



# FOR THE STRUGGLE

## ELDER RESPONSE INITIATIVE CRITICAL HOME REPAIR PROGRAM

---

### THE PROCESS:

#### Step 1: Submit Your Application

To be considered for FTS's Elder Response Initiative Critical Home Repair program you must submit a completed application along with supporting documents for pre-approval. Supporting documents include:

- Proof of income for all household residents 18+ (Two months of recent paystubs or current year's SSI benefits letter and/or retirement benefits letter)
- Two months of your most recent bank statements
- Current Homeowner's Declarations Page
- Current mortgage statement (if applicable)
- Signed declaration that you will continue to live in the home for a minimum of five (5) years.
- Annual income for one person household at or less than \$38,000
- Annual income for two person household at or less than \$42,000
- 62 years of age or older
- **Please note: Some critical home repairs may take multiple days to complete. Eligible participants are responsible for any necessary alternative housing arrangements during critical home repairs that require multiple days to complete.**

An Elder Response Initiative Facilitator will help you through the process of preparing your application and supporting documents and will submit the application on your behalf and work with you throughout the process. For more information, please call 704-800-6628.

#### Step 2. Application Assessment

Once your application and supporting documents are received, your application will be assessed to ensure your household meets all criteria necessary for your participation in FTS's Elder Response Initiative Critical Home Repair Program. If all criteria are met then you are considered pre-approved.

#### Step 3. Home Visit

An FTS representative will conduct a home visit to assess your critical repairs needed and to discuss the details of the program, expectations, and answer any questions or concerns. At this meeting, you will also sign a release and waiver form and any additional contracts or forms required by the licensed general contractor performing work on your home. You will also receive a tentative timeline regarding the construction-repair schedule for your home.

# **FOR THE STRUGGLE**

## **Step 4. Construction Home Visit**

Two licensed general contractors will come to your home to conduct a physical assessment of the most critical repairs of your home.

## **Step 5. Repairs**

Upon FTS's approval of the costs to perform critical repairs on your home, such repair work will begin.

## **Step 6. Follow Up Visit**

A FTS Critical Home Repair representative will do a follow up visit to discuss your repairs and to obtain a statement from you regarding the repairs and how they have helped your use and enjoyment of your home.

# FOR THE STRUGGLE

## Critical Home Repair Application

### PRIMARY APPLICANT INFORMATION *Military Veteran/Active duty?* *Disabled?*

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Primary Phone Number

Marital Status: Married Separated Widowed Unmarried

\_\_\_\_\_  
Email address

### SECONDARY APPLICANT INFORMATION *Military Veteran/Active duty?* *Disabled?*

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Primary Phone Number

### HOME INFORMATION

Type of House: Single Family Manufactured Condo Multi-family

Year built: \_\_\_\_\_ Year moved in: \_\_\_\_\_ Monthly Mortgage: \$ \_\_\_\_\_

Monthly Utility Bills: \$ \_\_\_\_\_

Property Taxes Current?  Yes  No Mortgage current?  Yes  No

Active Homeowner's Insurance Policy?  Yes  No

# FOR THE STRUGGLE

## HOUSEHOLD INFORMATION

Name                      Date of Birth                      Relationship to Applicant                      Employer

---

---

---

---

---

## HOUSEHOLD REPAIRS

Please check the items below that need repairs:

- Floors             Ceiling/Roof    Electrical             Plumbing leak             No hot water
- No heat             Accessibility issues (such as railings, ramps, & bathtub)

**Please share what these repairs will help your quality of life.**

---

---

---

---

---

# **FOR THE STRUGGLE**

---

**(Signature of Applicant)**

Date

---

**(Signature of Additional Applicants/Residents)**

Date

My signature indicates that I have read, understand, and agree to all of the terms above and that I am of legal age and am freely signing this agreement. My signature further indicates that I declare and swear that if I receive critical home repairs, I will reside in my home for a minimum of five (5) years upon completion of such repairs. If I sell my home prior to five (5) years after the date of completion, I understand and agree that I shall reimburse For The Struggle, Inc. for the costs of repairs. My signature confirms I will sign an affordability document to be filed with the Register of Deeds that will memorialize this agreement.

My signature further indicates that all of the information for the duration of the application process provided to For The Struggle, Inc. is true and accurate to the best of my knowledge. I understand that false and/or misleading information may be grounds for rejection of my application and termination of my participation in For The Struggle, Inc.'s Elder Response Initiative Program at any time without explanation. I further understand that my completion of this application is in no way a guarantee that I will receive assistance from For The Struggle, Inc.

**PUBLICITY RELEASE**

In return for being allowed to participate in For The Struggle, Inc.'s Applicant Activities and any and all related activities, including any activities incidental to such participation ("Applicant Activities"), the undersigned Applicant hereby grants to For The Struggle, Inc., and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Applicant's name, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Applicant Activities in any manner, in any media whatsoever for any and all purposes, including by way of example, but without limitation, advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without any compensation. I further agree that anything derived therefrom will be owned solely by For The Struggle, Inc. I shall not authorize the use of any print, negative or other copy thereof by anyone other than For The Struggle, Inc.

I understand and agree that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Applicant Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

---

**(Signature of Applicant)**

Date

My signature indicates that I have read, understand, and agree to all of the terms above and that I am of legal age and am freely signing this agreement.

## **AUTHORIZATION TO RELEASE INFORMATION**

In return for being allowed to participate in For The Struggle, Inc.'s Applicant Activities and any and all related activities, including any activities incidental to such participation ("Applicant Activities"), the undersigned Applicant hereby grants to For The Struggle, Inc., and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to share information with and obtain information from third-parties, including, but not limited to, grant funders, lending institutions, foundations, and private donors.

I hereby release For The Struggle, Inc. and its officers, directors, employees, agents, and funders/donors from any and all potential liability arising from inquiries to and from For The Struggle, Inc. concerning the release of information as described above and/or the use of such information for reporting or advertising purposes.

I understand and agree that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Applicant Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

---

**(Signature of Applicant)**

Date

My signature indicates that I have read, understand, and agree to all of the terms above and that I am of legal age and am freely signing this agreement.