



Community Housing Coalition of Madison County

798A Walnut Creek Rd, 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. In an effort to meet the housing needs of our community, 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.

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:

Deliver: *Community Housing Coalition of Madison County, Inc.*
798A Walnut Creek Rd.
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, but please be patient. We receive, process and assess many applications year round. If there are any questions concerning this application, please call the Community Housing Coalition at 828-649-1200 or visit our website at www.CHCMadisonCountyNC.org.

Sincerely,

*If you are without water, power, heat (seasonal),
or are having major septic concerns, please indicate this
on the application.*

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 (CHC), 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 older adults 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, the applicant must show written approval from the landlord to have work performed on the home.
3. The homeowner applying must be applying for the only residential property they own.
4. In most cases, one 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).
5. 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.

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.

To be eligible for assistance, your home cannot be on the market for sale.

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

- **Older Adult:** 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(s) who owns or rents 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	\$19,600	\$32,600	\$52,150
2	\$22,400	\$37,250	\$59,600
3	\$25,200	\$41,900	\$67,050
4	\$27,950	\$46,550	\$74,500
5	\$30,200	\$50,300	\$80,500
6	\$32,450	\$54,000	\$86,450
7	\$34,700	\$57,750	\$92,400
8	\$36,900	\$61,750	\$98,350

**Income limits are subject to change based on annually published HUD HOME Limits and will be updated each year. This update will not require a re-approval of the governing authority*

Screening of applicants: Recipients will be prioritized by the above criteria without regard to demographic. 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 and necessary, 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 residents of the home 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 kind of work will be done?

Work is focused on alleviating 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 to provide accessibility modifications and other repairs necessary to *prevent displacement* of very low-income homeowners/renters with special needs, such as the older adults and persons with disabilities. Examples of work include, but are not limited to, well/spring and septic repairs, repairing/replacing rotten flooring, ceilings or walls and the leaks that caused the rot, repairing and/or replacing damaged roofs, updating and/or repairing electrical wiring and HVAC, mold and

lead mitigation, interior and exterior safety modifications, including ramps, stairs, decks, safety railings, and grab bars.

Who will do the work on the homes? CHC matches projects to volunteers interested in helping residents in need of home repairs. In cases where professional labor is required, CHC selects qualified contractors. All vetted contractors are given equal opportunity to bid. Each job will be rewarded to a 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. Ads will be placed, as needed, in the News Record and Sentinel to inform the public about opportunities to bid.

How will residents be referred? Annually, CHC will place an ad in the Madison County News Record and Sentinel to inform the general public that applications and services are available. Residents 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 or Program Director within 30 days of initial discovery. 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 tlmalone0@gmail.com.
3. CHC will respond in writing to any complaints or appeals within 60 days of receiving written comments. The CHC board meets bi-monthly.

Will personal information provided remain confidential? Yes. All information in applicant files is confidential. Access to the information is provided only to CHC staff and office volunteers who are directly involved in the client's applications and repairs, all of whom sign Confidentiality Agreements. Information, limited to the minimum necessary, may also be disclosed to other parties who have legitimate need for such information related to the coordination or payment of the repair(s) being performed.

What about conflicts of interest? No officer or employee of the Community Housing Coalition shall have any direct interest 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. If there is indirect, potential, or perceived interest by a CHC officer or employee, the officer or employee is required to self-identify the interest, which should be brought to the Executive Committee for awareness and review. 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 of Directors.

How soon will work be done? Timing of work is done based on urgency and funding. Once an application is processed, a Case Manager will be assigned to determine next steps.

Non-Discrimination policy. 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. Hate demonstrated or displayed by employees, volunteers, or those who have applied for assistance, will not be tolerated.

We respect differences. Our intention is to have a peaceful dialogue whenever possible. If a perceived threat or hostility arises, CHC reserves the right to nullify contracts with no warning. Ideally, the first incident would prompt a verbal and written warning.

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

Office@chcmadisoncountync.org
CHC Office 828.649.1200

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. If it has been over a year since you have applied and/or been served, a new application may need to be submitted in order for new needs to be considered. In this case, please contact our office.

NOTE: Income of all occupants of the house will be considered.

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, but please be patient as we receive many applications throughout the year.

Gratin Smith

Gratin Smith, CHC Board Chair

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Community Housing Coalition of Madison County

798A Walnut Creek Rd, Marshall, NC 28753

www.CHCMadisonCountyNC.org

Office Phone: 828-649-1200

Application for Assistance

Date: _____

Name of Applicant: _____

Street Address: _____

City: _____ ZIP Code: _____

Mailing Address (if different): _____

Email Address: _____

Home Phone: _____ Cell/Work Phone: _____

Ethnicity of applicant (optional): _____

Alternate Contact Name: _____ Relationship: _____

Primary Phone: _____ Email: _____

Essential Utility Need: **No Water** **No Power** **No Heat (seasonal)** **Major septic concerns**

Are your home repair needs caused or worsened by damage caused by Hurricane Helene? **Yes** **No**

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

Does the applicant currently reside in the home that is in need of repair? **Yes** **No**

What year was your house built? _____

Do you own or rent your home? **Own** **Rent Home**

If renting, complete the Landlord Permission Agreement on page 10 of this application. This is required before the home can be assessed.

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

Have you *applied* for assistance from CHC in the past? **Yes** **No** If yes, when? _____

Were repairs completed? **Yes** **No**

If yes, please describe what work was performed:

Briefly describe the current problems needing repair:

What actions have been taken to fix the current problem(s)?

Briefly describe any disabilities of any members of this household:

Does any member of the household receive:

Social Security Disability? **Yes** **No** // Medicaid? **Yes** **No** // Medicare? **Yes** **No**

Are you or any member of the household a Veteran? **Yes** **No**

Household Membership

Name (first, MI, last)	Sex	Birthdate (mm/dd/yyyy)	Last 4 digits of Social Security Number of Head of Household	Relationship to Applicant
1.				self
2.			XXXXXXXXXXXXXXXXXXXX	
3.			XXXXXXXXXXXXXXXXXXXX	
4.			XXXXXXXXXXXXXXXXXXXX	
5.			XXXXXXXXXXXXXXXXXXXX	

If more than 5 people live 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 (Self)	No. 2	No. 3	No. 4	No. 5
Wages					
Retirement/Pension					
Social Security					
Supplemental Security Income					
Child Support					
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.

If any legal adult has zero income to report, they will be required to sign a zero income affidavit.

How did you hear about CHC? _____

CHC is required to take photographs/video of the repair project for internal and external evaluation and documentation of completed projects. CHC will exclude individuals and faces based on the selection below.

The answer to the next question will NOT impact your ability to receive assistance.

I give CHC permission to photograph/video me and/or my family during the process of repair *and* I acknowledge that those photographs/videos of myself/family may be shared in public forums. **Yes** **No**

I hereby certify that

1. I have read the **Policy on Non-discrimination** and agree to those terms.
2. 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. CHC’s programs are 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.

Signature: _____ Date: _____

Release of Liability and Indemnification

Community Housing Coalition of Madison County (CHC) utilizes and coordinates volunteers, referrals to participating agencies, in-house carpentry, and independent contractors to work on housing rehabilitation projects.

- I am aware that repairs completed through CHC may be provided by volunteers.
- I agree in this covenant to protect, indemnify and hold harmless CHC and this organization’s agents, employees, Board of Directors as well as volunteers, participating agencies, in-house carpentry, and independent contractors. This includes anyone who may be associated with CHC members 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 representatives, assigns and heirs.
- If I am injured while trying to assist CHC and/or its representatives, I am responsible for all related healthcare expenses.
- 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 THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND INDEMNIFICATION.

Signature: _____ Date: _____

Landlord Permission Agreement

Landlord name: _____

Landlord phone/email: _____

The tenant, named in this document as the applicant, has requested permission to perform certain repairs or improvements at the rental property, with address stated on this application, of which I am the owner. As the landlord, I hereby grant permission under the terms and conditions set forth in this application.

The landlord acknowledges the stated repairs and permits the tenant to seek assistance for the repairs described above, in this application.

Landlord signature: _____

Date: _____