**DE Housing Opportunity Fund Inc. Homeowner Application**

**Homeowner Information**

Name: Age:

Address**:**

City:  Zip**:** Telephone:

Is this your primary residence?  Yes  No

Please Circle One: Single Married Divorced Widowed

How long have you lived in your home?

**Total Monthly Income:** $ Source of Income:

Number of **family members** living in the house full-time:

Number of **non-related individuals** living in the house:

Are you or anyone in the home disabled?  Yes  No, If yes, briefly describe the disability:

Do you have pets?  Yes  No, If yes, please list them:

Please describe your living conditions and why you need assistance**:**

Have you applied to DE Housing Opportunity Fund Inc. in the past? Yes  No

If yes, please list them:

Do you plan to sell your home within the next 5 years?  Yes  No

Have you, or are you receiving any additional social services?  Yes  No

If yes, please list them:

Do you have homeowners insurance?  Yes  No

How did you hear about DE Housing Opportunity Fund Inc.?

Has the owner received notification or is aware of any pending foreclosure or other actions threating their ownership \_\_\_\_Yes \_\_\_\_No If so, please describe ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any other individuals living in the house:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **M/F** | **Do they live with you?**  **(Yes/No)** | **Can they provide assistance?**  **(Yes/No)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**Property Description**

Is your home a:  Single Family Two Family  Triple Family

Number of floors in the house (**do not** include basement or attic):

Is there a **basement**? (Y / N**):**  How many **bedrooms**?

Is there an **attic**? (Y / N):  How many **bathrooms**?

**Documents required for proof of ownership, income and residence**

Please submit **copies** of the following documents when you return the application. Applications submitted without these documents will not be considered. If you must send originals, we will copy and return the originals to you.

1. **Proof of Ownership** (submit **only one**)

⁯a copy of your current property tax bill; or

⁯a copy of the deed to your property

2. **Proof of Income** (submit **only one**) for ***all*** residents in your home

⁯a copy of your (and/or their) W2 or benefit/retirement statement(s); or

⁯a copy of your (and/or their) last year’s Federal tax return (1040); or

⁯a copy of your (and/their) SSI statement.

3. **Proof of Residence** (submit **only one**)

⁯a copy of a recent telephone bill; or

⁯a copy of a recent cable TV bill

**Repairs Needed**

**Please check below the repairs you feel are necessary to make your home safe and secure.**

**Outside Repairs (check all that apply) Inside Repairs (check all that apply)**

roof repair/replacement trash/debris removal

trash/debris removal stair handrails

trees/shrub removal stair repair

sidewalk repair wall patching/repair

gutter repair/replacement ceiling patching/repair

front/back porch repair kitchen cabinet repair/replacement

front/back step repair new flooring/carpet

fence/gate repair door repair/replacement

waterproofing/caulking bathtub/sink caulking

exterior handrails furnace repair

repair/replace front door hot water heater repair

window caulking

window repair (no replacement)

grab bars (bathroom)

smoke detector/carbon monoxide

Do you have any of the following needs?

Electrical:  **\_\_\_\_\_\_\_\_\_**

Plumbing:  **\_\_\_\_\_\_\_\_\_**

Other:

Please explain why you or family members cannot do the repairs:

My signature below indicates that the information provided above is accurate and complete. I have read the information provided by DE Housing Opportunity Fund Inc. and have a basic understanding of the program and its process. I give DE Housing Opportunity Fund Inc.’ volunteers my permission to inspect my home for the purpose of home selection.

Homeowner (Signature) Date

Homeowner (Signature) Date

If this form was completed by someone other than the homeowner, or if assistance was given to the homeowner, please complete the following:

Is the homeowner aware of this application?  Yes No

Name of the person who prepared or assisted with the application:

Phone:

Agency:

**Homeowner’s Statement of Eligibility**

I / We  have asked DE Housing Opportunity Fund Inc. to provide funding for repairs to my / our home. I / We understand that DE Housing Opportunity Fund Inc. is funded by charitable donations and grants to provide assistance to the low- moderate income individuals who have no other means to afford home repairs.

I / We also understand that DE Housing Opportunity Fund Inc. is obligated to use its charitable donations and government funds only for the assistance to eligible homeowners. In addition, I / we understand that to knowingly submit false information is considered fraud and punishable by law. By signing my / our name(s) to this statement, I / we guarantee that I / we are eligible to receive this assistance, as follows:

1. All the information submitted on my / our Homeowner Application is complete and correct. *Initial*

2. I / we am (are) the sole owner of the home at the above address, or I / we share ownership with persons who are also eligible to receive assistance.

*Initial*

3. This same house is my full-time residence.  *Initial*

4. I / we will not sell, rent or transfer ownership of this house for five years after

completion of repairs.  *Initial*

5. I / we or any other owners of this house have no other financial resources to

afford the services that I / we have requested.  *Initial*

6. I / we authorize DE Housing Opportunity Fund Inc. and its representatives to complete paperwork required to obtain building permits necessary to repair my / our home.  *Initial*

Signed: Date:

Homeowner

Date:

Homeowner

Date:

Witness

Phone:

Printed name of witness

**Homeowner Acknowledgements**

In accepting DEHOFI financial assistance you agree to participate in discussions, photographs and ceremonies of the grant where reasonable accommodations have been made for your time and the location of these events. You are granting NON-EXCLUSIVE rights to pictures, written descriptions and audio presentations relating to the awarding of this DEHOFI Grant. **Credit to DEHOFI**: In any forum or medium in which this grant is discussed or presented subsequent to signing this Agreement, you will ensure that a credit is given to DEHOFI (in mutually agreeable language) on the air in the case of broadcast media, or in print otherwise. This provision is to help create awareness and identity for DEHOFI, so that others may take advantage of the resources and or contribute to DEHOFI.

Signed: Date:

Homeowner

Date:

Homeowner

Date:

Witness

Phone:

Printed name of witness

**Return To: DE Housing Opportunity Fund Inc.**

**3615 Miller Road**

**Wilmington, DE 19802**