



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, may have to replace or improve fixtures that are beyond their life cycle.
- **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, ice storms, or earthquakes 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 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

- Proof of ID
- Proof of income
- Attestation and description of hardship
- Proof of residency
- Proof of ownership
- Current Mortgage Statement
- 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:

Work 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:

Work 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

White or Caucasian (Non-Hispanic or Latino)

Black or African American

Asian

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black/African American

Other Multi-Racial

Decline to Respond

CO-APPLICANT:

AGE:

GENDER

MALE FEMALE NON-BINARY

DECLINE TO ANSWER

DISABLED?

Yes No

White or Caucasian (Non-Hispanic or Latino)

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black/African American

Other Multi-Racial

Decline to Respond

PLEASE LIST CHILDREN LIVING IN THE HOME UNDER THE AGE OF 18

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Do they all live in the home for more than 183 days a year? Yes No

OTHERS IN THE HOME

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

Full Name _____ Age _____ Sex _____ Race _____ Hispanic? Yes No

TOTAL NUMBER IN HOUSEHOLD?

HOW MANY OVER THE AGE OF 18?

Do you have homeowner insurance? Yes No

Company Name

Do you have any pets? Yes No

What kind of Pet(s)?

Are there any concerns the contractor should know about your pets?
(All pets must be included due to the potential of allergies)

How are your pets with strangers? Are any of the pets aggressive? Has anyone every been bitten in the home?

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? Yes No

How many days of the year do you live here?

Where is the residence located?

Please select:

Type of Home:

Detached Single Family Home Duplex Townhome Condo Manufactured Other _____

Loan Type:

Conventional FHA VA USDA GSE
 Private Label Securities Reverse Mortgage Portfolio Lending Land Contracts Other

Are you making mortgage loan payments on your home? Yes No

If so, how much are your monthly payments?

Are you current on your mortgage? Yes No

If no, please explain:

Please provide the all names listed on the title of this residence:

Does anyone listed on the title own any other real estate? Yes No

SECTION 4: INCOME DOCUMENTATION AND VERIFICATION

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

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Wages and Salaries• Overtime Pay• Commission• Fees, Tips and Bonuses | <ul style="list-style-type: none">• Other Compensation• Severance Pay• Worker's Compensation• Unemployment | <ul style="list-style-type: none">• 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:

[Empty yellow box for explanation]

AREA OF NEED:

DESCRIPTION OF REPAIR NEEDED:

Roof Repairs

[Empty yellow box for description]

Plumbing Leakages/
Septic Repairs

[Empty yellow box for description]

Defective Windows

[Empty yellow box for description]

Obsolete Electrical Wiring
System (Knob and Tube

[Empty yellow box for description]

Environmental Mitigations
(mold, lead, asbestos, radon)

[Empty yellow box for description]

Added Insulation

[Empty yellow box for description]

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 _____