

Insulated Skirting Program Application

Sussex County Habitat for Humanity (SCHFH) is a non-profit, non-denominational Christian housing ministry that builds simple, decent and affordable homes in partnership with low-income families in Sussex County. Through the Insulated Skirting Program, we also strive to serve families who have a to maintain their home. We help them reclaim their homes with pride and dignity.

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notice regarding the status of your application. If you have any questions, please feel free to contact our Neighborhood Revitalization Manager at **302-855-1153 ext. 208**.

Qualifying for our Insulated Skirting Program: In addition to income requirements, qualification is determined through a process that considers:

- IF YOU ARE A DELMARVA POWER CUSTOMER
- IF YOU ARE PAST DUE ON YOUR MORTGAGE.
- IF YOU OWE A SIGNIFICANT AMOUNT ON YOUR UTILITY BILLS.
- IF YOU ARE PAST DUE ON ANY COUNTY, PROPERTY OR CITY TAXES.
- IF YOU HAVE HOMEOWNER’S INSURANCE.

Please include copies of all required documents listed below with your completed Application.

- COPY OF THE **DEED OR TITLE**, or
 - COPY OF THE RENTAL AGREEMENT WITH OWNER’S CONTACT INFORMATION
- COPY OF RECENT DELMARVA POWER BILL
- MOST RECENT **PAYSTUBS** OR **W2** OF PRIMARY **FORMS OF INCOME**, OR
- PROOF OF ALL **PUBLIC ASSISTANCE**;
- COPY OF A **VALID PHOTO ID**;
- **CURRENT HOMEOWNER’S INSURANCE** DECLARATION PAGE;

Please answer the following questions to see if you are eligible for the *Insulated Skirting Program*:

- Is the home located in Sussex County? Yes No
- Are you a Delmarva Power Customer Yes No
- Can you provide one of the following?
 - Proof of income (pay stubs or W2) Yes No
 - Proof of benefit (Social Security, SSI, TANF, GA, WIC, and/or food stamps award letter) Yes No
- Does your family’s annual gross income fit within the HUD 2020 income guidelines below? Yes No
- By checking this box, I certify that the information provided is valid within the past 12 months. Yes No

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Median Household Income | \$31,920 | \$36,480 | \$41,040 | \$45,540 | \$49,200 | \$52,860 | \$56,520 | \$60,120 |

If you answered “Yes” to all of these questions, you may be eligible for the *Insulated Skirting Program*. Please complete the enclosed application and return it to the listed address.



Insulated Skirting Program Application

Submit Completed Applications To: SCHFH, ATTN: INSULATED SKIRTING, P.O. BOX 759, GEORGETOWN, DE, 19947

| SECTION 1 – OWNER | | | |
|--|-------------------------|---|----------------|
| APPLICANT FULL NAME: | | CO-APPLICANT FULL NAME: | |
| SOCIAL SECURITY NUMBER: | DATE OF BIRTH: | SOCIAL SECURITY NUMBER: | DATE OF BIRTH: |
| PROPERTY ADDRESS: | | CITY: | ZIP CODE: |
| *MAILING ADDRESS (IF DIFFERENT): | | CITY: | ZIP CODE: |
| HOME PHONE: | CELL PHONE (APPLICANT): | CELL PHONE (CO-APPLICANT): | |
| EMAIL ADDRESS (APPLICANT): | | EMAIL ADDRESS (CO-APPLICANT): | |
| MAIN EMPLOYER: | | MAIN EMPLOYER: | |
| HOW LONG HAVE YOU WORKED THERE? | | HOW LONG HAVE YOU WORKED THERE? | |
| SECTION 2 – HOME & PROPERTY INFORMATION | | | |
| HAVE YOU FILED FOR BANKRUPTCY IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | CHECK HOME TYPE: <input type="checkbox"/> SINGLE-WIDE <input type="checkbox"/> DOUBLE-WIDE | |

Required Accompanying Documentation

Please provide COPIES of documents that apply to you – not originals. All applicable documents must be included for application to be considered:

- Photocopy of your valid photo ID
- 2 months of Paystubs or
- Proof of Social Security, SSI, TANF, GA
- WIC and/or food stamps award letter
- Deed or Title
 - Or a Copy of the Rental Agreement with the Owner's Contact Information
- Recent Delmarva Power Bill
- Homeowners Insurance (Declaration Page)

If selected, is your family willing to meet the requirements for our Insulated Skirting program? These include:

- Applicant and Co-Applicant reside at the property and are primary occupants of the residence.
- The work is performed under a written agreement, including a Scope of Work and a Homeowner Agreement, between the homeowner and Sussex County Habitat for Humanity, in accordance with Sussex County Habitat for Humanity's procedures.
- The household will not exceed qualifying income guidelines.
- Being a positive Habitat ambassador in the community.
 - Yes, I am/we are willing to meet these requirements if selected for the program.**
 - No, I am/we are not willing to meet these requirements for the program.**

We do not discriminate on the basis of race, sex, color, age, disability, religion, national origin, family status, marital status, or because all or part of income is derived from any public assistance program.



Once you have signed and completed all sections of the application and have attached all required documentation, please submit your final application to the address listed below. The Neighborhood Revitalization Manager will review your application and respond via mail with a final decision.

By signing and submitting this Application, I/we request consideration for the Sussex County Habitat for Humanity Insulated Skirting program. I/we understand that **my/our name(s) will be checked against the state and national sex offender registries**. I/we have answered all questions truthfully.

| | |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

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|-------------------------|-------|
| Co-Applicant Signature: | Date: |
|-------------------------|-------|

Authorization to Provide/Release Information

You are hereby authorized to provide Sussex County Habitat for Humanity or its designated representative's any and all information that you have relating to your home ownership, homeowner's insurance and income. You hereby release Sussex County Habitat for Humanity from all legal responsibility or liability that may arise from your honoring this authorization and its use of the same. You also authorize Sussex County Habitat for Humanity to refer you to additional non-profits for support services. A photocopy of this authorization shall be considered as effective and valid as the original.

| | |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

| | |
|-------------------------|-------|
| Co-Applicant Signature: | Date: |
|-------------------------|-------|

Please Return This Application To:

P.O. Box 759 Georgetown, DE 19947 / Office Address: 206 Academy Street, Suite 1 Georgetown, DE 19947
Website: sussexcountyhabitat.org

For additional questions, please contact the Neighborhood Revitalization Manager: (302) 855 – 1153 Ext. 208

