

APPLICATION

HUD-funded Aging In Place program



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.

How did you hear about the program? _____

Please complete this application to determine if you qualify for home modifications under our Aging in Place program. Fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. **We require the following SUPPORTING DOCUMENTATION:**

- Photo copy of current ID for both the Applicant and Co-Applicant**
- Proof of HOUSEHOLD (ALL adults residing in home) GROSS (before deductions) income. Acceptable forms include past two months of paystubs, SSI (COLA/letter), Disability, and/or Pension statements**
- Proof of Mortgage (if one exists on the home) and that it is current and not in danger of foreclosure**
- Proof of Homeowners Insurance (declaration page)**

1. APPLICANT & CO-APPLICANT INFORMATION

Applicant Name: _____

Applicant Date of Birth: __ / __ / ____ **Applicant Age:** _____

Co-Applicant Name: _____

Co-Applicant Date of Birth: __ / __ / ____ **Co-Applicant Age:** _____

Applicant Contact Information: _____
(phone) (email)

Alternate Contact Information: _____
(phone and/or email)

Applicant Address: _____
(street) (city/state) (ZIP code)

I certify that I own my home Yes

Existing Mortgage? Yes No

Number of years in the home: _____ **Number of adults and children living in the home:** _____
(A) (C)

Household Gross Monthly Income: _____
(source/supporting documentation) (amount - gross monthly income)

2. WILLINGNESS TO PARTNER

Your help in repairing your home is called "sweat-equity". To be considered for Habitat's Aging In Place program, you and/or your family must be willing to complete "sweat-equity hours". The sweat-equity requirement for Habitat's Aging in Place program is satisfied by your participation in THREE assessments: a pre-assessment completed by an occupational therapist and an assessment completed by a Habitat construction staff member *prior* to home modifications AND your participation in a post-assessment completed by an occupational therapist *after* home modifications to assess our program's effectiveness.

I am willing to complete the required Aging in Place "sweat equity hours" Yes No

3. HOME MODIFICATION REQUESTS

Please select from the available HUD-funded home modifications:

<input type="checkbox"/> Replacing toilet with ADA comfort height model	<input type="checkbox"/> Installing curved shower rod
<input type="checkbox"/> Tub cuts to enable easy entry/conversion to shower	<input type="checkbox"/> Installing grab bars (bathroom, entryway, kitchen, laundry room, etc.)
<input type="checkbox"/> Replacing or adjusting position of bathroom mirror, toilet paper holder, and other accessories to meet homeowner's needs	<input type="checkbox"/> Replacing doorknobs and/or handles for sink, bathtub/shower faucets with lever-style handles
<input type="checkbox"/> Removing or replacing interior of existing kitchen cabinetry for easier access (e.g. pull-out drawers and shelves)	<input type="checkbox"/> Replacing cabinet hardware, such as replacing round knobs with D-shape handles
<input type="checkbox"/> Installing handrails on both sides of steps and/or pathways	<input type="checkbox"/> Providing easy-to-use ABC-rated fire extinguisher and/or installing smoke and CO detectors
<input type="checkbox"/> Placing temporary anti-slip tape, colored tape or paint on surfaces and/or securing rugs with rubber carpet mesh/double-sided rug tape	<input type="checkbox"/> Replacing door lock with one that is easier to operate and/or installing secure slide latch or chain inside entrance door
<input type="checkbox"/> Adding or adjusting peephole or viewing panel to correct height for client	<input type="checkbox"/> Installing exterior motion detected solar powered security lights
<input type="checkbox"/> Adding or replacing address numbers so it is visible from the street for emergency vehicles	<input type="checkbox"/> Installing new or adjusting mailbox height to make it easier to reach

4. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Summit County (HFHSC) to evaluate my actual need for home modifications under our Aging in Place program and my willingness to partner. 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 home modifications, I may be disqualified from the program. The original or a copy of this application will be retained by HFHSC even if the application is not approved. I understand that information contained within this application will be used for reporting to funding and partner organizations. I authorize HFHSC to take pre- and post-photos of home modification activities and I understand that the photos will be retained internally but can be shared with external partners, including funding and partner organizations.

I understand that HFHSC is offering home modifications to be completed on the property I own. I agree to release, indemnify, and hold harmless HFHSC, and its employees and volunteers from all losses, claims, demands, and liabilities arising out of the home modifications completed on the property that I own.

I understand that HFHSC 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 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. I further understand that by signing below I authorize HFHSC to review my property tax record. Property taxes must be current to qualify.

Are you or a spouse an active member or veteran of any US Military branch? **Yes** **No**

Applicant Printed Name, Signature and Date:

(Printed Name)

(Signature)

(Date)

Co-Applicant Printed Name, Signature and Date:

(Printed Name)

(Signature)

(Date)

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

Date Received: _____

APPLICATION LAST UPDATED: 5/15/2026 BY ML