Community Housing Coalition of Madison County

P.O. Box 1166, Marshall, NC 28753 *www.CHCMadisonCountyNC.org* *Office Phone: 828-649-1200*

Dear Madison County Neighbor,

Thank you for contacting the Community Housing Coalition (CHC) of Madison County. We are a 501(c)(3) independent non-profit organization (not affiliated with a government agency) serving Madison County by promoting healthy, safe, and affordable housing through advocacy, education, coordination of services and resource development to meet the housing needs of our community.

Completion of this application will allow us to maximize the resources that *may* be available for your assistance. Applying is not a guarantee that you will receive assistance.

Enclosed are the following:

- CHC Assistance Policy—this is yours to keep
- Application for Assistance

Please deliver or mail the completed **Application for Assistance** form to the following physical/mailing address so that we may begin processing your application:

Community Housing Coalition of Madison County, Inc.
13 South Main Street
Suite # 305
Marshall, NC 28753
or
P.O. Box 1166
Marshall, NC 28753

We hope to be able to serve you and your family, but due to a large number of applications, it is impossible to meet the needs of every person applying. We will make every effort to contact you regarding the status of your application within two weeks of receiving it, but please be patient. We receive, process and assess many applications year round. If there are any questions concerning this application, please call Community Housing Coalition at 828-649-1200 or visit our website at *www.CHCMadisonCountyNC.org.*

Sincerely,

CHC of Madison County

CHC Assistance Policy & Procedures

(this is yours to keep)

This Assistance Policy describes who is eligible to apply for assistance from the Community Housing Coalition of Madison County, how applications for assistance will be rated and ranked, what the form of assistance is, and if accepted to receive assistance, how the repair/modification process will be managed.

CHC Goals:

1. To alleviate any housing conditions which pose an ***imminent threat to the life or safety*** of very low-income homeowners/renters as well as those with special needs; and
2. To provide accessibility modifications and other repairs necessary to ***prevent displacement*** of very low-income homeowners/renters with special needs, such as the elderly and persons with disabilities.

Eligibility: To be eligible for assistance from Community Housing Coalition, applicants:

1. Must reside within Madison County.

2. Must either own and occupy the home in need of repair or, applicant must show written approval from landlord to have work performed on home.

3. In most cases, must have a household income which does not exceed 50% of Madison County's median income for the household size (as indicated by the table on the next page).

4. In some cases a household income can be up to 80% of Madison County's median income if also qualifying under CHC's priority special needs populations. In these circumstances, work can only be performed with donations, and through volunteers.

Note: CHC does not provide assistance on a first come, first served basis.

Receiving assistance is based on urgency of need, along with eligibility and special-needs factors.

****Not all who apply will receive assistance.****

Attributes that define CHC's priority special-needs populations:

****Elderly:*** An individual age 62 or older.

****Disabled:*** A person who has a physical, mental, or developmental disability that greatly limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

****Single-Parent Household:*** A household in which one and only one adult resides with one or more dependent children.

****Very Low Income***: Total Household income is below 50% of Area Median Income.

Other Definitions:

****Head of Household:*** The person or persons who own(s) or rent(s) the home.

****Household Member:*** Any individual who is an occupant (defined below) of the unit to be rehabilitated shall be considered a "household member." The number of household members will be used to determine household size, and all household members are subject to income verification.

****Occupant:*** Any immediate family member (mother, father, spouse, son or daughter of the head of the household, regardless of the time of occupancy); or non-immediate family member who has resided in the dwelling at least 3 months prior to the submission of the family's application.

****Extreme Emergency:*** A situation in which serious harm would befall the occupant(s) of the home, such as no heat during cold weather, roof or wall damage caused by fire, wind or falling tree damage, and/or water leaks that may inundate electrical circuits or outlets.

Annual Income Qualification Limits for Madison County Residents

# in Household	30% of Median Income	50% of Median Income	80% of Median Income* Must have other special need
1	$13,950	$23,250	$37,200
2	$15,950	$26,600	$42,500
3	$17,950	$29,900	$47,800
4	$19,900	$33,200	$53,100
5	$21,500	$35,900	$57,350
6	$23,100	$38,550	$61,600
7	$24,700	$41,200	$65,850
8	$26,300	$43,850	$70,100

CHC Priority Ranking System

CHC gives priority to applicants who meet some or all of the following special needs:

Special Needs	Points
Less than 30% of County Median Income	10
Less than 50% of County Median Income	5
Elderly Head of Household (62 or older)	4
Disabled Head of Household	4
Disabled or Elderly Household Member	3
Single-parent Household	2

Screening of applicants: Recipients will be prioritized by the above criteria without regard to race, creed, sex, color, national origin, religion, or sexual orientation. Household income will be verified for program purposes only (information will be kept confidential). Ownership of property will be verified along with other rating factors. A CHC employee or designee will visit the home of applicants to determine the need and feasibility of repairs/modifications.

How does CHC help? CHC will provide materials and the services of volunteers or professionals, as available, to repair the urgent need of the homeowners/renters, ***whose homes are selected*** for repair/modification. This assistance is not a loan. No repayment on the part of the homeowners will be expected. Provision of repairs is subject to availability of funding and volunteers. When applicable, clients will be referred to outside resources such as Independent Living, Vocational Rehabilitation, USDA, Community Action Opportunities, Veterans Assistance, etc.

What kinds of work will be done? Only repairs that address imminent threats to the life or safety of occupants of the dwelling or accessibility modifications are performed by CHC. In typical cases, work may include repairing rotten flooring, ceilings or walls and the leaks that caused the rot, repairing and/or replacing damaged roofs; updating and/or repairing electrical wiring; building handicap ramps and/or safety railings; plumbing, etc. In some cases, when utilizing summer groups with varying skill levels, lower urgency repairs may be performed.

Who will do the work on the homes? CHC matches projects to volunteer teams or individuals interested in helping neighbors in need of home repairs. In those cases where professional labor is required, CHC selects contractors who have demonstrated a high degree of skill and ability. All contractors are given equal opportunity to bid. Each contractor will be reviewed by CHC based on references and recent jobs. Each job will be rewarded to the lowest responsive and responsible bidder. "Responsive and responsible" means the contractor (1) is deemed able to complete the work in a timely fashion, and (2) that the bid is within 15% (in either direction) of CHC's cost estimate. Approved contractors will be asked to submit bids on each project. Applications for bidding are available at the CHC office or can be mailed upon phone request. Ads will be placed as needed in the News Record and Sentinel to inform the public about opportunities to bid.

How will clients be referred? CHC will place quarterly ads in the Madison County News Record and Sentinel to inform the general public that applications and services are available. Clients are also referred by our partnering agencies such as Community Action Opportunities, Independent Living, Madison County public agencies, USDA, etc.

Is there a procedure for dealing with complaints, disputes or appeals? Although the application process and repair/modification guidelines are meant to be as fair as possible, CHC realizes there is still a chance that some applicants or participants may feel they are not treated fairly. The grievance procedure is as follows:

1. If an applicant feels that his/her application was not fairly reviewed or rated and would like to appeal the decision made about it, he/she should contact the Executive Director within 30 days of initial notification. If the applicant remains dissatisfied with the decision, the detailed complaint should be put into writing.
2. A written appeal must be made to the CHC board within 10 business days of the conversation voicing dissatisfaction. Email complaint to CHC Board Chair, Tim Malone at savemadison@live.com.
3. CHC will respond in writing to any complaints or appeals within 30 days of receiving written comments. The CHC board meets monthly.

Will personal information provided remain confidential? Yes. All information in applicant files will remain confidential. Access to the information will be provided only to CHC staff and office volunteers who are directly involved in the program, all of whom sign confidentiality agreements. This information is also shared, upon request, with CHC's auditors.

What about conflicts of interest? No officer or employee of the Community Housing Coalition shall have any interest, direct or indirect, in any contract or subcontract for work to be performed with program funding, either for themselves or those with whom they have family or business ties. Relatives of CHC board members or staff may be approved for rehabilitation assistance only upon public disclosure of such a connection to the CHC board.

What about discrimination and/or favoritism? The Community Housing Coalition (CHC) of Madison County, a 501-(C)(3) non-profit organization, does not discriminate in employment or services with regard to race, creed, sex, color, national origin, disability, religion or sexual orientation in accordance with applicable state and federal laws, nor does CHC tolerate discriminatory behavior by its employees, volunteers or clients. All CHC activities, including rating and ranking applications, inviting bids, selecting contractors and resolving complaints, will be conducted in a fair, open and non-discriminatory manner, entirely without regard to race, creed, sex, color, national origin, religion, sexual orientation, or political affiliation.

_____Initial We ask that you initial, acknowledging our non-discrimination policy, but this document is *yours to keep.* You will also acknowledge this policy when you sign and return the application.

How soon will work be done? Once an application has been received by CHC, every attempt will be made to notify the client that the application is being processed. In most cases work that is to be performed by volunteers will be carried out during June and July of each year.

What if I have more questions? Any question regarding any part of this application or program should be addressed to:

Chris Watson (Client & Grants Coordinator)
ChrisW@chcmadisoncountync.org
Stephanie McCullough (Client & Volunteer Program Coordinator)
Stephanie@chcmadisoncountync.org
Katie Hart (Administrative Assistant)
Katie@chcmadisoncountync.org
Office 828.649.1200

Know of someone in need of housing rehabilitation assistance? Just contact:

Community Housing Coalition of Madison County, Inc.
P.O. Box 1166
Marshall, NC 28753
828-649-1200

Applications are now available online from CHC's website: **www.CHCMadisonCountyNC.org**

Completing an application form: Proof of ownership, or permission from landlord, and proof of income will be required. Those who have applied for housing repairs in the past will not automatically be reconsidered or denied. A new application will need to be submitted in order for new needs to be considered.
NOTE: Income of all occupants of the house will be considered.

Tim Malone

Tim Malone, Board Chair

Community Housing Coalition of Madison County

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Application for Assistance

Date: _____

Name of Applicant: _____

Street Address: _____

City: _____ ZIP Code: _____

Mailing Address (if different): _____

Email Address: _____
Home Phone: _____ Cell/Work Phone: _____
Alternate Contact Name: _____ Relationship: _____
Home Phone: _____ Cell/Work Phone: _____

Have you received assistance from CHC in the past? Yes □ No □
If yes, please describe when and what work was performed:

_____

_____

Briefly describe the problems that need repairing:

_____

_____

Type of dwelling: Frame House □ Mobile Home □ Brick house □ Other □

Do you own/are you buying your dwelling? Own □ Own with Mortgage □

If renting, do you: Own Home & Rent Lot □ or Rent Lot and Home □
What is your monthly housing payment? _____

If renting, please provide the name of the land and/or home owner: _____

What actions have been taken to fix the problems? _____

_____

_____

Briefly describe any disabilities of any members of this household:

_____

_____

Does any member of the household receive Social Security Disability? Yes ☐ No ☐
Are you or any member of the household a Veteran? Yes ☐ No ☐

Household Membership

Name (first, MI, last)	Sex	Birthday (m/d/y)	Social Security Number	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				

If more than 5 people in this house, add their names and information on an attached sheet.

Gross Income Work Table Dollars earned by each household member per month

Sources of Income	No.1	No. 2	No. 3	No. 4	No. 5
Wages					
Retirement/Pension					
Social Security					
Supplemental Security Income					
Public Assistance					
Child Support					
Interest					
Other (Including Property, etc.)					
Monthly Subtotal for Each					

If more than 5 people live in this house, add their names and information to an attached sheet.

Monthly Household Total Income (add monthly subtotals for each wage earning resident): _____

Amount of monthly household income that is spent on recurring medical treatment and/or maintenance medications: _____

Explain: _____

_____

_____

Please provide proof of income (Social Security statement, pension statement, pay stub) with application.

If renting, do you have written permission from landlord for work to be done? Yes ☐ No ☐
This will be required before any work begins.

If you own land, how many acres of property do you own? _____

What year was your house built?_____

How did you hear about CHC? _____

Before submitting your application for assistance, please make sure you have:

- signed Release and Indemnification
- signed the last page of the Application for Assistance
- included proof of income
- provided proof of title for any mobile home on a rented lot
- written permission from landlord allowing for repairs, if applicable

(only return pages 7 through 10)

Applicant Certifications: I hereby certify that…

1. I own and occupy the home described above or am showing written permission from my landlord to modify my home.
2. The information contained herein is complete and true to the best of my knowledge.
3. This information is provided to qualify me for help from Community Housing Coalition. The program is intended to assist low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety; or in performing accessibility modifications or other repairs necessary to allow a homeowner facing displacement to remain in his or her own home safely.
4. I give permission for CHC personnel to access information to verify the contents of this application and to facilitate the repair of my home.
5. I understand that CHC is not required to correct all deficiencies in my home nor make the home conform to any local, state, or housing quality standards.

Applicant Signature: _____ Date:_____/____/_____

Mail this completed application to:

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P.O. Box 1166
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We hope to be able to serve you and your family, but due to a large number of applications, it is impossible to meet the needs of every person applying. We will contact you regarding the status of your application shortly, but please be patient as we will be receiving and assessing many applications in the following months. If there are any questions concerning this application, please call Community Housing Coalition at 828-649-1200 or visit our website at *www.CHCMadisonCountyNC.org*.

Community Housing Coalition of Madison County

Indemnification and Release Form

The Community Housing Coalition of Madison County (CHC) utilizes and coordinates churches, volunteer groups, participating agencies and organizations to work on housing rehabilitation projects.

- I am aware that many of the repairs for CHC are provided by volunteers.

- I agree in this covenant to indemnify, protect and hold harmless CHC and this organization's agents, employees, Board of Directors as well as participating churches, organizations and agencies. This includes church members, trustees, elders, clergy, employees and agents of CHC members who may be associated with CHC on the project from any and all losses, damages, claims, liabilities, suits, actions, judgments, cost and attorney fees arising out of any activity directly or indirectly related to the repair project being done at my home.

- This release is effective for me, my personal representative, assigns and heirs.

- I know that if I become injured while trying to assist CHC and its representatives that I am responsible for all related healthcare expenses.

- I assume full responsibility for any and all claim costs, including my own, arising directly or indirectly out of activities, acts or omissions by volunteers working with CHC.

- I certify that these statements are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release CHC from any liability whatsoever for supplying such information.

- I, _____, HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THIS INDEMNITY AND RELEASE AGREEMENT.

- Circle: **YES** or **NO**. I furthermore give Community Housing Coalition of Madison County permission to photograph/video me, my family and this project and understand that these pictures/video(s) may be distributed to participating groups and may be used for publicity purposes.

Print Name: _____

Signature: _____Date:_____

P.O. Box 1166 Marshall, NC 28753 828-649-1200
www.chcmadisoncountync.org (Updated July 10, 2019)