



Hammers for Hope Neighbors Helping Neighbors Homeowner Application

Focused in Lake County, **Hammers for Hope** provides free and low-cost home repairs and upgrades to those in need. The program is designed to assist seniors, low-income individuals, and families, and people with disabilities by making minor home repairs to improve comfort and safety. **Hammers for Hope** is a collaborative effort made possible by community volunteers and local contractors with major funding provided by Calpine Corporation and assistance from Kelseyville Lumber.

The program is designed to assist with short-term repair projects under \$5,000 in materials and labor. Examples of repair projects include painting; weatherproofing and insulation; minor carpentry, electrical, plumbing repairs; and installation of wheel chair ramps.

Assistance will be determined based on several factors, including type and extent of repairs needed, availability and ability of volunteers and/or contractor crews, applicant need, and available funds.

Applicant Guidelines:

- Applicants must own and live in their own home or mobile home.
- Applicants must provide proof of ownership. Those applicants who live in a mobile home must have written permission from management of the mobile home park for the work to be done or handicapped ramp to be built.
- Preference may be given to those applicants who meet income guidelines (refer to chart below) and provide documentation of total household income for all persons living in the home.

Proof of Eligibility

For consideration, you may be asked to submit copies of one or more of the following documents along with your application: 1) Most recent U.S. Income Tax Form or other proof of income (e.g., social security benefit statement for everyone living in your home) 2) Checking and savings bank statements for everyone living in your home; and/or 3) Most recent paid property tax bill.

If you have any questions, email: info@hammersforhope.org.

Maximum Household Income Guidelines based on HUD 2018 Lake County very low income:

Lake County 4-Person Area Median Income: \$59,900

Number In Household		One	Two	Three	Four	Five	Six	Seven	Eight
Annual Total Household Income	Extremely Low	12,600	16,460	20,780	25,100	29,420	33,740	37,140	39,550
	Very Low Income	21,000	24,000	27,000	29,950	32,350	34,750	37,150	39,550
	Low Income	33,550	38,350	43,150	47,900	51,750	55,600	59,400	63,250
	Median Income	41,950	47,900	53,900	59,900	64,700	69,500	74,300	79,050
	Moderate Income	50,350	57,500	64,700	71,900	77,650	83,400	89,150	94,900



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HOMEOWNER AND HOUSEHOLD INFORMATION

Name of Homeowner(s): _____

Contact Person: _____

Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Monthly household income: _____ Monthly house payment: _____

Years you have owned the home: _____

List everyone living in residence including homeowner:

Name	Relationship to Owner	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about this program?

<input type="checkbox"/> Elected Official	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Flier
<input type="checkbox"/> Friend/Relative/Neighbor	<input type="checkbox"/> Radio/Newspaper	<input type="checkbox"/> Church/Temple/ Synagogue
<input type="checkbox"/> Website	<input type="checkbox"/> Other: _____	

DESCRIPTION OF HOME AND REPAIRS NEEDED

Hammers for Hope is intended to assist with short-term projects valued at no more than \$5,000.

Check all that apply to your home.

<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> One story	<input type="checkbox"/> Two story
<input type="checkbox"/> Wood frame	<input type="checkbox"/> Brick
<input type="checkbox"/> Siding	<input type="checkbox"/> Basement
<input type="checkbox"/> Attic	

For mobile homes only:

☐ Own ☐ Rent

Property/Lot:

☐ Own ☐ Rent



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HOMEOWNER AND HOUSEHOLD INFORMATION

Repairs Needed:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Electrical | <input type="checkbox"/> Accessibility Ramp |
| <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Plumbing | ____ Repair Existing ____ Install New |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Heating | |
| <input type="checkbox"/> Doors | <input type="checkbox"/> A/C | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Gutters | <input type="checkbox"/> Other Repairs (describe): |
| <input type="checkbox"/> Flooring | ____ Repair Existing | _____ |
| | ____ Install New | _____ |

Please list the three most important repairs:

1. _____
2. _____
3. _____

How will these repairs help you/or other member(s) of the household?

Explain why you or your family have not made the repairs:

HOMEOWNER PARTICIPATION

Preference may be given to projects that have some form of contribution from homeowner, either monetary or by providing able-bodied volunteers to assist.

Please describe your ability to contribute to the project:



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HOMEOWNER AGREEMENT

____ Yes, I understand and agree to have volunteers work on my home.

General Release Form:

I/we hereby authorize Hammers for Hope and/or its designated agents to obtain and receive all records and information pertaining to eligibility for the program, including employment, income (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information.

Hammers for Hope and/or its designated agents have the option to release this information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives Hammers for Hope designated agents the right to request all information it can or could obtain from any person, company, or firm on any above-referenced matter.

I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the Hammers for Hope for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by Hammers for Hope and have a basic understanding of the program and its process. I give Hammers for Hope my permission to inspect my home with volunteers and/or contractors for purposes of house selection and/or repair.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Please mail completed, signed application forms to:

Hammers for Hope
Attn: Applications
P.O. Box 1612
Middletown, CA 95461-1612

Office Use Only

Date Submitted: _____ Referred by: _____

Financial Addendum Required ☐ Yes ☐ No

Projects Application: ☐ Approved ☐ Declined