



# Utah Homeowners Assistance Program

## Department of Workforce Services

### *Critical Home Repair Application*

#### GUIDELINES

##### 1. Program Summary

From time to time, home repairs are a necessary expense for all homeowners to ensure a safe environment for their household. The habitability of a home can be affected by many factors, such as:

- **Age of the structure:** Homeowners with older homes, even those who do not have any mortgage debt, may have to replace or improve fixtures that are beyond their lifecycle. (The median age of owner-occupied homes in the United States is roughly 40 years.)
- **Needs of household members:** Senior residents may require home modifications to maintain habitability. Repairs, such as replacing a roof or mitigating mold, can maintain the habitability of the home and allow senior residents to age in place.
- **Natural disasters:** Fire, floods, tornadoes, or ice storms, which can destroy a home's physical structure at a high price to the homeowner if the loss is not fully insured.

Additionally, homeowners who have suffered financial hardship due to the pandemic may have delayed essential home repairs in order to pay other bills and obligations. Thus, home repair assistance may be an essential intervention to prevent displacement. Facilitating home repairs can make a home livable and safe for the homeowner to stay for years to come.

Emergency Home Repair Assistance offers eligible homeowners up to \$18,000 to fund critical home repairs or modifications necessary to allow the homeowner to remain in the home. It does not cover general remodeling costs.

To be eligible for Emergency Home Repair Assistance:

- The applicant must be a US Legal Resident, and currently own and occupy the property as their primary residence.
- Property must be located in Utah.
- The applicant's household income cannot exceed 100% of the Area Median Income (AMI) or 100% of the median income for the United States, whichever is greater.
- The applicant experienced a financial hardship due to the COVID-19 pandemic after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date).
- The applicant must describe and attest to the financial hardship due directly or indirectly to the COVID-19 outbreak.

##### 2. Documents Required

- State ID or US Passport or Birth Certificate or Immigration documents
- Proof of income for each Household adult for the 60 days prior to the date of application
- Attestation and description of COVID-19 hardship
- Mortgage statement, if delinquent in mortgage payments
- Proof of ownership
- Description of the repair and a detailed work and cost proposal from an eligible contractor dated within 60 days of the application.
- Photos supporting the critical nature of the requested repair.

**SECTION 1: APPLICANT(S) INFORMATION**

**Application Date:**

**Full Name of Homeowner/Primary Applicant:**

**First Name:**

**Middle Initial:**

**Last Name:**

**Date of Birth:**

**Marital Status:**

- Single     Married     Separated  
 Divorced     Widowed

**Social Security Number (SSN):**

**Email:**

**Telephone Number:**

**Home Address:**

Line 1

**Work Contact Number:**

**Place of Employment Self Employed?**     Yes     No

Line 2

**Hourly Wage or Monthly Income:**  
 Hourly     Monthly

**City**    **State**    **Zip Code**  
       

**Full Name of Co-Homeowner/Co-Applicant:**

**First Name:**

**Middle Initial:**

**Last Name:**

**Date of Birth:**

**Marital Status:**

- Single     Married     Separated  
 Divorced     Widowed

**Social Security Number (SSN):**

**Email:**

**Telephone Number:**

**Home Address:**

Line 1

**Work Contact Number:**

**Place of Employment Self Employed?**     Yes     No

Line 2

**Hourly Wage or Monthly Income:**  
 Hourly     Monthly

**City**    **State**    **Zip Code**

Did this address receive any assistance from the Emergency Rental Assistance Program (ERA)?  Yes  No

Have you previously received mortgage assistance from the Homeowners Assistance Fund (HAF)?  Yes  No

**DEMOGRAPHIC INFORMATION**

**AGE, GENDER, DISABLED**

**ETHNICITY**

**APPLICANT:**

AGE:

GENDER

MALE  FEMALE  NON-BINARY

DECLINE TO ANSWER

DISABLED?

Yes  No

Native American or Alaskan Native (Non-Hispanic or Latino)

Asian (Non-Hispanic or Latino)

Black or African American (Non-Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)

White or Caucasian (Non-Hispanic or Latino)

Decline to respond

**CO-APPLICANT:**

AGE:

GENDER

MALE  FEMALE  NON-BINARY

DECLINE TO ANSWER

DISABLED?

Yes  No

Native American or Alaskan Native (Non-Hispanic or Latino)

Asian (Non-Hispanic or Latino)

Black or African American (Non-Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)

White or Caucasian (Non-Hispanic or Latino)

Decline to respond

**DEPENDENTS:**

**NAME:**

**AGE:**

**DISABLED?**

Do they live in the home more than 183 days a year?

1.



Yes  No

Yes  No

2.



Yes  No

Yes  No

3.



Yes  No

Yes  No

4.



Yes  No

Yes  No

5.



Yes  No

Yes  No

**OTHERS LIVING IN HOME?**

**NAME**

**AGE?**

**DISABLED?**

**RELATIONSHIP**

Do they live in the home more than 183 days a year?



Yes  No

Yes  No



Yes  No

Yes  No



Yes  No

Yes  No

TOTAL NUMBER IN HOUSEHOLD? <input type="text"/>	HOW MANY OVER THE AGE OF 18? <input type="text"/>
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Do you have any pets? <input type="radio"/> Yes <input type="radio"/> No What kind of Pet(s)? <input type="text"/>	How will the pets be contained during work on the home? <input type="text"/>	Are there concerns the contractor should know about <input type="text"/>
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**SECTION 2: ASSISTING AGENCY**

Is there an agency that is assisting you to fill out or complete this application?  Yes  No

Name of agency, if applicable:

**SECTION 3: PROPERTY INFORMATION**

Is this your primary residence? <input type="radio"/> Yes <input type="radio"/> No How many days of the year do you live here? <input type="text"/>	Where is the residence located? Please select: <input type="text"/>
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Type of Home:	<input type="radio"/> Detached Single Family Home <input type="radio"/> Duplex <input type="radio"/> Townhome <input type="radio"/> Condo <input type="radio"/> Manufactured <input type="radio"/> Other _____
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Loan Type:	<input type="radio"/> Conventional <input type="radio"/> FHA <input type="radio"/> VA <input type="radio"/> USDA <input type="radio"/> GSE <input type="radio"/> Private Label Securities <input type="radio"/> Reverse Mortgage <input type="radio"/> Portfolio Lending <input type="radio"/> Land Contracts <input type="radio"/> Other
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Are you making mortgage loan payments on your home? <input type="radio"/> Yes <input type="radio"/> No	If so, how much are your monthly payments? <input type="text"/>
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Are you current on your mortgage?  Yes  No

If no, please explain:

## SECTION 4: INCOME DOCUMENTATION AND VERIFICATION

(You must Provide income documentation for the 60 days prior to the date of your application)

- Wages and Salaries
- Overtime Pay
- Commission
- Fees, Tips and Bonuses

- Other Compensation
- Severance Pay
- Worker's Compensation
- Unemployment

- Interest/Dividends from Assets, Including Bank Accounts
- Net Income from the operation for Business or Profession
- Income from Self-employment

## SECTION 5: REQUESTED REPAIRS

ARE ANY OF THE REPAIRS BEING COVERED BY ANY OTHER PROGRAM OR FUNDING?

If so, please explain:

**AREA OF NEED:**

**DESCRIPTION OF REPAIR NEEDED:**

Accessibility

Plumbing/septic repairs

Structural Issues

Environmental remediation  
(mold)

Electrical repairs

Roof repairs

**CERTIFICATION:** The applicant certifies under penalty of perjury that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the applicable program(s) and is true and complete to the best of applicant's knowledge and belief, I understand that knowingly providing a false statement is justification for denial of any application.

Signature of the preparer: \_\_\_\_\_ Date \_\_\_\_\_

# Grant Bid Cover Page

(Submit one copy of this page for each contractor. This page serves as part of the application, and does not replace the contractor bid, on their letterhead, and the required business documents listed on Page 4. All information is required)

Applicant(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor Contact Name: \_\_\_\_\_

Contractor Phone #: \_\_\_\_\_ Contractor Email Address: \_\_\_\_\_

## About the Program

The Homeowner Assistance Fund will help Utah homeowners who have a critical repair in their primary residence that they are unable to address because of the financial impact of COVID-19. Without addressing these repairs, it will cause the homeowner to be "involuntarily displaced" from the property. Grants requests should not exceed \$18,000.

## Scope of Work:

