

Emergency Home Repair Application Form Southeastern Vermont Community Action (SEVCA)

WHAT TO INCLUDE AS INCOME (For the past 12 months)

- Wages and Salaries** – Please provide your most recent Income Tax Return and your most recent paystub with year-to-date information for each member of your household over the age of 18.
- Social Security Benefits** – Please provide a copy of your most recent Social Security Benefits statement. Please provide instructions on how to retrieve your most recent payment information.
- Pensions, Retirement Pay, and Regular Insurance or Annuity Payments** – Please provide a copy of your most recent monthly payment statement. Or, if it is deposited directly into a bank account, please provide a copy of your monthly bank statement showing the amount deposited each month. You may also ask the bank to send a note stating the amount you receive each month for your pension if you are uncomfortable sending a bank statement. Alternatively, please provide a copy of the first two pages of your most recent Federal Tax Return.
- Unemployment Compensation** – Please provide a copy of your unemployment benefits statement with year-to-date information. You may need to request this from your local unemployment office.
- Self-Employment** – Please send a statement showing your best estimate of year-to-date income minus expenses. Also, please provide a copy of the first two pages of your most recent Federal Tax Return along with a copy of the Schedule C portion of your tax return.
- Interest and Dividends** – Please provide a copy of the first two pages of your most recent Federal Tax Return. Also, please provide a copy of your monthly statement. If it is deposited directly into a bank account, your monthly bank statement showing the amount deposited each month is sufficient. You may also ask the bank to send a note stating the amount you receive each month if you are uncomfortable sending a bank statement.
- Regular Veteran’s Benefits, Strike Benefits from Union Funds, Training Stipends, or Military Family Allotments** – Please see above instructions for Pension, Retirement Pay, Regular insurance pay or Annuity Payments.
- Alimony** – Please provide a copy of checks or receipts from the past three months. Also, please provide a copy of the first two pages for your 2011 Federal Tax Return. You do not need to report child support payments.
- Periodic Receipts from Estates, Trusts, Net Gambling and Lottery Winnings** – Please disclose receipts from the past year and provide a copy of the first two pages of last year’s Federal Tax Return.
- Proof of ownership**- Tax bill, copy of your deed.



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1. Name _____

2. Physical Address: _____
Street City State Zip

3. Mailing Address (if different) _____
P.O. Box City State Zip

4. Phone: Home _____ Cell _____ Other _____

5. Email Address _____

6. House hold income for the past:
Month: \$ _____ 12 months: \$ _____ Calendar Year: \$ _____

7. Do you: Own ___ Rent ___ Is home for sale? ___ Yes ___ No

8. Type of home: ___ Single Family Home; ___ Owner-occupied Multifamily Bldg.; ___ Other
Multifamily Bldg.; ___ Mobile Home on Privately-Owned Lot; ___ Mobile Home in Cooperatively-
Owned Park; ___ Mobile Home in Private or Non-profit Park

NAME OF Mobile Park: _____

9. What year was your house built? _____ How long have you lived there? _____

10. Is your home a historical property? ___ Yes ___ NO

11. Home heating source: Oil ___ Gas ___ Electric ___ Solar ___ Other _____

12. Water heating source: Oil ___ Gas ___ Electric ___ Solar ___ Other _____

13. Which is your electric company? GMP ___ Ludlow Elec ___ Jacksonville Elec ___

14. Has your current house ever been Weatherized by SEVCA? Yes ___ No ___

If Yes, when _____

15. Description of repairs needed: _____



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16. What else should we know about your home?

17. Other information (Do you have pets?) _____

I have read and answered all of the questions on this application. My answers are truthful, accurate, and complete to the best of my knowledge. I understand that if I deliberately misrepresent any aspect of my situation or knowingly provide false information, SEVCA may ask for repayment of benefits resulting from such actions.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

The information on the last page is regarding race, ethnicity, and sex designation solicited on this application and is requested to assure the Federal Government, (acting through the Rural Housing Service) that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note race, ethnicity, and sex of the individual applicants on the basis of visual observation or surname. Please note this does not apply to D.O.B., we do need the dates of birth of all residents of the household to process your application.

For Each Member of your household please answer the following Questions.

Equal Housing Opportunity
We are an Equal Opportunity Service & Housing Assistance Provider



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Name	Date of Birth	Current Age	Relationship to head of household	Gender	Race	Are you Hispanic or Latino	Are you currently or formerly in the Military	Are you considered disabled by the government	What is the highest level of education you have completed
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
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						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	

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Determining assistance:
What to know about Eligibility, Funding and Scheduling Process

SEVCA's Emergency Home Repair program strives to address immediate health and safety risks, restore the integrity of the building envelope, and correct code violations and energy waste.

In order to determine an applicant's eligibility for assistance based on a consistent and fair assessment, we consider a variety of factors including (but not limited to):

- *The nature of the work to be undertaken and its impact on health/safety*
- *Fund/grant eligibility requirements*
- *Availability of funds*
- *Contractor availability*
- *Whether the repair fully alleviates health and safety concerns*

Once your application is complete and you are deemed eligible you will be placed on a list that is ranked according to the urgency of the repair. You will be contacted by the program to discuss scheduling for work to be started. Please note that work scheduling is contingent upon availability of contractors, as well as upon available funding.

SEVCA does not discriminate based on sex, race, color, national origin, immigration status, religion, familial status, marital status, age, sexual orientation, gender identity, disability, or receipt of public assistance.

Finally, applicants can appeal any decision in writing by emailing SEVCA's Weatherization Director, Victor Baisley, at vbaisley@sevca.org or mailing an appeal to:

SEVCA
Attn: Victor Baisley
91 Buck Drive
Westminster, VT 05158

Sincerely,

Victor Baisley
Weatherization Director

Our Mission is to empower and partner with individuals and communities to alleviate the hardships of poverty, provide opportunities to thrive, and eliminate root causes of poverty in southeastern Vermont.

Serving Windham & Windsor Counties

CRISIS INTERVENTION

FUEL ASSISTANCE

FINANCIAL FITNESS

FOOD STAMP
OUTREACH

HEAD START

HOME REPAIR

HOMELESSNESS
PREVENTION

HOUSING ASSISTANCE

JOB READINESS

MATCHED SAVINGS
ACCOUNTS

MICRO BUSINESS
SUPPORT

THRIFT STORES

VOLUNTEER INCOME TAX
ASSISTANCE

WEATHERIZATION

WORKFORCE
DEVELOPMENT

91 Buck Drive
Westminster
Vermont 05158
802.722.4575
800.464.9951
Fax 802.722.4509
sevca@sevca.org
www.sevca.org



Release of Information

Our Mission is to empower and partner with individuals and communities to alleviate the hardships of poverty, provide opportunities to thrive, and eliminate root causes of poverty in southeastern Vermont.

Serving Windham & Windsor Counties

- CRISIS INTERVENTION
- FUEL ASSISTANCE
- FINANCIAL FITNESS
- FOOD STAMP OUTREACH
- HEAD START
- HOME REPAIR
- HOMELESSNESS PREVENTION
- HOUSING ASSISTANCE
- JOB READINESS
- MATCHED SAVINGS ACCOUNTS
- MICRO BUSINESS SUPPORT
- THRIFT STORES
- VOLUNTEER INCOME TAX ASSISTANCE
- WEATHERIZATION
- WORKFORCE DEVELOPMENT

I, _____ give my permission to authorized staff of SEVCA to share relevant information about my circumstances with other service providers, utilities, landlords or other entities necessary to enable me to receive assistance; as well as other SEVCA programs, such as Family Services, Weatherization, Windsor County Head Start, and Economic Development to ensure that maximum resources and supports are made available to me.

I give permission to SEVCA staff to obtain access to records, in either paper or electronic form, and/or to release information to other parties which may be helpful in resolving the current, or any future situation.

Exception(s): I do not authorize sharing my information with the following:

I understand that this permission may be cancelled by me in writing at any time.

 Signature of person granting permission Date

Unless otherwise stated or withdrawn, this permission will be good for a period of one year from the date of my signature.

91 Buck Drive
 Westminster
 Vermont 05158
 802.722.4575
 800.464.9951
 Fax 802.722.4509
 sevca@sevca.org
 www.sevca.org



SEVCA Emergency Home Repair Clients Rights and Responsibilities

SEVCA Emergency Home Repair www.SEVCA.org are pleased to be serving you. This document outlines your rights and responsibilities as a client of the Emergency Home Repair Program. We also want you to understand the steps in our process.

Your project will result in comfort while ensuring the health and safety of your home. SEVCA Inc. will be performing a comprehensive evaluation of your home. After determining what work can be done at your home, we will provide you with the scope of work (list of what we will do) and will not proceed with the emergency work until you agree to the project specified. Please note that sometimes the work scope may need to be changed after the work has started. Any major changes will be discussed and agreed on prior to commencing.

Agency Responsibilities

- We will provide the Emergency Home Repair services at no cost.
- We will provide you with written list of what will be done at your home (called the scope of work) and you will have the opportunity to review this list and clear up concerns before we start work there.
- When applicable for your specific project, we will provide you with a detailed client responsibility such as moving belongings away from the attic access so workers can work there.
- We will answer your questions and provide timely customer service.
- We will provide you with manuals and warranty information for any new appliances or equipment that is installed.
- We will provide you with Material and Safety Data Sheets if you request them.
- We will provide you with a general time frame on when to expect the next step of the home repair process.
- We will work safely in your home and follow appropriate regulations.
- We will refrain from smoking in and around your home.
- We will warranty our work from defect for one year from the date of the final project inspection.

Client / Participant Responsibilities

- You agree to ask any questions regarding your proposed scope of work by contacting **Tina Niedbala, E.H.R. Coordinator at 802-721-0032** as soon as you have questions and before the crew or subcontractors arrive to work.
- You agree to restrain / constrain all pets for their safety and so they won't escape, hinder or harm workers.
- You agree to keep all scheduled appointments with Emergency Home Repair

workers and subcontractors. If something comes up and you need to reschedule, please contact **Tina Niedbala, E.H.R. Coordinator at 802-721-0032.**

- You agree to make accessible areas specified in the scope of work.
- You agree to the full scope of work. You understand that your home can not be for sale during the Emergency Home Repair process. If you decide to sell your home, please contact us so we can stop the process.
- You agree to refrain from any illegally activity (including illegal drug use) while any Emergency home repair workers are in your home. Any illegal activity will result in cancellation of your emergency home repair project.
- You agree not to expose the workers to any type of secondhand smoke.

Additional Contact information

If you have any issues or concerns during or after the Emergency Home Repair Process, please contact **Tina Niedbala** in writing at t Niedbala@sevca.org and your concerns will be forwarded to the management team. If you still feel you have concerns that have not been addressed, please contact **Victor Baisley at 802-721-0037** or at vbaisley@sevca.org.

Client Signature

Date

Emergency Home Repair Signature

Date



Photo Release

I hereby give Southeastern Vermont Community Action (SEVCA) permission to use my likeness or designated areas of my home or other premises in photographs to be used in all social media platforms, media press releases, publications, and websites, without payment or any other consideration.

I understand and agree that the photos will be the property of SEVCA.

I authorize SEVCA staff to edit, copy and/or distribute these photos for purposes of publicizing SEVCA and its programs or for any other lawful purpose, without my having to approve them.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

- I do not agree to SEVCA's use of any images of me or property.

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I certify that I am the parent or guardian of _____, named above, and I give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)