



APPLICATION FOR HOME REPAIR PROGRAM

March 2025

Dear Overbrook Neighbor:

We hope you and your family are well.

Thank you for your interest in Overbrook West Neighbors' (OWN) West Philadelphia Handy Person Program. Please be aware that the application process is detailed so that we fulfill the requirements of our funders, and space in the program is limited. **To increase your likelihood of being considered for this program, please submit your application as soon as possible.**

Participants must meet the requirements listed below.

- Be 55 years of age or older
- Must be an Overbrook resident in OWN's target area
[OWN's boundaries are Lancaster Avenue to Lansdowne Avenue & 56th Street to 63rd Street]
- Must be the owner / occupant of a single family home with your name on the deed
- Must have free and clear ownership of the property with no tangled titles
- Must meet income guidelines listed in the application

Please include complete copies (all pages) of all supporting documents for your application. Do not send originals or incomplete copies. You have the options listed below to submit your application.

- Email info@overbrookwestneighbors.com
- Meet to discuss in person
- Meet virtually via Zoom

Thank you. If you have any questions, please contact us.

With Overbrook pride,

Overbrook West Neighbors, Inc.

HOME REPAIR GUIDELINES

✓ NEED FOR SERVICES

- You must currently live in a house that is not safe, warm, or dry because of:
 - Structural deficiencies
 - Safety issues
 - Health-related deficiencies
 - High utility bills and/or energy usage
 - Accessibility issues due to physical disability or handicap
 - Exterior disrepair
- You must be unable to perform the repairs yourself or unable to afford to pay someone to do the repairs.
- Your total household income (for all household members 18+) must fall below the maximum income guidelines:

INCOME GUIDELINES	
HOUSEHOLD SIZE	MAXIMUM ANNUAL INCOME
1	\$62,500
2	\$71,400
3	\$80,350
4	\$89,250
5	\$96,400
6	\$103,550
7	\$110,700

✓ WILLINGNESS TO ACCEPT FINANCIAL RESPONSIBILITY

- If required, you must agree to pay a portion of OWN's construction costs based on the Repair Program's sliding scale, including a deposit before repairs begin.

✓ WILLINGNESS TO PARTNER

- You must provide the required documentation and information by the given deadlines.
- You must make yourself and your home available for a home assessment, subcontractor scheduling, and if your application is approved, the repair work.
- You must be willing to complete "sweat equity" hours, to the extent that you are physically able, for the duration of your project.

WHAT IS SWEAT EQUITY?

Sweat equity is the work that UY PCÁ ÚPÚÁ participants (and eligible family and friends) perform alongside OWN's staff and volunteers. Examples include attending the home assessment, preparing for workdays by clearing the work area, participating in home maintenance and/or financial literacy education, and participating in OWN's outreach and fundraising efforts.

REQUIRED SUPPORTING DOCUMENTS

Please attach complete copies of the required items listed below with your application.

If you are unable to obtain a required document, please return your application with a note stating which document is missing, and when you expect to obtain it.

- ☐ Applicant's (and Co-Applicant's) Government Photo ID.
- ☐ Proof of Income for everyone living in the household aged 18+ (provide copies of the following documents, as applicable):
 - ☐ Three consecutive pay stubs, starting with the most recent and moving backwards.
 - ☐ Proof of all other income. Examples include, but are not limited to: TANF/Cash Assistance, Social Security, child support, alimony, pension, or retirement annuity.
 - Social Security benefit statements may be obtained online at www.ssa.gov/myaccount/proof-of-benefits.html or by calling 1-800-772-1213.
 - TANF/Cash Assistance benefit statements may be obtained online at www.compass.state.pa.us or by calling 1-800-692-7462.
 - If you are unsure how to obtain income verification, please contact us.
 - ☐ If self-employed, provide the profit and loss statement from the last two years. Alternatively, provide the corporate and/or partnership and/or owner's tax returns from the last two years.
- ☐ Applicant (and Co-Applicant, if applicable) signatures for all waivers and disclosures within the application.
- ☐ For anyone in the household who has served in the U.S. Military: Proof of honorable or general discharge indicating veteran status (such as Form DD-214, a Certificate of Honorable Discharge, or a letter from the US Department of Veterans Affairs).
- ☐ If any household member over age 18 does not receive income, contact OWN, Inc. to request a Certification of Zero Income Form.
- ☐ If the deed to your home lists one or more co-owners, please contact OWN, Inc. to discuss your situation. An Owner Authorization Form or other documentation may be required to complete your application.



APPLICATION FOR HOME REPAIR PROGRAM

Please fill out the application as completely and accurately as possible. All information will be kept confidential. If more space is needed, please attach additional sheet(s) of paper.

1. APPLICANT AND HOUSEHOLD INFORMATION			
APPLICANT (HOMEOWNER)		CO-APPLICANT (SPOUSE OR CO-OWNER)	
Applicant Name:		Co-Applicant Name:	
Date of Birth:		Date of Birth:	
<input type="checkbox"/> Unexpired Government Photo ID Attached		<input type="checkbox"/> Unexpired Government Photo ID Attached	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
Has your marital status changed since the purchase of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>		Has your marital status changed since the purchase of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
Street Address:			
City, State, Zip Code:			
I certify that the above address is my primary residence:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own any other property or land?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe:</i>			
Do you have cash savings over \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, amount saved and name of bank(s):</i>			
\$			
OTHER HOUSEHOLD MEMBERS (if no other household members, please write Not Applicable below)			
Name	Date of Birth	Relationship	Does this Person Earn an Income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. PROGRAM REQUIREMENTS

If approved for OWN's West Philadelphia Handyperson Program (WPHP) you must commit to the following program requirements. Please initial each item listed below.

1. Complete the required sweat equity. Sweat equity is the work that the WPHP participant(s) (and eligible family and friends) perform alongside OWN's staff and volunteers to the best of their ability. Examples include attending the home assessment, preparing for workdays by clearing the work area, and participating in OWN's outreach and fundraising efforts.

Applicant Initials: _____ **Co-Applicant Initials:** _____

2. Make yourself and your home available for a home assessment and/or energy audit, subcontractor scheduling, and if your application is approved repair and/or weatherization work.

Applicant Initials: _____ **Co-Applicant Initials:** _____

3. If requested, pay a portion of OWN's construction costs. Costs are discounted on a sliding scale based on income. In most cases, this can be paid for through a no-interest construction loan or payment plan. OWN will inform you of any proposed project cost to you prior to entering a contract and beginning the work.

Applicant Initials: _____ **Co-Applicant Initials:** _____

3. PRESENT HOUSING CONDITIONS

In the space provided below, tell us what it will take to make your home safe, warm, and dry:

Are there pets living in your home? <i>If yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the waiting list for the Basic Systems Repair Program (BSRP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your home been weatherized previously? <i>If yes, by whom?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How old is the furnace/boiler?	
How old is the hot water heater?	
How old is the roof?	
Do you have any warranties/extended warranties on your roof or appliances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an active homeowner's or renter's insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any conditions that make your home unsafe to visit? <i>If yes, please describe here:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. EMPLOYMENT INFORMATION

All residents aged 18+ must provide complete information for each job. If a household member has held more than one job in the past year, provide information for all jobs held in that year. Three consecutive (back-to-back) paystubs must be attached to this application to verify income for each current job.

Household Job #1

Employee Name:

Employer Company Name:

Position/Job Title:

Date of Hire:

Date of Termination (*if applicable*):

Gross Hourly Wage or Yearly Salary (pre-tax):
\$

Number of Hours Worked per Week:

Is this year-round work? ☐ Yes ☐ No

If no, please explain:

☒ Three consecutive paystubs attached

Household Job #2

Employee Name:

Employer Name:

Position/Job Title:

Date of Hire:

Date of Termination (*if applicable*):

Gross Hourly Wage or Yearly Salary (pre-tax):
\$

Number of Hours Worked per Week:

Is this year-round work? ☐ Yes ☐ No

If no, please explain:

☒ Three consecutive paystubs attached

Household Job #3

Employee Name:

Employer Name:

Position/Job Title:

Date of Hire:

Date of Termination (*if applicable*):

Gross Hourly Wage or Yearly Salary (pre-tax):
\$

Number of Hours Worked per Week:

Is this year-round work? ☐ Yes ☐ No

If no, please explain:

☒ Three consecutive paystubs attached

Household Job #4

Employee Name:

Employer Name:

Position/Job Title:

Date of Hire:

Date of Termination (*if applicable*):

Gross Hourly Wage or Yearly Salary (pre-tax):
\$

Number of Hours Worked per Week:

Is this year-round work? ☐ Yes ☐ No

If no, please explain:

☒ Three consecutive paystubs attached

If you need more space to describe your household's employment, please attach additional pages.

5. OTHER INCOME			
Gross Monthly Income Amount			
Type of Income	Applicant	Co-Applicant	Household Member
<i>If a type of income is not received, please enter \$0 in each box below.</i>			
TANF/Cash Assistance: <input type="checkbox"/> Compass benefit statement attached	\$	\$	\$
SNAP/Food Stamps/WIC: <input type="checkbox"/> Compass benefit statement attached	\$	\$	\$
Pension/Retirement: <input type="checkbox"/> Pension/retirement statement attached	\$	\$	\$
Social Security: <input type="checkbox"/> Social Security benefit statement attached	\$	\$	\$
Supplemental Security Income (SSI): <input type="checkbox"/> SSI benefit statement attached	\$	\$	\$
Disability (SSDI, STD, or LTD): <input type="checkbox"/> Disability benefit statement attached	\$	\$	\$
Alimony: <input type="checkbox"/> Court order or state report attached	\$	\$	\$
Child Support: <input type="checkbox"/> Court order or state report attached	\$	\$	\$
Other (please specify): <input type="checkbox"/> Proof of other income attached	\$	\$	\$
Total:	\$	\$	\$

If you need more space to describe your household's income, please attach additional pages.

6. EXPENSES	
Please list your 5 biggest monthly expenses. These can include, but are not limited to, mortgage/rent, utilities home or auto insurance, child care, school lunch, credit card payments, student loans/tuition, auto payments, transportation, child support, food/household supplies, medical costs, etc.	Monthly Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total	\$

7. SPECIAL NEEDS		
Are you or any member of the household living with a disability (i.e. physical, mental, or developmental special needs)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the special needs (ex: wheelchair, asthma, visually impaired, etc.) and any information to assist OWN in determining helpful repairs or home modifications:		
If there are children six (6) years of age and under in the home, have the children ever been tested for lead poisoning?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Does anyone in the household live with a chronic medical illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
8. DECLARATIONS		
Please check the box that best answers the following questions:	Applicant	Co-Applicant
1. Have you had property foreclosed in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently involved in a legal case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any question 1 through 3, please explain:		
4. Are you current in the payment of all mortgages secured by the property or in a payment agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
5. Are you current all real estate taxes or in compliance with a payment agreement for the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
6. Do you have any intention to move or to otherwise offer your home for sale for in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a US citizen or a legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you or a household member ever served in the US military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to question 8, provide name of service member and status here:		
<input type="checkbox"/> Proof of honorable or general discharge indicating US military service (such as Form DD-214, Certificate of Honorable Discharge, letter from the VA, etc.) attached		

9. VERIFICATION, AUTHORIZATION, AND RELEASE

I understand that by submitting this application, I am authorizing Overbrook West Neighbors, Inc. ("OWN") to evaluate my housing and financial need for a Home Repair project, my ability to repay a portion of the project cost (if applicable), and my willingness to be a partner on this project. I understand that this evaluation may include OWN visiting my home and/or verifying information contained in my application and in other required documents.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied; and that even if I have already been selected for a Home Repair project, I may be disqualified from the program if it is found that I have provided false information. If there is a significant change in my household's financial situation, I will notify OWN as soon as possible.

OWN will retain the original or a copy of this application for a minimum of one year even if the application is not approved.

Photograph/Video Release: I grant and convey in perpetuity to OWN all right, title, and interest in any and all photographic images, printed interviews or statements, and video or audio recordings made by OWN and/or its agents, contractors, directors, employees, officers, volunteers, and other representatives in the course of performing the Home Repair project, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs, printed materials, or recordings.

By typing my name in the section below, I intend to sign this application electronically and consent to be legally bound by this application for OWN's WPHP program's terms & conditions.

Applicant Signature:	Applicant Name:	Date:
Co-Applicant Signature:	Co-Applicant Name:	Date:
Sign below if you are a third party who assisted the Applicant in completing this application:		
Printed Name:	Signature:	Phone Number:



We are pledged to the letter and spirit of US 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, or national origin. The Equal Credit Opportunity Act makes it unlawful for any creditor to discriminate against any applicant, with respect to any aspect of a credit transaction, on the basis of race, color, religion, national origin, sex or marital status, age (provided the applicant is old enough to enter into a contract), source of income (such as public assistance) or because the applicant has in good faith exercised any right under the federal consumer credit laws.

10. RELEASE OF CUSTOMER INFORMATION AND WAIVER OF LIABILITY

I give my permission to Overbrook West Neighbors (OWN), Inc. ("OWN") and its employees, agents, and contractors to share information about me and my household, such as household income and make-up, the home's property characteristics, and utility billing and usage information, with the below checked entity or entities:

☐ **Philadelphia Housing Development Corporation ("PHDC")**

If I checked PHDC, I want to be referred to PHDC to determine if I am eligible for any of PHDC's Basic Systems Repair Program for low-income residents. Two years after the date listed beside my signature, OWN, Inc. and its employees, agents and contractors may no longer share or disclose my information under this agreement.

☐ **Philadelphia Gas Works ("PGW")**

If I checked PGW, I want to be referred to PGW to determine if I am eligible for any of PGW's EnergySense programs or Universal Services programs for low income residents. Two years after the date listed beside my signature, OWN, Inc. and its employees, agents and contractors may no longer share or disclose my information under this agreement.

☐ **Philadelphia Electric Company ("PECO")**

If I checked PECO, I want to be referred to PECO to determine if I am eligible for any of PECO'S weatherization services for low income residents. Two years after the date listed beside my signature, OWN, Inc. and its employees, agents and contractors may no longer share or disclose my information under this agreement.

☐ **Energy Coordinating Agency ("ECA")**

If I checked ECA, I want to be referred to ECA to determine if I am eligible for any of ECA'S weatherization services for low income residents. Two years after the date listed beside my signature, OWN, Inc. and its employees, agents and contractors may no longer share or disclose my information under this agreement.

LIABILITY WAIVER:

I agree that I am allowing my information to be shared with PHDC, PGW, PECO and/or ECA, as elected above. In consideration for my referral to PHDC, PGW, PECO and/or ECA, I, on behalf of myself, my estate, and my heirs hereby release, waive, discharge, indemnify and hold harmless PHDC, PGW, PECO, ECA, Philadelphia Facilities Management Corporation, and the City of Philadelphia and their respective owners, officers, directors, and employees from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, illness, damage to property (including without limitation, environmental damage), and any and all other losses claims, costs, liabilities and damages and any consequences thereof arising out of or in any way associated with (i) my referral to PHDC, PGW, PECO and/or ECA, and (ii) any work performed or failed to be performed by or on behalf of PHDC, PGW, PECO and/or ECA.

I agree that there have been no representations or warranties regarding work to be performed on my home made to me by PHDC, PGW, PECO and/or ECA or their agents.

Applicant Name:	Applicant Signature:	Date:
Customer's Service Address:		

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below:

The following information is requested by the federal government for loans secured by a home, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (please specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (please specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)