

Home Repairs Program

Dear Applicant,

Thanks for your interest in Durham Habitat's Repairs Program. This program is intended to assist low-income Durham homeowners in correcting substandard housing conditions which pose an imminent threat to life, safety, or accessibility. Our program is not designed to meet emergency home repair needs.

Minimum qualifications:

- You must be the homeowner and occupant.
- Your home must be in Durham County.
- Your requested repair(s) must address a health, safety, or accessibility need.
- Total household income cannot exceed the monthly income max, which is listed in the 2025 Durham County AMI chart below. *Please note that amounts are subject to change.*
- Submit a complete application packet.

Required Documents (for all members of the household over age 18):

Your application will not be processed until ALL required documents are submitted.

 A completed and signed applicati 	on.
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- Verification of all sources of income:
 - Pay stubs (two months' worth)
 - Social Security or SSI benefit award letter
 - Retirement/pension benefit letter
- Two recent unaltered bank statements for checking and savings (all pages).
- A copy of your most recent mortgage statement.
- A copy of photo ID or driver's license.
- A copy of your deed. (We can typically pull your deed from the City of Durham's website, but if not, it will be requested from you.)

2025 Durham County AMI

<u>Household</u>	<u>Annual</u>
<u>Size</u>	Income for
	<u>Household</u>
<u>1</u>	<u>\$40,500</u>
<u>2</u>	<u>\$46,250</u>
<u>3</u>	<u>\$52,050</u>
<u>4</u>	<u>\$57,800</u>
<u>5</u>	<u>\$62,450</u>
<u>6</u>	<u>\$67,050</u>
<u>7</u>	<u>\$71,700</u>
<u>8</u>	<u>\$76,300</u>

Your total household income cannot exceed the annual income max listed above.

How to submit your application:

- Hand deliver: (Monday-Friday from 9am-4p)
- Mail application: ATTN: Habitat Repairs PO Box 11860 Durham, NC 27703
- Fax: (919) 682-0947 Faxing applications will allow documents to be processed, but all original copies must be mailed in or dropped off.

Email: homeownerservices@durhamhabitat.org Subject: Repairs Application - Name



Home Repairs Program Application

The applicar	HOMEOWNER INFORM nt must own and occupy the		5.
Full Legal Name			
			
	State		
Email			
	ou ever served in the US Arm		
Date of birth	Phone Number(s)		
	HOUSEHOLD MEMB	RERS	
	n for <u>everyone</u> who lives in t	he is home, including th	
Attach a separate pag	ge if more space is needed fo	or additional household	members.
Full Name	Date of Birth	Relationship to Homeowner	Monthly Income
		TOTAL:	
	DEMOGRAPHIC INFORMATION or statistical reporting only a		onfidential.
Homeowner Gender(s)	Female Male Co-owne	ed	
Ethnicity Hispanic No	on_Hispanic		
Racial Background (please White Asian Black Native Hawaiian/Pacific	<pre></pre>	e American/Alaska Nativ	re
Are you disabled? Yes _	No Prefer not to answe	er	

Habitat for Humanity of Durham Repairs Program Application

FOR OFFICE USE ONLY Date Received______

AMI_____ Date Processed______

REPAIRS NEEDED Do you currently have a mortgage on your home? _____ Have you received repairs/home maintenance assistance from Habitat or any other organizations? _____ If yes, please explain: _____ How did you hear about this program? _____ Briefly list the most important repair(s) or modification(s) needed in your home. 1. _____ 2. ____ 3. _____



Homeowner Agreement

I hereby certify/understand that:

- 1) I own and occupy the home referenced as my primary residence.
- 2) The information provided here is complete and true to the best of my knowledge.
- 3) This application is to qualify me for the Home Repairs Program, intended to help low-income Durham homeowners correct substandard housing conditions which pose an imminent threat to life, safety, or accessibility.
- 4) Habitat has permission to access my information to verify the contents of this application and facilitate the repair of my home.
- 5) This program may not rectify all deficiencies in my home nor make the home conform to local, state, or federal housing standards.
- 6) If Habitat requires any payments or community service from me, those requirements will be explained in writing and signed by me.
- 7) At any step in this process, I may be denied if it is determined that I do not meet the program criteria or the terms of the Habitat partnership.
- 8) I am only eligible for assistance once a year through Durham Habitat's Repairs Program.
- 9) If at any time false or misleading information is discovered, I may be rejected.

Signature of homeowner(s)	Date	
If you are not the homeowner, but are assisting to provide your name, relationship to the homeown	• •	please

