



Online application and checklist available at [l-cvalleyhabitat.org](http://l-cvalleyhabitat.org)

## Clarkston Affordable Home Repair (CAHR) Program 2022 APPLICATION CHECKLIST

Use this checklist to ensure you have provided all necessary information for the L-C Valley Habitat for Humanity Affordable Home Repair Program staff to evaluate your application.

**NOTE** -All adults (over 18) who will be living in the home **MUST** be included as co-applicants on the application and submit their information, even if they have no income. Make extra copies of the application or add pages as needed.

### CAHR Program Requirements:

- Are you a homeowner that occupies the home needing major repairs? Home must be homeowner's primary residence.
- Is the home, in need of repair, within the Clarkston city limits? Homeowner's primary residence must reside in city of Clarkston.
- Do you intend to reside in your home as your primary residence for no less than the next three years?
- Are you current on your insurance and property taxes? Homeowner must be current on insurance and property taxes.
- Do you have any liens, other than mortgage, against your property? Cannot have any liens, other than mortgage, on your property.
- Are you unable to complete the home repair due to age, disability or lack of income? Please specify which: \_\_\_\_\_
- Do you agree to continue maintaining the home to the best of your ability as not to reduce its value?
- Are you willing to complete 24 hours of "sweat equity" working with L-C Valley Habitat for Humanity? The project will be designed to accommodate any limitations.
- Are you able to pay a \$100 non-refundable deposit and 10-15% of materials cost for your home repair project? An affordable payment plan based upon income will be established.

### Check your household size and income below:

- Household size of 1 had a 2021 income of under \$44,800
- Household size of 2 had a 2021 income of under \$51,200
- Household size of 3 had a 2021 income of under \$57,600
- Household size of 4 had a 2021 income of under \$64,000
- Household size is over 5, call the LCV HFH Administrative Office at 509.758.7396

### CAHR Application Information:

- Did you complete the CAHR Program Application (write N/A if not applicable)?
- Did you and your co-applicants list **ALL** of your Income?
- Did you and your co-applicants list **ALL** of your Debts?
- Did you and all co-applicants sign and date the application?
- Did you complete *Transparent Information Services* background check permission form?  
Applicants and Co-Applicants must pass a background check.
- Did you fill out in detail HOME REPAIRS NEEDED section of application?

**Supporting Documentation Required with Application:**

Did you attach **photocopies** of the following documentation for all applicants to verify information in your application?

- Photocopies** of your 2021, or most current income tax return. If you did not file taxes this past year, please provide a letter signed by you, that states you did not file income taxes and the reason why.
- Photocopies** of your 2021 W-2s.
- Photocopies** of your last 2 paystubs or other proof of income.
- Photocopies** of your last 2 bank statements, showing your checking, savings and loan balances (including bank name & address and account numbers). If you do not have a bank account, write that on the CAHR Program application.
- Photocopy** of proof of child support/alimony (if applicable).
- Photocopies** of proof of public assistance which may include TANF, Food Stamps, Social Security, SSI, Disability, Workman's Compensation, Military Income, Idaho Child Care Program, or other similar programs (if you or anyone in your household is receiving any of these).
- Photocopies** of proof of home ownership. Deed of Trust or recent property tax receipt.
- Did you **tell your story?** Help us understand what makes your current housing situation challenging. If there is anything that will show up in a credit and background check, take this opportunity to tell us about the situation.
- Did you make a copy of your application and documentation to keep for your records?
- Did you fill out the application as completely and honestly as you can?

**DO NOT SEND ORIGINALS of any supporting documentation.**

Copies of documents will not be returned.

**Only completed applications will be considered.**

**Mail to:**

**L-C Valley Habitat for Humanity  
Attn: CAHR Program  
PO Box 317  
Clarkston, WA 99403**

**Drop off:**

**If you can't mail your application you MUST make an appointment by calling our administrative office at 509.758.7396 to bring it in during office hours.**

LCV HFH Administrative Office: 1242 Highland Ave, Clarkston, WA 99403.

**Questions?**

**Contact Deb Snyder**

**[director@lewisclarkhabitat.org](mailto:director@lewisclarkhabitat.org)**



# Clarkston Affordable Home Repair Program Application

In partnership with:



*This is an Equal Opportunity Program. Discrimination is prohibited.*

L-C Valley Habitat for Humanity (LCV HFH) will contact you by phone as soon as your application is screened. To advance in the screening process you must complete all items and sign where required. Please return completed applications to: L-C Valley Habitat for Humanity, PO Box 317, Clarkston, WA 99403

APPLICANT AND CO-APPLICANT INFORMATION			
APPLICANT		CO-APPLICANT	
First & Last Name		First & Last Name	
Mailing Address		City, State, Zip	
Phone Number	Birth Date	Phone Number	Birth Date
E-mail Address		E-mail Address	
Social Security Number	Highest Education	Social Security Number	Highest Education
Other Household Members			
Name	Age	Date of Birth	Social Security Number
MEMBER HOUSEHOLD INFORMATION			
Number of people in household:		Female head of household?	
Number in household who are:			
White	Black	Male	Female
Hispanic	Native American	Migrant/Farmworker	Veteran
Two or More	Unknown	Disabled	Disabled Veteran

## PROPERTY TO BE IMPROVED

Physical Address: <b>Clarkston, Washington 99403</b>		Tax Assessed Value: \$	
Date Purchased:		Purchase Price: \$	
1st Mortgage Lender: Address:  Phone Number: Amount Owed:		Liens or Judgments on Property (Type and Amount)	
Home Insurance Company Name: Address:  Phone:		Animals on Property (Type and Amount)	
Type of Heat:		Approximate Square Feet:	
Number of Bedrooms:	Is the home a mobile home or stick built?	Do you own the property the home is located on?	
Year house was built:		Has code enforcement cited your property?	

### HOME REPAIRS NEEDED (Please describe repairs in detail.)

<b>Foundation:</b>
<b>Siding:</b>
<b>Dry Rot:</b>
<b>Electrical:</b>
<b>Plumbing:</b>
<b>Roof/Gutters:</b>
<b>Septic/Sanitation:</b>
<b>Insulation:</b>
<b>Doors/Windows:</b>
<b>Special Needs:</b>
<b>Painting:</b>
<b>Flooring:</b>
<b>Heating:</b>
<b>Other:</b>

## DEBT

Creditor Name and Address	Account Owner	Original Amount	Balance	Monthly Payment	Amount Past Due
Home Loan					
Auto Loans					
Other (Credit Cards, etc)					
Other					
Other					
Other					
Other					

## HOUSEHOLD INCOME

Applicant		Co-Applicant	
Income Source	Monthly Amount	Income Source	Monthly Amount
Wages		Wages	
Social Security or SSI		Social Security or SSI	
Pension		Pension	
Child Support/Alimony		Child Support/Alimony	
Interest/Dividends		Interest/Dividends	
Other		Other	
Other		Other	
<b>Total Monthly Income</b>		<b>Total Monthly Income</b>	

### Other Household Income (for all persons over age18)

Income Source & Amount	Name of person receiving income	Income Source & Amount	Name of person receiving income
		<b>Total Other Income</b>	

Please attach another sheet of paper, if needed. All income for household must be declared.

<b>ASSETS: Bank or Investment Accounts</b>			
Name of Bank	Name/s on Account	Name of Bank	Name/s on Account
Type of Account:	Balance: \$	Type of Account:	Balance: \$
Stocks, Bonds Other Securities:	Balance: \$	Stocks, Bonds Other Securities:	Balance: \$
<b>ASSETS: Automobiles</b>			
Automobiles owned (Make & Year)	Value: \$	Automobiles owned (Make & Year)	Value: \$
Automobiles owned (Make & Year)	Value: \$	Automobiles owned (Make & Year)	Value: \$
<b>OTHER ASSETS (motor homes, boats, other property, etc.) Do not include household furnishings</b>			
Asset	Value: \$	Asset	Value: \$
Asset	Value: \$	Asset	Value: \$
Other (Indicate):			

### **HOMEOWNER APPLICANT CERTIFICATIONS:**

**The applicant/s certify that they:**

1. Understand that submittal of an application **is not a guarantee of funding** and that income eligibility, the condition of the property, the work scope, program priorities and availability of funding will be all used to determine eligibility.
2. Any of the information contained in this application will be verified and may be obtained from any source named herein.
3. All information in this application, and all information furnished in support of this application is given for the purpose of obtaining an Affordable Home Repair Program grant, under a financial assistance program developed by the lender with CDBG funds provided under the Housing and Community Development Act of 1974, as amended, and is true and complete to the best of the applicants' knowledge and belief.
4. This is not an entitlement program and is subject to availability of funds, guidelines and eligibility requirements are subject to change.
5. Owner of the property described in this application and that the LCV HFH Affordable Home Repair Program proceeds will be used only for work and materials allowable under and authorized by the home repair program for the property described in this application. If the approving officer determines that the rehabilitation grant proceeds will not or cannot be used for the purposes described herein, the applicant acknowledges that s/he shall have no further interest, right, or claim to the grant proceeds.

**I declare that I have examined this request for grant assistance and, to the best of my knowledge and belief; the information contained in it is true, correct and complete.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_



**TRANSPARENT**  
INFORMATION SERVICES

**LEWISTON-CLARKSTON PARTNERS HABITAT FOR HUMANITY AFFILIATE FAMILIES**

**SUBJECT RELEASE AND AUTHORIZATION**

Transparent Information Services, LLC (TIS) is hereby authorized to conduct a background investigation on me in the course of consideration as an affiliate family of Lewiston-Clarkston Partners Habitat for Humanity. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of TIS to obtain from any law enforcement agency, drug screening firm, state, county or federal agency, present employer or supervisor, landlord, past employer or supervisor, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the National Personnel Records Center, personal reference and/or other persons, and voluntarily and knowingly authorize the same to give, records or information that they may have concerning my criminal history, motor vehicle history, earnings history, credit history, character, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I voluntarily, knowingly and unconditionally release all such persons, including any named or unnamed informant, from any and all liability resulting from the furnishing of this information. A photographic, faxed or e-mailed copy of this authorization shall be as valid as the original.

Transparent Information Services, LLC is only an information provider and does not make leasing decisions

PROVIDE THE FOLLOWING INFORMATION

PLEASE WRITE LEGIBLY AND IN BLACK INK

FULL NAME: \_\_\_\_\_

FORMER/MAIDEN/ALIAS/OTHER NAMES USED: \_\_\_\_\_

ADDRESS HISTORY FOR THE MOST RECENT 7 YEAR PERIOD:

ADDRESS	CITY/STATE/ZIP	COUNTY	DATES OF RESIDENCE

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

NAME AS IT APPEARS ON LICENSE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

**\*\*THE INFORMATION PROVIDED ABOVE IS FOR THE PURPOSES OF INITIATING A BACKGROUND CHECK AND WILL NOT BE USED BY THE PROSPECTIVE LANDLORD IN THE LEASING DECISION\*\***

I understand that the information that I have provided is for the purposes of a background check only. TIS, LLC is a background screening company, not owned or operated by the Habitat for Humanity. I further acknowledge that my date of birth, sex and race are to be used for investigative purposes by TIS, LLC where this search criteria may be required by certain agencies listed in the top paragraph of this form and shall not be used for the purpose of making a hiring decision.

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_