

HEARTS & HAMMERS

Restoring Homes. Touching Lives.

HOMEOWNER APPLICATION

heartsandhammers.org

INSTRUCTIONS

1. Review eligibility requirements to determine if you qualify.
2. Complete and sign application. Applying does not guarantee your home will be selected.
3. Return completed application to:
Hearts & Hammers - Twin Cities
Attn: Home Selection Committee
2603 Fairview Ave. N.
St. Paul, MN 55113

ELIGIBILITY REQUIREMENTS

1. You must currently live in and own a single-family residence in the Twin Cities Metro Area and intend to live in this home for at least the next two years.
2. You must be at least 60 years old, a Disabled Individual, or a Veteran of the United States Armed Forces or their Surviving Spouse. **Disabled Individuals under 60 yrs of age; please provide a Medical Statement of Disability with your application.*
3. Your total household gross income (from all sources) must not exceed:

Household size:	1	2	3	4
Monthly/Yearly Income:	\$3,625/43,500	\$4,141/\$49,700	\$4,658/\$55,900	\$5,175/\$62,100

Add \$5,000 yearly for each additional individual residing in home.

***Note: Homes will be considered based on availability of volunteers, materials, and scope of work.*

WHAT WE DO:

Home improvements consists of exterior work. Work may include:

- Exterior Painting
- Caulking/Weather-Stripping
- Repair or Partial Replacement Damaged Siding, Fascia, or Trim
- Accessibility Ramp/Railings
- Stair/Walkway Repair
- Gutter Repair
- Deck/Porch Repair
- Landscape Renewal

The purpose of this work is to restore the character of the home and the surrounding neighborhood and to improve the home's safety and security. Volunteers do not provide any interior refurbishment, major electrical work, or plumbing services.

Unless you give us permission to share information with other non-profit aid organizations, your application *will be kept confidential* and will be used solely for the purpose of evaluating the acceptability of your home for repairs or refurbishment by Hearts & Hammers—Twin Cities, Inc.

If you have questions regarding the application process or your eligibility, please call Hearts & Hammers at 612-208-2791.

HOMEOWNER APPLICATION

(Applying does not guarantee your home will be selected)

Name of Applicant #1: _____ DOB: _____

Name of Applicant #2: _____ DOB: _____

Address: _____ Neighborhood: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone #: _____ Alt. Phone #: _____

Email: _____

How did you hear about Hearts & Hammers? _____

Eligibility

Are you 60 years of age or older? Yes No

Disabled Individual in Home? Yes, over 60 yrs old Yes, under 60 yrs old / Medical Statement Attached No

Are you a Veteran of The United States Armed Forces or Surviving Spouse? Yes No

Branch: _____ Years Served: _____ Other: _____

Household

Number of Dependents/Children and Ages: _____

Others Living in Your Home: _____ Number of Renters, Roommates, etc: _____

Monthly Income Calculation

Social Security (all household members) \$ _____ + Salaries \$ _____ + Rental Income \$ _____ +

Other Income \$ _____ = **TOTAL GROSS MONTHLY INCOME \$ _____**





Current / Former Employer and Occupation: _____

Demographic:

American Indian/Alaskan Native Asian Black/African American

Choose Not to Answer Native Hawaiian/Other Pacific Islander Hispanic/Latino White/Caucasian

Which Gender Do You Most Identify With: Man Woman Other/Choose Not to Answer

House Information	House Exterior	Garage Exterior
<p>Place a large "X" over the house (below) which most resembles the size of your house.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  1 Story </div> <div style="text-align: center;">  1 ½ Story </div> <div style="text-align: center;">  2 Story </div> <div style="text-align: center;">  2 ½ Story </div> </div> <p>Year Purchased: _____ Year Built: _____</p> <p>Last Painted: _____ Square Feet: _____</p>	<p>Siding</p> <p><input type="checkbox"/> wood <input type="checkbox"/> brick <input type="checkbox"/> shakes <input type="checkbox"/> stucco <input type="checkbox"/> asbestos slate <input type="checkbox"/> aluminum <input type="checkbox"/> vinyl</p> <p>Trim</p> <p><input type="checkbox"/> wood <input type="checkbox"/> aluminum <input type="checkbox"/> vinyl</p>	<p>Siding</p> <p><input type="checkbox"/> wood <input type="checkbox"/> brick <input type="checkbox"/> shakes <input type="checkbox"/> stucco <input type="checkbox"/> asbestos slate <input type="checkbox"/> aluminum <input type="checkbox"/> vinyl</p> <p>Trim</p> <p><input type="checkbox"/> wood <input type="checkbox"/> aluminum <input type="checkbox"/> vinyl</p> <p><input type="checkbox"/> No Garage</p>
<p><u>Parts of house and garage that need painting:</u></p> <p><input type="checkbox"/> House siding <input type="checkbox"/> House trim <input type="checkbox"/> Doors and windows <input type="checkbox"/> Garage siding <input type="checkbox"/> Garage trim <input type="checkbox"/> Garage doors and windows <input type="checkbox"/> Other _____</p>	<p><u>Repairs needed on exterior:</u></p> <p><input type="checkbox"/> Caulking/Weatherstripping <input type="checkbox"/> Repair/Partial Replacement of Siding, Fascia, or Trim <input type="checkbox"/> Accessibility Ramp/Railings <input type="checkbox"/> Deck/Porch Repair <input type="checkbox"/> Stair or Walkway Repair <input type="checkbox"/> Landscape Renewal <input type="checkbox"/> Gutter Repair <input type="checkbox"/> Other _____</p>	

HOMEOWNER AGREEMENT

(PLEASE READ CAREFULLY)

I hereby certify that I do not plan or intend to sell my home *within the next two years*. I certify that I have homeowner’s insurance. I confirm that, except for conditions which may be described in this application, my home and the surrounding area is a safe place for volunteers. If requested, I agree to provide financial records to verify the income listed in this application, ownership of this property and insurance. I also understand that, because this is a volunteer organization dependent on donated services, materials and funds, Hearts & Hammers—Twin Cities, Inc., reserves the right to revoke acceptance of any home into its program for any reason at any time. I also confirm that any physically able person(s) residing in my home or visiting for the project day will work alongside Hearts & Hammers volunteers. If this waiver and release of claims is found ineffective by a court of law, then I waive all claims against Hearts & Hammers—Twin Cities, Inc., and everyone associated with it, for property damage or personal injury to the extent that those claims are covered by any health or property insurance that I may have.

I understand that the people who may work on my home are unpaid volunteers; that few (if any) of these volunteers are skilled in the building trades; and that HEARTS & HAMMERS—TWIN CITIES, INC., MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, ABOUT ANY OF THE MATERIAL(S) USED OR WORK DONE BY ANYONE ON MY HOUSE. I hereby release Hearts & Hammers—Twin Cities, Inc., and all associated with it, from all liability arising from negligence for any personal injury or property damage arising out of or relating to the work done on my house.

I also grant Hearts & Hammers—Twin Cities, Inc., unrestricted permission to use, copy, reproduce, alter, display, distribute, publish, and/or exhibit any pictures, video or narrative in which I may be included through any means of communication whatsoever for any lawful purpose whatsoever. I further release and discharge Hearts & Hammers—Twin Cities, Inc., from any and all claims arising out of such use or activity. In no event will Hearts & Hammers—Twin Cities, Inc., be liable for any incidental or consequential damages.

Please note that, to assess your home’s suitability for our program, we reserve the right to inspect the exterior of each home and the property surrounding it. Your signature below gives us permission to inspect the exterior of your home and surrounding property.

BY SIGNING THIS DOCUMENT, I/WE HEREBY CONFIRM THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND THAT I/WE UNDERSTAND AND AGREE TO THE STATED TERMS AND CONDITIONS.

Signature of Homeowner #1 Date

Signature of Homeowner #2, if applicable Date

If you have assisted the homeowner(s) with this application please complete the section below:

Name (Please Print) Daytime Phone #

Organization (If applicable) E-mail address