



Dear Butler County Resident,

Thank you for contacting Supports to Encourage Low-income Families (SELF) about the Home Repair Program. Below is the process for applying. This is an income-based program for HOMEOWNERS. If you are eligible for our program, and we have confirmed that it is within our scope of work, repairs may be completed at NO CHARGE TO YOU!

PLEASE NOTE THAT AN APPLICATION SUBMITTED AND FOUND ELIGIBLE DOES NOT GUARANTEE THAT WORK WILL BE COMPLETED. We accept applications for repairs year-round, and often have up to a one year waiting list. Not all requested repairs can be accommodated. **Safety, mobility, and self-sufficiency** become the highest priority. Examples of these repairs are wheelchair ramps, grab bars, handrails, porch and step repairs, minor code violations, and any other safety modification needed in the home.

Although we cannot do everything, we encourage you to explain all repairs that you need so we can better serve you or refer you to another organization. Also, we are unable to do most repairs on mobile homes. If you live within the Hamilton City Limits, please contact Neighborhood Housing Services at 513-737-9301; if you live in the city of Middletown, please call PWC at 513-351-7921.

Below is a list of documentation that will be required. Please include copies of all required documents with your application: **We are unable to start any work until all required documents are received.**

1. Home Repair Flyer, CSBG Intake Form, Resident Agreement, and Media Release Form
2. Valid Picture ID.
3. Social security cards for ALL household members.
4. Proof of current income for ALL household members 18 and over.
 - a. IF YOU OR ANY HOUSEHOLD MEMBER RECEIVE A FIXED MONTHLY PAYMENT (SOCIAL SECURITY, DISABILITY, PENSION, ETC) YOU WILL NEED TO PROVIDE A CURRENT AWARD LETTER OR CURRENT BANK STATEMENT SHOWING ELECTRONIC DEPOSIT OF INCOME
- IF EMPLOYED:**
 - a. If paid weekly – you need 13 current, consecutive pay stubs
 - b. If paid bi-weekly – you need 7 current, consecutive pay stubs
 - c. If paid monthly – you need 3 current, consecutive pay stubs
5. Deed to your home *City of Hamilton Residents only

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITHIN 30 DAYS

PLEASE SUBMIT YOUR APPLICATION BY ONE OF THESE METHODS:

1. Drop boxes located at 415 S Monument Ave, Hamilton, Ohio 45011 and 930 9th Ave, Middletown, Ohio 45044
2. Mail to P.O. Box 1322 Hamilton, Ohio 45012
3. Email at: mlowry@selfhelps.org
4. Fax to 513-737-3889 with ATTN: Home Repairs
5. Take CLEAR pictures of the documents and send them to 513-939-6528



Neighbors Who Care: Home Repair Flyer

Supports to Encourage Low-income Families

P.O. Box 1322
Hamilton, Ohio 45012
513-664-0174

SELF provides free home repairs to HOMEOWNERS and income-qualified applicants.
Both labor and materials are free.

Wheelchair ramps
Limited painting
Porch and step repair
Siding repairs

Grab bars
Emergency furnace
Minor city code violations
Water heater repairs

Handrails
Minor plumbing and electrical
repairs
And much more!

Resident's Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Alternate Contact: _____ Phone: _____ Email: _____

Do you own the home listed above? _____ Including yourself, how many people live in your home? _____

Parcel ID Number _____ Do you live in a mobile/manufactured home? _____

Size of furnace filters? _____ Do you need smoke/CO2 detectors? _____

❖ This is an income-based program. Income limits vary by family size and by area.

❖ Yearly household income? _____

❖ Was your home built before 1974? ___ Yes / ___ No ___ Date: _____

Describe the work you would like to have done on your home: _____

Homeowner Acknowledgement:

☐ All repairs listed above are not guaranteed to be completed or started.

☐ We reserve the right to cancel any scheduled work at any time, for any reason.

Signature: _____ Date: _____

OFFICE USE ONLY

Hamilton City Limits

Middletown City Limits

County

SELF - Supports to Encourage Low-Income Families CSBG Customer Intake Form

Client Number:		Program				Application Date:	
<input type="checkbox"/> WCP/SCP/Pipp/HEAP <input type="checkbox"/> Getting Ahead		<input type="checkbox"/> HWAP <input type="checkbox"/> Jobs Now!		<input type="checkbox"/> NWC: HR <input type="checkbox"/> IDA		<input type="checkbox"/> Build Up Academy <input type="checkbox"/> Microenterprise	
Primary Applicant							
First Name:		M.I.:		Last Name:			
Social Security Number		Date of Birth		Gender			
____/____/____		____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Primary Applicant Demographic Information:							
US Citizen?		Client Disabled?		Military Status		Ethnicity:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> None		<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race:				Education:			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown/Not-reported				<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> Graduate or post-secondary school			
Housing Status:				<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other			
Building Type:				Work Status:			
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)				<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Unemployed (short-term, 6 mos. or less) <input type="checkbox"/> Unemployed (long-term, more than 6 mos.) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Youth 14-24 who are neither working nor in school			
Source of Income:						Income Received:	
<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> Pension <input type="checkbox"/> No Income/Zero Income <input type="checkbox"/> Unemployment	
<input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF/ADC <input type="checkbox"/> Child Support						\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly	
Household Information:							
Address:						Apt/Lot:	
City:		State:		Zip Code:		County:	
Phone Number:				Email Address:			
Mailing Address (if different from above)						Apt/Lot	
Preferred method of contact? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email							
Household Size		Family Type:					
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Single Person <input type="checkbox"/> Other					
Health Insurance Type:				Non-Cash Benefits:			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State CHIP				<input type="checkbox"/> Private/Employment Based <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Other			
Additional Household Members							
Social Security #							
Last Name							
First Name							
Date of Birth							
Education							
Gender							
Race							
Ethnicity							
Disabled (Y/N)							
Military							
Health Insurance							
Relationship							
Income Source							
Income							

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature _____ Date _____

Office Use Only: _____ Poverty Ratio: _____



Neighbors Who Care Home Repair Resident Agreement

Name: _____

Address: _____

Phone: _____

By signing below, I understand and agree that:

- Signing this agreement does not guarantee that any work will be done
- Projects are completed by volunteers and/or subcontractors at SELF'S discretion
- Work is completed at no cost to me/ unless under a special circumstance
- **Any or all projects can be canceled at any time. Work selected depends on funding/time available**
- Volunteer work may not equal that of professional contractors and is not guaranteed
- SELF has all rights to publish any audio, video, or photograph of me or my home
- Guns, weapons, pornography, drugs, and alcohol are not appropriate for workers at the jobsite. If any are discovered, the workers may not be allowed to compete work on my house.
- **Work crews will attempt to finish any work they have begun, but it is not guaranteed**
- Due to high volume of requests, SELF may limit residents to repairs only once every 3 year period.

Resident Signature: _____ Date: _____

Printed Name: _____



MEDIA RELEASE FORM

By signing below I, Mr./Mrs./Ms. _____ (name) authorize Supports to Encourage Low-income Families (SELF) to photograph, video or record me, members of my immediate family, my home and/or any work performed by the SELF program in which I participate.

I authorize the use of the images and statements in any media outlet such as newspapers, radio, television or Internet, the SELF website, and any other literature produced by SELF.

I understand the images and statements will be used for informational and instructional purposes only and will not be used to generate a profit or for any other commercial purposes. I also understand that SELF may choose not to use images of me, my family and/or my home.

I further authorize SELF to share these images and statements with state and national organizations or agencies for the same informational and instructional purposes.

I have not been compensated nor will I seek compensation for the photos or statements.

I release SELF from responsibility should a third party violate the terms of this release.

I am 18 years of age or older and I have read and understand this release.

Signature

Contact Number

Witness

Date

For Office Use Only

Updated 9/12BR

☐ AAF
☐ GA
☐ JOBSNOW!

☐ HEAP
☐ HWAP
☐ GWC

☐ IDA
☐ ME
☐ Other _____

Notes: