



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 at or less than \$35,400
- 62 years of age or older

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.





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.





Critical Home Repair Application

PRIMARY APPLICANT INFORMATION Military Veteran/Active duty? 2 Disabled? 2

Last Name		First Name			MI	
Address						
City			State		Zip	
// Date of Birth	_	Driman, Dha	n a Numb ar			
Pate of birth		Primary Pho	ne number			
/Jarital Status:	Married	Separated	Widowed	Unmarried		
Email address						
SECONDARY AR	PLICANT INFOR	OMATION AA	ilitarı Mataran	Antico destro	Dischlad2 E	
BECONDART AF	<u>r Lioaiti iiti oi</u>	RIVIATION IVI	mary veteran/	Active duty?	Disabled?	
	T LICANT IN O		Name	Active duty? II		
	T LICANT IN O			Active duty? 🛚	M	
.ast Name			Name	Active duty? B		
ast Name// Date of Birth		First	Name	Active duty? 1		
ast Name // Date of Birth	<u>TION</u>	First	Name ne Number		M	
ast Name // Date of Birth	TION Single Famil	First Primary Pho y Manufact	Name one Number oured Cond	do Multi-fa	M	
ast Name // Date of Birth HOME INFORMATORY Type of House:	TION Single Famil _ Year moved	First Primary Pho y Manufact in:	Name one Number oured Cond	do Multi-fa	M	





HOUSEHOLD INFORMATION

Name	Date of Birth	Relationship to App	licant	Employer			
<u>HOUSEHOL</u>	<u>LD REPAIRS</u>						
Please chec	k the items below that need re	epairs:					
2 Floors	2 Ceiling/Roof 2 Electrical	Plumbing leak	2 No hot	water			
☑ No heat	2 Accessibility issues (such	as railings, ramps, & b	athtub)				
Please share what these repairs will help your quality of life.							





(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 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.

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.