



Hello!

My name is Kaleena Gharky, and I am the Community Director / Neighborhood Revitalization Coordinator. Neighborhood Revitalization is a program designed to help low-income homeowners impacted by age, disability, and family circumstances who struggle to maintain their homes. It is a home preservation service that offers painting, landscaping, and minor exterior – and in some cases interior – repair services. Neighborhood Revitalization ensures that people live in safe and well-maintained homes.

We have recently started an “Aging In Place” program. This is a component of our Neighborhood Revitalization program. If qualified (based on the attached application), homeowners will have the opportunity to work with a health/human service professional *and* our construction team to determine the needed home modifications and repairs that will allow them to age in their home and neighborhood safely with comfort and dignity.

If you or someone you know is interested, the first step is to turn in an application! Please return the attached application with all supporting documents to our office at:

Habitat for Humanity of Portage County
Attn: Neighborhood Revitalization
6630 Cleveland Road
Ravenna, Ohio 44266

Or by dropping it off during business hours (Monday through Friday, 9:00am to 5:00pm) at the same address.

Please feel free to contact me with any questions you may have.

Thank you!

A handwritten signature in blue ink that reads "K Gharky".

Kaleena Gharky
Community Director

Habitat for Humanity of Portage County
330-221-6367 Mobile
330-296-2880 Office
330-296-5263 Fax



Aging In Place Definitions

Definitions

Aging In Place (AIP): *This is a component of our Neighborhood Revitalization program; except that AIP focuses on **older adult*** homeowners. Our goal is to help older adults in Portage County make the repairs and modifications necessary to help them “grow old” in their homes with comfort and dignity.*

What projects qualify:

Interior Home Repairs / Modifications: *These are modifications and/or repairs done to the inside of the home that are assure safe and comfortable living conditions. Examples: safe and secured flooring, ample sized thresholds to assist with mobility, plumbing and electrical needs, safety items including grab bars or other home modifications etc.*

Exterior Critical Home Repair: *These are repairs done to the outside of the home that are necessary to maintain a safe living environment for the homeowner. Examples include roof replacement, window installation, porch/exterior stair repair, ramp installation, etc.*

How to become approved:

Holistic Assessment (HA): *This is the first of two evaluations we will perform before starting any repairs/modifications on the home. The HA will be completed by a health or human services professional who will talk with the homeowner about their activities of daily living and their comfort level navigating both the inside and outside of their home.*

Home Repair Evaluation (HRE): *This is the second of two evaluations we will perform before starting any repairs/modifications on the home. The HRE will be performed by the HFHPC Construction Manager who will assess the safety of the home – noting priority repair and modification projects to be discussed with the homeowner before any work is performed.*

*Anyone 60 years or older



Habitat for Humanity®

of Portage County

6630 Cleveland Road | Ravenna OH | 44266

Phone: 330.296.2880

Email: kaleena@habitatofportage.org

▶ NEIGHBORHOOD REVITALIZATION

is a program designed to help low-income homeowners impacted by age, disability, and family circumstances who struggle to maintain their homes. It is a home preservation service that offers painting, landscaping, and minor exterior (and in some cases interior) repair services. Neighborhood Revitalization ensures that people live in safe and well-maintained homes.



AGING IN PLACE PROGRAM

This program is a component of Neighborhood Revitalization — focusing on older adult homeowners. Our goal is to help those who are over 60 in Portage County make the repairs and modifications necessary to help them “grow old” in their homes with comfort and dignity. Projects range from addressing accessibility issues to installing grab bars to replacing lower-threshold showers. In order to qualify, individuals are required to submit an application indicating their need, ability to repay, and willingness to partner. In some cases, we may even be able to waive the repayment.

▶ HOUSING PLUS ASSESSMENTS

In order to ensure that the physical needs of our seniors are met, HFHPC partners with Family & Community Services (FCS) to complete two different assessments: one for the individual's function, health, and safety and a second for their home repair needs. This two-part assessment determines both the scope of work and subsequent referrals for the homeowner.

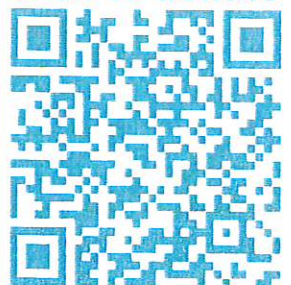


If you or a loved one could benefit from our Aging In Place program, please contact kaleena@habitatofportage.org. It is our honor to serve those in Portage County who are the foundation of our communities. With gratitude, we celebrate your contribution.

Over the next 20 years, households in their 80's will be the fastest-growing age group.

Older residents provide stability in their communities. We invite you to honor and assist them today by making a gift to HFHPC to help us partner with older adults and support them as they age in place.

scan to donate



Policies and Procedures for Neighborhood Revitalization:

Step 1: Homeowner contacts HFHPC

- Provide general information about the program
- Explain the qualification criteria
- Provide an application

Step 2: Homeowner submits application

- Review application for completeness
- Confirm supporting documents are included
- Verify homeowner's willingness to partner

Step 3: HFHPC assesses homeowner's eligibility

- Verify it is a single-family home and the owner occupies the home as their primary residence
- Verify all property taxes and mortgages are current and not at risk for foreclosure
- Verify income and ability to pay
 - Note, If the applicant cannot afford to contribute to the cost of the repairs, HFHPC will consider them for a scholarship
- For Aging In Place, verify homeowner is an older adult (60+ years old)

Step 4: HFHPC notifies homeowner of approval or denial

- Contact homeowner with decision
- If approved, schedule the Home Repair Evaluation
- For Aging In Place, schedule the holistic assessment first

Step 5a: FCS conducts the holistic assessment

- Assess homeowner's daily living activities and comfort with navigating inside and outside of their home
- Recommend Services and Submit assessment to HFHPC

Step 5b: HFHPC conducts the Home Repair Evaluation

- Conduct walk through evaluation
- Take pictures
- Create scope of work based on critical home repair criteria

Step 6: HFHPC submits scope of work to the board for approval

- Remove identifying factors
- Present it to the board

Step 7: HFHPC notifies homeowner of the board approval or denial

- Contact homeowner with decision
- If approved, schedule a meeting for homeowner to sign the scope of work and financial agreement (i.e., Homeowner's Agreement)

Step 8: HFHPC completes the home repairs

- HFHPC Construction Manager notifies all parties when home repairs are complete
- Homeowner signs a certificate of completion

Step 9: Homeowner executes a promissory note for repayment

- Sign promissory note
 - Note, if homeowner received a scholarship, they do not need to complete Step 9
- Begin monthly payments to HFHPC

APPLICATION

for Home and Business Repairs



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, sexual orientation, gender identity or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity home/business repair under our Neighborhood Revitalization Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. Application needs completed in its entirety. Determination is based on family need. If you are a business or organization, please have your CFO/Director complete.

1. APPLICANT INFORMATION

Applicant						Co-applicant					
Applicant's Name			Date of Birth			Co-applicant's Name			Date of Birth		
			____/____/____						____/____/____		
Social Security Number	Age	Home Phone				Social Security Number	Age	Home Phone			
____-____-____		() ____				____-____-____		() ____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)						<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)					
Dependents and others who live with you											
Name		Age		Male		Female					
_____		_____		<input type="checkbox"/>		<input type="checkbox"/>					
_____		_____		<input type="checkbox"/>		<input type="checkbox"/>					
_____		_____		<input type="checkbox"/>		<input type="checkbox"/>					
_____		_____		<input type="checkbox"/>		<input type="checkbox"/>					
_____		_____		<input type="checkbox"/>		<input type="checkbox"/>					
Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____											
If Living at Present Address for Less Than Two Years, Complete the Following											
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____											

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____
 More Information Requested? ☐ Yes ☐ No
 Date Application Completed: _____

Date of Home Visit: _____
 Date Verifications Received:
 Landlord: _____ Employment: _____

In the space below, describe, in detail, the repairs that you are requesting to be done to your home (all repairs must be exterior repairs):

5. EMPLOYMENT INFORMATION (Please attach last 30 days of pay stubs)					
Applicant			Co-applicant		
Name and Address of Current Employer		Years on This Job	Name and Address of Current Employer		Years on This Job
		Position			Position
Business Phone ()			Business Phone ()		
Hourly wage: \$	Hours worked per week:		Hourly wage: \$	Hours worked per week:	
If Working at Current Job Less Than One Year, Complete the Following Information					
Name and Address of Last Employer		Years on This Job	Name and Address of Last Employer		Years on This Job
		Position			Position
Business Phone ()			Business Phone ()		
Hourly wage: \$	Hours worked per week:		Hourly wage: \$	Hours worked per week:	
6. MONTHLY INCOME AND COMBINED MONTHLY BILLS (Please attach last 2 months of utility bills)					
Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Employment Income	\$	\$	\$	Mortgage	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Avg. Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$
FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE					

\$ _____ Monthly \$ _____ Annually D/I: _____ %	List additional household members over 18 who receive income: <table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Monthly Income</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	Name	Age	Monthly Income	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
Name	Age	Monthly Income											
_____	_____	\$ _____											
_____	_____	\$ _____											
_____	_____	\$ _____											

7. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____

8. DEBT

To Whom Do You and the Co-applicant Owe Money?

Car	Monthly Payment \$ _____	Unpaid Balance \$ _____	Credit Card	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Furniture, Appliances, & Televisions	Monthly Payment \$ _____	Unpaid Balance \$ _____	Medical	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Cell Phone Contracts	Monthly Payment \$ _____	Unpaid Balance \$ _____	Other	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	

9. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the repair program, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered questions truthfully, my application may be denied, and that even if I have already been selected to receive repairs, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. Neighborhood Revitalization is a repayment-based home repair program. Habitat has a set amount of repairs it will do annually, so actual applicants selected have been approved through a process created by the local Habitat office.

By participating in this Neighborhood Revitalization program, I give my express consent to have my project used in marketing material or content. Including pictures of myself, pictures of the project & signage in my yard until the completion.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Is the applicant, co-applicant or homeowner a US military veteran of any branch? (circle answer) YES NO

Applicant Signature

Date

Co-applicant Signature

Date

X_____ X_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with **"A"** for Applicant or **"C"** for Co-applicant.