

HOME IS WHERE THE HEART IS

STYM Mission

June 21-25, 2010



Saint Timothy Church ~ PO Box 120 ~ 10272 US Hwy 42 ~ Union, KY 41091

Project Application & Guidelines

Project goal: Home repairs/improvements that will improve a home's safety, efficiency, health environment and/or the living space for the benefit of its owners.

Qualifying homes: Owner-occupied, single-family dwellings. **No rental property.**

Qualifying owners/occupants: Elderly, disabled, low-income, and/or other homeowners with financial circumstances that will not allow for such needed repairs to be done.

Who will do the work? All labor will be done by volunteers of various skill levels.

Projects will be selected based on:

- Completed application with the required documentation that is listed below
- Applicant's need for repairs/improvements
- Availability of the skill required to complete the work
- Time required to complete the work
- Available funds and/or availability of materials to complete the work

After submitting the application, you may be contacted for an onsite, home assessment for further evaluation of your project request(s). *Application submission or an onsite assessment does not guarantee the selection of your home for repairs/improvements.* After application evaluations and selected onsite assessments are completed, you will be notified regarding the status of your application.

Application Deadline: April 21, 2010

To apply, please complete the attached Application and submit it with the other required documentation listed below to: **Saint Timothy Church, 10272 US Hwy 42, P.O. Box 120, Union, KY 41091** or it can be dropped off at the Parish Center during office hours- Monday, Tuesday, Wednesday, and Friday 8:30 a.m.-4:30 p.m.

Additional REQUIRED documentation:

- **Signed and Completed Application Form (incomplete application could forfeit consideration).**
- **Copy of Current Identification (i.e. Driver's License)**
- **Verification of Mortgage or Deed of Trust**
- **Proof of current homeowner's insurance**

Exclusion of any documents will forfeit consideration. Copies can be made in the church office during office hours.

Please retain these Application Guidelines for your records. Any questions about the application, please call Lesley Duggan, 384-1100 ext. 25.

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POSSIBLE PROJECTS/REPAIRS LIST:

A. Structural alterations and reconstruction

- repair or replacement of structural damage, conversion of storage space to living area

B. Elimination of health and safety hazards

- crumbling and/or unstable stairs, deck, porch, etc...

C. Repair, elimination, and/or replacement of deteriorating components

- exterior siding, covered porch, stair railings, attached carport).

D. Reconditioning/replacement or installation of plumbing

E. Install/repair roofing, gutters and downspouts

F. Repair or replacement of flooring

G. Energy conservation improvements

- insulation, caulking, weather stripping, etc.

H. Landscape work and site improvement -The correction of grading and drainage problems causing health risk or structural hazard. Tree removal if the tree is a safety hazard to the property. Repair of existing walks and driveway if it may affect the safety of the property.

I. Improvements for accessibility to a disabled person – modifying kitchen and bath for wheelchair access, installing wider doors and exterior handicap ramps

Previous mission projects have included installing flooring (tile and vinyl), hanging and floating sheetrock, installing interior/exterior doors, interior and exterior painting, caulking, building ramps, plumbing repairs, installing lights and bathroom fixtures, electrical, installing insulation, hanging vinyl siding and gutters, porch repairs and lawn work.

Projects requiring a licensed tradesperson will be done only if one is available.

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Homeowner is:

St. Tim Parishioner Referred by Gallatin Co. CAC Referred by other _____

APPLICATION DEADLINE: APRIL 21, 2010

PLEASE PRINT

Home Owner (occupant) _____
Last First MI

Property Address _____
Street City County Zip Code

Home Phone _____ Cell # _____ Work # _____ Other _____

Email Address #1 _____ Email Address #2 _____

Property Information:

Length of time living at this address: _____ Year home was built _____

Approx. square footage _____ # of bedrooms _____ # of bathrooms _____

Check all that apply:

Type of Garage: Detached Attached Carport No Garage/Carport

Type of Utilities: Gas Electricity City Water Well Sewer Septic Tank

Air Conditioning: Central AC Window Unit(s) No AC

Type of Heating: Propane Central Heat Space Heaters No Heat

Please describe the issues requiring repairs/improvements AND how the issues are affecting the safety, efficiency, and/or health environment of the home and its occupants.

1. _____

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2. _____

3. _____

4. _____

5. _____

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Homeowner/Household Information: (please print)

Homeowner Name _____ Age _____ Date of Birth _____

Spouse Name _____ Age _____ Date of Birth _____

CHECK ALL APPROPRIATE BOXES:

No mortgage – home is paid in full **OR** I have a mortgage - \$ _____ monthly payment

Homeowner Employment Information:

Self-employed: Business Name _____

Unemployed: How long? _____

Employed: Current Employer _____ How long at current job? _____

Retired Disabled: How long? _____ Explain disability _____

Spouse Employment Information:

Self-employed: Business Name _____

Unemployed: How long? _____

Employed: Current Employer _____ How long at current job? _____

Retired Disabled: How long? _____ Explain disability _____

Monthly Household Income: Check the source(s) of income and the monthly amount(s).

Employee income \$ _____ Veteran's Disability \$ _____ Child Support \$ _____

Social Security \$ _____ Social Security Disability \$ _____ Food Stamps \$ _____

Unemployment \$ _____ Other _____ \$ _____ **TOTAL MONTHLY INCOME \$ _____**

List others who live in the household:

Name	Age	Relationship	18or older-student or employed? Where?	Disabled? If yes, how long? Describe disability.

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Additional Information:

Please provide any other information about your current situation that you would like taken into account when considering your application. _____

Financial Contribution:

The labor for selected project work will be free to the homeowner and done by volunteers of various skill levels and done to the best of their abilities.

Check the appropriate box.

As the homeowner, I can afford to pay:

- 100% of the materials for the repairs/improvements
- I can afford \$_____ towards the cost of materials
- 0% of the materials for the repairs/improvements

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APPLICATION AGREEMENT

I Agree:

Please read and initial the following statements. Failure to agree with each may disqualify the application.

_____ I understand that if my application is selected for further review, I will be contacted for an onsite home assessment to be done by at least two volunteer project assessors.

_____ I, the homeowner, agree to make myself available for the onsite assessment at a time convenient for the assessors and myself, and I will provide any further needed/requested information to determine my home's qualification status.

_____ If my home is selected for project work, I agree to make my home available for the duration of time that will be needed during the mission week June 21-25th, to complete the selected repairs/improvements.

_____ If my home is selected for project work, I am aware that all of the work selected to be done will be completed by mission volunteers and done so to the best of their abilities.

_____ If my home is selected, I am aware that I will be asked to sign an agreement to the project work that will be done by the mission volunteers assigned to my home.

I have answered all the questions on this application truthfully and to the best of my ability. I have also included the additional, required information listed on page 1 to complete the application.

Name of homeowner (print) _____

Signature of homeowner _____ Date _____

PRIVACY STATEMENT:

Please read and initial:

_____ The financial information that I have provided in this application will be kept confidential. Identifying information such as my name, address and contact information will be shared with the mission volunteers assigned to my home should I be selected for project work.

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SAINT TIMOTHY CHURCH
LESLEY DUGGAN
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