Aging In Place Repair Program

Habitat for Humanity of Hall County
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About the Program

Aging In Place (AIP) is a home repair ministry program offered through Habitat for Humanity of Hall County. AIP helps to provide interior and/or exterior needed repairs, and home maintenance for low to moderate-income homeowners who reside within the Hall County service area. AIP assists homeowners who are unable to complete home repairs on their own due to age, finances, or disability.

Multi-Step Application Process

1. Complete the application
2. Determine eligibility - If you are eligible for services, a home visit will be scheduled to determine any individual housing repairs needed.
3. Repair assessment - An in-depth evaluation of repair requests and costs will be conducted. Statement of Work will be prepared. NOTE: It could be about 2-8 months before the home repair project is started.
4. Homeowneragreement is signed.
5. Repairs aredone.
6. Completionagreement is signed.
7. Post-RepairSurvey conducted.

Selection Criteria

1. Need (Safe,Dry, Accessible, Compliant) including meeting our financial guidelines.
2. Willingnesstopartner with Habitat for Humanity of Hall County.

Program Eligibility

- Applicantsmust be homeowners and the home must be a primary residence.
- Householdincome cannot exceed 60% of Area Median Income (AMI) annually.
- Applicationmust be filled out in entirety and provide proof of income and proof of homeownership.

1. Do you own thehome that you are applying for home repair assistance?
   ☐ Yes ☐ No
2. Is the home youare applying for assistance for your primary residence?
   ☐ Yes ☐ No
3. Have you livedinthe home for at least 1 year?
   ☐ Yes ☐ No
4. Do you certifythat you do not intend to sell this home within the next 3 years?
   ☐ Yes ☐ No

AIP Maximum Income Limits Per Family Size (based on HUD Guidelines)									
1 Person	2Person	3 Person	4Person	5Person	6Person	7 Person	8Person	9Person	10 Person
$42,840	$48,960	$55,080	$61,200	$66,096	$70,992	$75,888	$80,784	$92,534	$105,608

(04/2026 - 03/2027) AMI 60%

Homeowner Information Section

Homeowner First Name _____ Homeowner Last Name _____ Date of Birth (month/date/year) _____

Street Address _____ City _____ County _____ Zip Code _____

Phone Number _____ Email _____

Gender ☐ Male ☐ Female

Year House was Built _____ Number of Years You Have Lived In The Home _____

Marital Status

☐ Single ☐ Married ☐ Domestic Partner

☐ Separated ☐ Divorced ☐ Widowed

Race (applicant may select more than one racial designation):

____ Native American Indian or Alaska Native ____ Native Hawaiian or Other Pacific Islander

____ Black/African ____ White ____ Asian ____ Other/Multi-Racial

Ethnicity

____Hispanic or Latino ___Non-Hispanic or Latino

____I do not wish to furnish this information.

Veteran Status

☐ I am a veteran ☐ I am a spouse of a veteran ☐ I am a widow/widower of a Veteran ☐ Not Applicable

PLEASE PROVIDE A COPY OF DD214 WITH YOUR APPLICATION IF APPLICABLE

Gas/Electric Provider: _____

Additional Needs

Is the homeowner or anyone in the home disabled? ❑Yes ❑ No

If yes, indicate the 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: _____

Is translation needed? ❑ Yes ❑ No If yes, what language: _____

Have you applied to **AIP** in thepast? ❑ Yes - What year(s)? _____ ❑ No

Has **AIP** done work at your home in the past? ❑Yes - What Year(s)?

Additional Household Members Information

Homeowner Information Continued…

List the names, ages, **and relationship** *to homeowner* of **all** people living in the home (**attach a sheet for additional names**):

Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Home Repair Need – Briefly Describe Your Top 3 Home Repair Needs

Tier1: Accessibility (grab bars, threshold risers, accessibility ramp, raised toilet seat)

Tier2: Safety (Decks, staircases, walk-in showers, flooring, plumbing, mold remediation)

Homeowner Narrative – Is there anything else you would like us to know about yourself/your **family's situation or home repair needs?**

1.Are you or is an occupant in the home a retired educator?
2.Are you or is an occupant in the home a retired healthcare professional or first responder ?
3.Are you or is an occupant in the home a retired government worker?

Household Income and Mortgage Information Section

You must provide verification of all household income for each adult in the house, unless a full-time student. You will need to provide copies of the following items:

- Your last 3 pay stubs or other proof of income
- Proof of homeownership (abstract, deed of trust or most recent property tax
- statement)
- Proof of current homeowner's insurance or letter/quote of intent to acquire insurance
  Copy of Driver's License

Monthly Income	Amount
Head of Household Net Income	$
Spouse/Other Net Income	$
Social Security/Disability Income	$
Child Support/Alimony	$
Other Income	$
Total monthly income	$
Monthly Expenses	**Amount**
Mortgage (including taxes)	$
Homeowner's Insurance	$
Groceries	$
Medical (pharmacy/eye/dental/doctor)	$
Auto	$
Auto Gas	$
Credit Cards/Loans	$
Utilities	$
Phone	$
Cable/Internet	$
Other	$
Total monthly expenses	$

How Did You Hear About the AIP Program?

❑ Website ❑ Friend or familymember ❑ Church ❑Code Enforcement Violation
❑ Homeowners Association Violation ❑ Veteran's Administration
❑ Social Service Agency (i.e., senior services) ❑ Other_____

Checklist

Did you complete all sections of this application?

❑ Did you sign and date the application? **(bottom of last page)**
❑ Do you currently have homeowner's insurance? ❑Yes ❑No
❑ Are you current on your mortgage? ❑Yes ❑No ❑Not Applicable (mortgage paid in full)
❑ Are you current on your property taxes? ❑Yes ❑No
❑ Did you include copies of: driver's license, recent tax return, social security receipts, retirement pay receipts, 1 month's bank statement, paystubs or other documentation of household income. All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address. All veterans must attach a copy of DD214.

Privacy Statement and Notices

At HabitatforHumanityofHallCounty we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications such as this one or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency

For purposes of this application, we may disclose the following kinds of nonpublic personal information about you to our affiliates or companies we partner with that provide related services:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, expenses, etc.
- Information about your transactions with us, our affiliates, or others, such as your loan balance, payment history, etc.
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history

Habitat for Humanity of Hall County employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law.

As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

•Financial service providers, such as mortgage servicing agents;
•Related Nonprofit organizations or governments; and ~~N/A~~ [OTHERENTITIESIFAPPLICABLE].

We requested demographic information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

By signing and submitting this application you consent to the aforementioned sharing of your nonpublic personal information for the purpose stated above. If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). This may or may not affect any application you have submitted to Habitat for Humanity of Hall County. If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Hall County at 678.450.5998 (ext. 1004).

Please sign and date below **NOTE: If you are not the homeowner but are assisting the homeowner in completing thisapplication,bysigning below you affirm that you have reviewed the application with the homeowner (including all Privacy and Disclosure provisions) and have their authorization to sign below.**

Print Name	Date	Signature