

**Date: Referred By:**

**Application #**

**Does Applicant Qualify**

 **Yes No**

**PRE-APPLICATION COVER SHEET**

**Please read about our program below. To apply, first, review the requirements listed on this sheet and then, if you believe you qualify, complete and return a full application to the address below:** CCFC, PO Box 724 Price, UT 84501

We are very pleased that you have expressed interest in Castle Country Fuller Center’s Repair program. This is a home preservation program that provides minor home repair services for homeowners in need.

CCFC is a non-profit, non-denominational Christian housing ministry that builds and repairs simple, decent, and affordable homes in partnership with low-income families in Carbon and Emery counties. Through the repair program, we also seek to serve families who are struggling to maintain their homes. We want to help them reclaim their homes with pride and dignity.

Qualifying: In addition to income requirements, qualification is determined through a process that considers (1) the need for repair, (2) a family’s ability to pay a no-interest loan, and (3) A family's willingness to fulfill all of the requirements related to being a Fuller Partner Family.

Some of these requirements are:

* Owning and occupying the home & land in Carbon or Emery county that needs repairs.
* Investing hours helping to repair your own home (“sweat equity” when possible).
* Must be willing to be a good ambassador for Fuller in the community so this important work can continue.
* Repayment of a **short-term**, **no-interest loan** for the cost of materials and labor.
* Providing CCFC with all necessary documents including a copy of the DEED and your most recent PAYSTUBS or STATEMENT of primary form of income,

**Answer the following questions to see if you should apply for this program:**

* Do you own the home you live in and the land it is on? □ Yes □ No
* Is it located in Carbon or Emery County? □ Yes □ No
* Are you unable to afford necessary home improvements, or

otherwise unable to complete them due to age, disability, or circumstance? □ Yes □ No

* Does your family’s **monthly gross income** fit within the following guidelines? □ Yes □ No

Family Size Monthly Income Not More Than

 1 $3462.50

 2 $3954.16

 3 $4450.00

 4 $4941.66

 5 $5337.50

 6 $5733.33

These numbers are based on Hud 2021 low (80%) income limits

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| **SECTION 1 - Homeowner Information** |
| --- |
| Legal Name of Homeowner | Date of Birth: |
| Home Physical Address | Home Mailing Address |
| Number of Years at Present Address: |
| Telephone Numbers: Home: Cell: |
| List the names, birthdates, and relationships *to homeowners* of **all** people living in the home: |
| Your name | Birthdate: | Relationship: HOMEOWNER |
| Name: | Birthdate: | Relationship: |
| Name: | Birthdate: | Relationship: |
| Name: | Birthdate: | Relationship: |
| Name: | Birthdate: | Relationship: |
| Is anyone in your household a veteran? □ Yes □ NoIs anyone in your household currently in the military? □ Yes □ No |
| **SECTION 2 - Special Needs** |
| Are you or is anyone in the home disabled? □ Yes □ No (skip to section 3) |
| If yes, indicate the type of disability below (check all that apply):□ Uses a Walker, Cane, or Crutches □ Wheelchair-bound □ Blind □ Hearing Impaired□ Loss of Limb □ Mentally Disabled □ Other (please describe) |
| **SECTION 3 - Sharing your Personal Information** |
| If your application is a more appropriate fit for other, similar programs may we share it with them?□ Yes □ No |
| *Unless you permit us to share your information with other organizations, your application will be kept confidential. If you check yes, you give* CCFC *your consent to share the information you provide on this application with similar organizations if we are not able to assist you.* |

| **SECTION 4 - Household Income and Mortgage Information** |
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| The *total, combined* income *before taxes* for ALL persons living in the home is $\_\_\_\_\_\_\_\_\_\_ per **year**.  |
| **You must attach verification of all HOUSEHOLD income** for each adult in the house unless a full-time student (provides proof of registration) and/or benefits for children. (For example, the most recent income tax return, monthly social security statement, other retirement income statements, or employment check stubs for the past two months. Please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.) |
| Are you still making loan payments on your home? □ Yes □ No If yes, to whom:If yes, what is your monthly payment? $\_\_\_\_\_\_\_\_\_\_/ month |
| **SECTION 5 - House Information / Exterior** |
| Year purchased: | Year built: | Last painted:  |
| Total Square Feet: | □ 1 story □ 1.5 stories □ 2 stories □ 2.5 stories |
| Siding:□ Wood □ Vinyl □ Asbestos/Slate □ Aluminum □ Unknown  | □ Brick □ Stucco, unpainted□ Painted stucco□ Shakes□ Other: \_\_\_\_\_\_\_\_\_\_ | Trim:□ Wood □ Vinyl □ Metal  | Describe repairs needed on the exterior: |
| **SECTION 6 - Application History** |
| Have you applied in the past? □ Yes □ No  | If yes, what year? |
| Has Fuller done work at your house in the past? □ Yes □ No  |
| Have you applied to other agencies or programs for home repairs recently? □ Yes □ No  | If yes, to what program/agency?If yes, what was the result of your application? |
| **SECTION 7 - Personal Statement** |
| Please write a brief explanation of why you feel you should be selected and how it will help you. |

| **SECTION 8 - Requested Repairs** |
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| Briefly describe the type of work you would like done on your home. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of *CCFC*. The work done by *the CCFC* will focus on external improvement and beautification. **Our volunteers are not professionals and may not be able to make all repairs. For example: Painting, yard work, other minor exterior repairs, appliances, plumbing repairs, doors and windows, electrical repairs, carpentry repairs.** |
|  |
| Complete the following if you are not the homeowner, but rather you are assisting the homeowner in completing this application. |
| Your name: | Your daytime telephone number: | Is the homeowner aware of this application?□ Yes □ No  |
| **SECTION 9 - Homeowner’s Agreement** |
| Castle Country Fuller Center for Housing often works with corporate and/or church sponsors. These sponsors provide funds for our projects. Additionally, they provide some of the volunteers to help complete the work on the home. In celebration, some sponsors may wish to publicize the event and/or information about the family in different newsletters, newspapers, radio stations, television, etc.I/we consent to having non-sensitive information released about our family including to sponsors and for the organization’s website and other media. This may include, but is not limited to, photographs and interviews as well as in-home visits from elected officials. Sensitive information, including social security numbers, birthdates, and income, will not be published or released to any party outside CCFC.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF HOMEOWNER DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF HOMEOWNER DATEPlease select your preference:□ **I permit** my name to be used in CCFC publications. |
| Where did you learn about Castle Country Fuller Center for Housing and its repair program?  □ TV □ Radio □ Newspaper □ Flyer □ Friend □ Neighbor □ Other:  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information on this application is true and accurate and that I own the property at (address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Castle Country Fuller Center MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Castle Country Fuller Center or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, however, caused by any employee, agent, contractor of, or participant in Castle Country Fuller Center activities. I hereby release Castle Country Fuller Center and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Castle Country Fuller Center activities.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF HOMEOWNER DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF HOMEOWNER DATE |

Castle Country Fuller Center seeks to improve homes and communities through the use of volunteers. If you are involved in your community, please describe your involvement (i.e. school activities, community groups, sports organizations, church membership, or organizations in which a member of the household is active, etc).

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| **Application Checklist**□ Did the homeowner complete all 9 sections of this application?□ Did the homeowner sign the application? (SECTION 9) □ Did you see and or enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*Did you see current homeowner insurance documents? □ Yes □ NoIs the homeowner current on your homeowner’s insurance premiums? □ Yes □ NoDid you see or include a statement verifying income? □ Your income tax return for the last year □ Your last two month’s paycheck stubs or other proof of income □ Your last two month’s bank statements (including the name and mailing address of bank and your account numbers) □ Proof of child support or other public assistance*All adults over the age of 18, must submit income documentation (or prove current student status) showing their name and address.* |
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