

## **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 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 Warroad, MN 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

Monthly/Yearly Income: \$2,675/32,100 \$3,054/\$36,650 \$3,437/\$41,250 \$3,816/\$45,800

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.

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 Cod	e: 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 Are you a Veteran of The United States Armed Forces o Branch: Years Served	or Surviving Spouse? □Yes	
Household Number of De	ependents/Children and Ages	:
Others Living in Your Home: Number of Re	enters, Roommates, etc:	
Monthly Income Calculation  Social Security (all household members) \$		
Other Income \$ = TOTAL GROSS M Current / Former Employer and Occupation:  Demographic:	kan Native	☐ Black/African America
House Information	House Exterior	Garage Exterior
Place a large "X" over the house (below) which most resembles the size of your house.		Siding Trim  □ wood □ wood
Parts of house and garage that need painting:	Repairs needed on exterior	:
<ul> <li>☐ House siding</li> <li>☐ House trim</li> <li>☐ Doors and windows</li> <li>☐ Garage siding</li> <li>☐ Garage trim</li> <li>☐ Garage doors and windows</li> </ul>	☐ Caulking/Weatherstrippi	ent of Siding, Fascia, or Trimings Deck/Porch Repair  Landscape Renewal
☐ Other		

#### 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, 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, 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, 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, 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, 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, from any and all claims arising out of such use or activity. In no event will Hearts & Hammers, 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 applica	ation please complete the section below:	
Name (Please Print)	Daytime Phone #	
Organization (If applicable)	E-mail address	