



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

## HEALTHY HOUSING INITIATIVE

### About the Healthy Housing Initiative Program

Neighborhood Housing Services of Birmingham, Inc. is accepting applications for the Healthy Housing Initiative which will provide FREE home repair assistance up to \$10,000 to qualified homeowners within the Jefferson County area. If you own and occupy single family dwelling, and meet all the other qualifications, you may qualify for assistance.

### Eligible Applicants

- Applicants may not have received a previous grant or assistance within the last 5 years.
- Total household income may not exceed 80% area median income.
- Must be homeowner's primary residence
- Property cannot be in foreclosure
- Must have active Homeowners Insurance
- Must be Single Family Home & Resident of State

1 Person Household	\$35,850
2 Person Household	\$41,000
3 Person Household	\$46,100
4 Person Household	\$51,200
5 Person Household	\$55,360
6 Person Household	\$59,440
7 Person Household	\$63,520

### Eligible Repairs Include:

- Windows Insulations
- Weatherization (energy efficiency)
- Minor Plumbing Repair
- Roofing | Gutters
- Heating Ventilation and Air Conditioning
- Other home improvement



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

## HEALTHY HOUSING INITIATIVE

### CHECKLIST

*Please return all required documents and information with the application.*

#### DOCUMENT TYPES

- **Most recent Proof of Income**
  - Social Security Income / Retirement / Pension – *Must be dated with the current year*
  - Employment – *Please submit 30 days of paystubs*
- **Copy of Driver License or State ID** – Cannot be expired
- **Proof of Homeowner Insurance** – *obtain from insurance agent*
- **Copy of Mortgage Deed** – *obtain from local courthouse*
- **Copy of Mortgage Statement** – *If applicable*
- **Copy of most recent Bank Statement**
- **Copy of most recent Utility Bill**
- **Copy of previous year Federal Income Tax Return - If applicable**
  
- **If spouse or another person is listed on deed, please provide the appropriate document below:**
  - Copy of Marriage License
  - Divorce Decree
  - Death Certificate
  - Copy of Last Will and Testament

**Applications are currently being accepted indefinitely and based on first come, first served basis. All required information must be returned.**

#### Please note:

Submission of application for Healthy Housing Initiative does not constitute an approval for services being provided. Each application will be reviewed, and those homeowners selected for rehabilitation services will be contacted by mail or by phone.

**Please return the completed application, Checklist and all the required documentation to:**

Neighborhood Housing Services of Birmingham, Inc.  
601 19th Street North  
Birmingham. Al 35203



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

## HEALTHY HOUSING INITIATIVE

### FREQUENTLY ASKED QUESTIONS

#### **What is the HEALTHY HOME INITIATIVE program?**

This is an owner-occupied home repair program for residents in Jefferson County.

#### **Who is eligible for consideration?**

Homeowners must meet the eligible income requirement based on "number of household members." In addition, homeowner must reside in the property (verified by name on the deed), Also, the house must be a single-family home and the homeowner a resident of the state of Alabama. The property must not be inactive foreclosure.

#### **How do you qualify?**

All interested residents are asked to complete an application and return it along with all the required documentation to be considered for the program.

#### **What if I am a renter or I'm renting to own? Do I qualify?**

Renters or rent-to-own applicants do not qualify for the program.

#### **How do heir properties factor into the program?**

An heir property refers to land or a structure that has been passed down informally from generation to generation. It is not eligible for the program. Please contact legal services or your local probate office for assistance.

#### **What is the application process?**

All applications will be reviewed, then staff will notify those applicants who are approved for the program.

#### **What types of documentation are needed?**

Residents must provide proof of income, copy of mortgage deed and mortgage statement, proof of homeowners' insurance. copy of driver's license or state identification. copy of 2017 federal tax returns (if applicable). copy of most recent bank statement, and most recent copy of utility bill.

Additional information may also be needed: copy of marriage license, copy of death certificate (if spouse is deceased), copy of divorce decree (if divorced from spouse)

**What happens to those applicants who don't qualify for the program?**

This is contingent upon the reason for applicants who do not qualify. If the home is an heir property, then the proper channels *via* the probate court system will need to be taken to establish ownership for the primary resident. Applications will remain on file and active for 180 days.

**What does the remodeling work consist of?**

Remodeling work includes roof repair or replacement and gutters; heating, ventilation and air (HVAC); windows insulation, energy efficient windows, exterior doors, flooring, minor plumbing repair, painting (interior, exterior), cabinets, countertops, kitchen and bathroom fixtures, handicap accessible bathrooms (ADA), flooring and wheelchair ramps.

**On average, how long will it take to complete repairs to one home?**

This can only be determined on a case by case basis and the scope of work to be performed at each residence.

**Are there any excluded repairs?**

Major work including foundation repairs and major structural repairs; cosmetic repairs; emergency repairs; extensive damage due to fire or other substantial damage to home; major plumbing and sewer line repair; add-ons to existing homes including decks, bedrooms and bathrooms.

**Please return all applications with all required documents to:**

Neighborhood Housing Services of Birmingham, Inc.

60119th St North

Birmingham, Al 35203

(205) 328-4292



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

## HEALTHY HOUSING INITIATIVE

We appreciate your interest in the HEALTHY HOUSING INITIATIVE Program. Our goal is to provide homeowners with up to \$10,000 in FREE repairs to their homes.

In order to process your application more effectively and accurately, it is very important that the homeowner provide ALL the required documentation. If any information is not provided, then your application for assistance will not be processed. Therefore, before turning in your application, please review all the requirements and provide ALL the following documentation.

**\*\* It is requested that you bring your own copies when submitting your application \*\***

**Completed Application - must be signed and dated. Please be sure to initial this page.**

Please include all the following documents and check to make sure you are submitting the correct information:

### 1. Most recent proof of income.

- **Social Security I Retirement or Pension Income** cannot be dated prior to the current year. If you need an updated benefit letter from Social Security, please call or visit Social Security Administration.
- **Retirement or pension benefits** must be dated with the current year. To obtain this information, please contact the agency directly for assistance.
- **Paystubs** - If employed, please provide the last 30 days of paystubs. Bank Statements cannot be used to show income

### 2. Most recent Bank Statement

Be sure to submit a copy of your bank statement. Your bank statement must be dated within 30 days of today's date.

### 3. Utility Bill

Must be dated within the last 30 days from today's date. Only one bill is needed.

### 4. Mortgage Statement

If you have a mortgage on your home, please submit the mortgage statement for the current month or last month. If you do not have a mortgage you will not be required to submit this form of documentation.

## **5. Mortgage Deed**

- The deed **MUST** be in the name of the homeowner.
- The homeowner must currently reside in the home.
- If Heir Property - Please contact the City of Birmingham or Legal Aid for assistance. We will not be able to provide any assistance if the property is **NOT** in the name of the current homeowner.
- If deed shows more than the name of the homeowner, please be advised additional information will be required including divorce decree, death certificate or notarized letter from other listed individuals advising work can be performed at the residence.

## **6. Copy of previous year Federal Tax Returns**

If you collect Social Security benefits, Retirement or Pension you are not required to submit Federal Tax Returns.

## **7. Homeowners Insurance**

Please provide copy of Declaration page of Insurance. Do not submit the monthly bill. If you need a copy, please contact your Insurance provider and request a copy be sent to you.

## **8. Copy of Driver License I State ID**

Copy must be legible and must not be expired.

**Please do not submit photos of required documents, this will not be accepted.**

Only applications submitted with the above listed information will be reviewed. If outdated information is submitted, we will not be able to proceed with your request for assistance.

The requested information is **REQUIRED** and no substitutions can be made.

It is imperative to submit all requested information to be reviewed for assistance with the completed application. Due to the overwhelming request for assistance, we will not be able to contact you to request updated documents or provide statuses of application. Once your application is submitted, your application will be reviewed and if you are approved for assistance, you will be contacted.

Thank You for your interest in Neighborhood Housing Services of Birmingham's Healthy Housing Initiative.

Please return application and the above requested documents to:

Neighborhood Housing Services of Birmingham, Inc.  
601 19<sup>th</sup> Street North  
Birmingham, Alabama 35203



NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM

# HEALTHY HOUSING INITIATIVE

## APPLICATION

### Applicant

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: (Circle One)

Single Married Separated Widowed

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Type of Income: (Circle One)

Social Security Disability Other: \_\_\_\_\_

### Co-Applicant

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: (Circle One)

Single Married Separated Widowed

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Type of Income: (Circle One)

Social Security Disability Other: \_\_\_\_\_

### All Members Living in Household

Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Home Repair Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant*****Summary of Monthly Bills***

Mortgage / Rent: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Car Payment: \$ \_\_\_\_\_  
 Insurance: \$ \_\_\_\_\_  
 Child Care: \$ \_\_\_\_\_  
 School Lunch: \$ \_\_\_\_\_  
 Student Loans: \$ \_\_\_\_\_  
 Alimony / Child Support: \$ \_\_\_\_\_  
 Credit Card Payments: \$ \_\_\_\_\_

**Co-Applicant*****Summary of Monthly Bills***

Mortgage / Rent: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Car Payment: \$ \_\_\_\_\_  
 Insurance: \$ \_\_\_\_\_  
 Child Care: \$ \_\_\_\_\_  
 School Lunch: \$ \_\_\_\_\_  
 Student Loans: \$ \_\_\_\_\_  
 Alimony / Child Support: \$ \_\_\_\_\_  
 Credit Card Payments: \$ \_\_\_\_\_

**Applicant*****Employment Information***

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

Years Employed: \_\_\_\_\_  
 Monthly wages: \_\_\_\_\_

**Co-Applicant*****Employment Information***

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

Years Employed: \_\_\_\_\_  
 Monthly wages: \_\_\_\_\_

**Applicant*****Monthly Income***

Employment Income \$ \_\_\_\_\_  
 Food Stamps: \$ \_\_\_\_\_  
 Social Security: \$ \_\_\_\_\_  
 Disability: \$ \_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Child support: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_

**Co-Applicant*****Monthly Income***

Employment Income \$ \_\_\_\_\_  
 Food Stamps: \$ \_\_\_\_\_  
 Social Security: \$ \_\_\_\_\_  
 Disability: \$ \_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Child support: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_





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## HEALTHY HOUSING INITIATIVE

### ACKNOWLEDGEMENT OF NOTICE

As an applicant for and potential recipient of home repair assistance from **Neighborhood Housing Services of Birmingham, Inc.** I/we understand and agree to the following **(please initial):**

\_\_\_\_\_

**Verification Check:** I/we understand and agree that NHSB will verify all information contained in this application and check for eligibility.

\_\_\_\_\_

**Federal Equal Credit Opportunity Act:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, age, sex, marital status, whether all or part of the applicants income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color, religion, sex or national origin. The Federal Agency which administers compliance with this law is the Comptroller of the Currency, Consumer Affairs Division, Washington, DC. 20219.

\_\_\_\_\_

**Right to Financial Privacy Act:** This is to notify you, as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and financial institution has a right of access to financial records held by any rehabilitation loan or grant for which you have applied. Financial records involving your transaction will be available at NHSB and other agencies if requested (i.e. Housing and Urban Development, City of Birmingham) without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without your consent except as required or permitted by law.

\_\_\_\_\_

**House Evaluation:** I/we understand that NHSB will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that NHSB

has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Home Repair Program.

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**Work Scope Preparation:** If approved for assistance after evaluation, contractors shall have access to my/our home and property so that they may obtain necessary information about my/our home and needed repairs.

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**Media Release:** As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs and videos will be taken of my/our home, before, during and after the repair assistance is provided, and that such photos and videos may be shared with other agencies such as City of Birmingham and various media outlets.



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## HEALTHY HOUSING INITIATIVE

### AUTHORIZATION TO RELEASE INFORMATION

Neighborhood Housing Services of Birmingham, Inc. Healthy Housing Initiative program works in partnership with other agencies that perform home repair for homeowners this includes General Contractors, Sub Contractors, Electricians, Plumbers, and other services entities. These other agencies are working in order to provide assistance to the homeowners and working on behalf of Neighborhood Housing Services of Birmingham, Inc.

I/we give Neighborhood Housing Services of Birmingham, Inc. permission to release my/our information to other agencies that will be working with NHSB that will be performing assistance on the Healthy Housing Initiative home repair program.

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Applicant

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Date

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Co-Applicant

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Date

### CERTIFICATION

I understand that by submitting this application for assistance, I certify that I am the owner of the residence that I am requesting repair assistance, I also attest that I reside in the property and this property is not rented, sub-leased or owned by another individual(s). I am authorizing Neighborhood Housing Services of Birmingham, Inc. to evaluate my need for Home Repair assistance. I understand that all information on this application will be verified and all questions have been answered truthfully. If I am selected and the information cannot be verified or deemed not truthful, my application may be denied. I understand by submitting an application, this does not automatically approve me for the program nor to receive the services offered by the agency. Neighborhood Housing Services of Birmingham, Inc. screens all potential applicants and by completing this application, I am submitting myself and all persons listed subject to submitting to any documentation requested, if necessary.

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Applicant

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Date

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Co-Applicant

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Date