them. Number all that apply in order of your own priorities

_____ Water heater

_____ Furnace

_____ Roof

_____ Gutters

_____ Exterior House Painting

_____ Insulation

_____ Entry Ramp

_____ Plumbing

_____ Electrical

_____ Health (i.e. asbestos, lead, mold)

_____ Window/Door

_____ Foundation

_____ Cleaning (interior of home)

_____ Clearing Gutters and drains

_____ Pest control

_____ Replacing Light bulbs

_____ Replacing air filters

_____ Replacing batteries in CO/CO2 detectors

_____ Yardwork

_____ Other:

Please List any Additional Comments here: _____

_____

_____

_____

8. Optional Information

The questions in this section are optional and do not affect your application status but we appreciate your cooperation

How did you hear about the Home Repair and Weatherization programs? (Check all that apply)

◯TV ◯Radio ◯Newspaper ◯Flyer ◯Friend ◯Neighbor
◯Neighborhood organization ◯Other (please specify):_____

Applicant	Co-Applicant
What is your occupation?	What is your occupation?
Race/National Origin (Check all that apply):	**Race/National Origin (Check all that apply):**
◯ American Indian or Alaskan Native ◯ Native Hawaiian or other Pacific Islander ◯ Black/African American ◯ Caucasian ◯ Asian ◯ Other (please explain): _____	◯ American Indian or Alaskan Native ◯ Native Hawaiian or other Pacific Islander ◯ Black/African American ◯ Caucasian ◯ Asian ◯ Other (please explain): _____
Ethnicity: ◯ Hispanic ◯Non-Hispanic	**Ethnicity:** ◯ Hispanic ◯Non-Hispanic

Did you purchase your home through a homeownership assistance program such as HOC, MPDU, etc? ◯Yes ◯No
If so, please specify which program:_____

Is anyone in the household a veteran? ◯Yes ◯No	Is anyone in the household currently in the military? ◯Yes ◯No

Is anyone in the household disabled?

If anyone in your home is disabled, indicate type of disability below (check all that apply, please describe if "other"):

◯Uses a Walker, Cane or Crutches ◯Wheelchair Bound ◯Blind ◯Hearing Impaired

◯Loss of Limb ◯Mentally Disabled ◯Other: _____

9 – OPTIONAL – Information Sharing Consent – Hyattsville Aging in Place

I, the undersigned, authorize Habitat for Humanity Metro Maryland (HFHMM) to use the basic contact information (name, phone number, and address), provided on this application, in order to connect me with other nonprofit entities and/or service providers (such as Hyattsville Aging in Place) which are geared toward enabling eligible seniors in villages to age in place. I understand that the sole purpose of this is to connect the homeowners served by HFHMM with resources they may not otherwise connect with in order to access vital resources. In no way, will my information be shared with any kind of solicitation or telemarketing service nor will any information beyond the contact information listed above be shared with any village and/or coalition member.

Applicant		Co-Applicant	
Print Name		Print Name	
Signature	Date	Signature	Date

EQUAL HOUSING OPPORTUNITY

Habitat for Humanity Metro Maryland, Inc. is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout our service areas. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing based upon race, sex, familial status, physical or mental disability, color, religion, national origin, ancestry, presence of children, source of income, sexual orientation, gender identity, age and family responsibilities.

ATTACHMENT A

The Remainder of this packet consists of an attachment for those who are interested in also being considered for Home Repair and Weatherization services with HFHMM. DO NOT FILL THIS OUT if you are only interested in/eligible for the CAPABLE Program services (See eligibility below).

If you have completed the CAPABLE Program application (pages 1-6)

– AND –

You would like to be considered for additional Repair and Weatherization services through HFHMM's traditional Repair and Weatherization Program

– AND –

You meet the program requirements for Repair and Weatherization (see below), please feel free to fill out the following: ATTACHMENT A

In order to be eligible for HFHMM's Repair and Weatherization program, one must:

- Have a need for services.
- Be a Montgomery Co. or Prince George's Co. homeowner. Home must be the primary residence of applicant(s) and applicant(s) must have lived in the home for a minimum of one year prior to applying, and plan on living in the home for a minimum of two years after work is completed.
- Have current homeowners' insurance.
- Have a **total household income** below the levels listed in the chart below.

***Please note that while the CAPABLE application only requests inome verification of the individual participant, in order to be considered for Repair and Weatherization, we must assess the income of the entire household (all members over the age of 18).*

Household Size	Maximum Income Annual Allowed (gross)
1	$54,350
2	$62,100
3	$69,850
4	$77,600
5	$83,850
6	$90,050
7	$96,250
8+	$102,450

**there is no minimum income needed to qualify & we do not consider assets*

2A - Additional Members of Household

Please list ALL members of your household including applicant(s).

Name (First and Last)	Gender [M/F]	Date of Birth (mm/dd/yyyy)	Relationship to Applicant(s)
1.			
2.			
3.			
4.			
5.			
6.			
8			
9			
10			

3A – Household Income Verification

Total all income for household (all members 18+) - use columns corresponding to the table above

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Gross Monthly Wages (Pre-Tax):						
TANF*:						
Social Security Income:						
Social Security Disability:						
SSI*:						
Alimony*:						
Child Support*:						
Section 8 Housing*						
Other (Please Specify):						

*= You are not required to report income derived from these sources. However, if disclosed HFHMM will need to assess:

1) The length of time payments are expected to be received/continue

2) The consistency of payment history

Total Monthly Income for Household:

_____

4A. Homeowner's Agreement/Waiver

I certify that the information I have provided on this application is accurate and that I own the property at the given address. I confirm that (except for the conditions listed on this application) my home is a safe place for staff, professionals, and/or volunteers to work. I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my need for repair and/or weatherization services. I understand that the evaluation will include personal visits and income verification. I have answered all the questions on this application truthfully. I understand that if it is found that I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive home repair and weatherization services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant (main application)		**Co-Applicant (attachment- a)**	
Print Name		Print Name	
Signature	Date	Signature	Date

Complete this box **ONLY IF** you are **NOT** the homeowner, but are assisting the homeowner in this application.

◯Yes ◯No

(Name) (Daytime Phone Number) (Is the homeowner aware of this application?)

5A - OPTIONAL- Information Sharing Consent – Life Long Homes (Senior Services) Coalition

I, the undersigned, authorize Habitat for Humanity Metro Maryland (HFHMM) to use the basic contact information (name, phone number, and address), provided on this application, in order to connect me with other nonprofit entities and/or service providers, participating in the Life Long Homes Coalition; a coalition of nonprofit organizations and service providers geared toward enabling eligible seniors in villages to age in place. I understand that the sole purpose of this is to connect the homeowners served by HFHMM with resources they may not otherwise connect with in order to access vital resources. In no way, will my information be shared with any kind of solicitation or telemarketing service nor will any information beyond the contact information listed above be shared with any coalition member.

Applicant		**Co-Applicant**	
Print Name		Print Name	
Signature	Date	Signature	Date

6A - OPTIONAL- Information Sharing Consent – Rebuilding Together Montgomery County

I, the undersigned, authorize Habitat for Humanity Metro Maryland (HFHMM) to forward this application in full, including attachments, to Rebuilding Together Montgomery County should some or all of the needs present in my home be either better fit for their program, or exceed the programmatic abilities (in part or in full) of Habitat for Humanity Metro Maryland.

Applicant		**Co-Applicant**	
Print Name		Print Name	
Signature	Date	Signature	Date

Guidelines for Initial Home Visit

Once your application has been reviewed and it is determined that you qualify for the Habitat for Humanity Metro Maryland, Inc.'s programs, Habitat will set up an initial home visit to begin to create a scope of work. However, if the safety of our staff and volunteers may be compromised in the home we will not complete the home visit and remove your application from our applicant pool until remediation of the safety concerns has occurred. Safety concerns include, but are not limited to:

- Any hoarding activities. Hoarding is defined as the acquisition of, and failure to discard a large number of possessions or large amounts of news papers, magazine or other accumulated items, which may be present in or around a residence.
- The presence or consumption of drugs or alcohol while staff and/or volunteers are in the home
- The presence of guns or other weapons left in the open.
- More than 8 uncaged pets living in the home. Pets being defined as any domesticated animal.
- The presence of bed bug, roach, and/or rodent infestation. Should any one of these be identified during a home visit, Habitat for Humanity reserves the right to leave the home.
- The presence of mold. If mold is found in a home during a home visit Habitat for Humanity reserves the right to leave the home. Mold can create serious health and air quality issues if not treated*.
- Structural damage that threatens the integrity of the home's building infrastructure. These damages can include cracks and breaks in the foundation or compromised floors.

If any of these or other situations are present at your home and risk the safety of Habitat staff and volunteers, Habitat reserves the right to refuse or leave a home visit at any time.
If any of these conditions exist in your home, Habitat is happy to recommend resources that can help. Once the situation has been rectified, Habitat will re-open the application for consideration.
Please also remove or cover up inappropriate or obscene materials and decorations when staff and volunteers are present in your home.

*There is a difference between mildew and mold. On top of the health concerns connected to the presence of mold, structural damage can also occur as mold eats away at the surface it is growing on. The picture below on the right shows mold and the one on the left show mildew. Mildew is the beginning stages of mold and can be treated at home without bringing in contractors.





I/We acknowledge that if a home visit is completed by Habitat for Humanity Metro Maryland, Inc. it is not a promise or guarantee that work will be completed.

_____

Signature of applicant Date

UTILITY RELEASE FORM

I, _____ hereby authorize the release of all information pertaining to my fuel bills, both past and future, to Habitat for Humanity Metro Maryland or its designee.

Fuel Supplier(s):Name and Address:		Account Number:
Electric supplier	_____	_____
	_____	
Natural Gas supplier	_____	_____
	_____	
Propane supplier	_____	_____
	_____	
Other supplier	_____	_____
	_____	

I understand that this information will be used only to provide data for the Low-Income Weatherization Program and that the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Applicant
Signature:_____ Date:_____

Applicant
Address:_____

_____

ZERO INCOME STATEMENT

****Use one per each individual over 18 years with zero income.****

Name: Date:

Address:

This self-declaration statement (affidavit) is to certify that I am not receiving income from any source whatsoever.

- I am not employed through any private or public employer.
- I am not receiving unemployment compensation benefits.
- I am not receiving Social Security, SSI, Disability benefits, Workmen's Compensation, Veteran's Pension or any type of annuity benefits.
- I am not receiving Public Assistance (PA).
- I am not receiving income from any source (such as interest from bank accounts, rents from rental property).
- I am on maternity leave without pay _____ (Please Check).
- I do not receive alimony or child support.
- I understand that I must report any change in income status.

I have read and understand the above statements and understand that any misrepresentation of the above will result in termination of my housing assistance.

_____ _____

Signature Date

EQUAL HOUSING OPPORTUNITY