



CROSS COALITION, LTD.

Dear Homeowner,

We are glad to provide you with an application for the CROSS Coalition/Coastal Carolina Rebuilding Ministry. We are a volunteer organization of persons who work together to help low-income homeowners live in a warm, safe and secure home. Except for licensed sub-contractors that might be needed on a project, CCRM provides short-term **volunteer** missionaries to work on your home free of charge. However, approved applicants are expected to help pay for building materials as much as possible.

Making an application to CCRM does not guarantee a quick resolution to your problem, as we already have other eligible homeowners waiting and our resources are limited. We appreciate your understanding as the application process goes forward.

In order for us to process this application in our office, it is essential that you do the following:

1. Fill out, sign and date the **Application for Assistance** and **Statement of Understanding** forms. ***Make sure all questions are answered.***
2. Sign and date the **Authorization for Release of Confidential Information**.
3. Submit **proof of ownership** and **proof of income** (see application). We need only copies; please do not mail original documents to us.

Submit the entire package together. All information remains confidential and will only be shared with other social agencies that may provide assistance to you. Please mail your completed application to:

**CROSS Coalition/CCRM
PO Box 924
Edenton, NC 27932**

Be sure your application is complete and make copies of your documents.

Upon review of your application, you will move into the project assessment phase of the application process. CCRM personnel will visit your home to determine whether or not your project is within our mission and scope. Because our waiting list is already long, it may take several months for us to assess your project. We encourage you to continue looking for other sources of help if your situation is dire.

Again, **all required documentation must be submitted at the beginning of the process.**

Sincerely,

CROSS/CCRM

**CROSS Coalition, Ltd. ~ Coastal Carolina Rebuilding Ministry
Post Office Box 924 ~ 225 Virginia Road ~ Edenton, NC 27932 ~ ccrebuilding.org**



CROSS Coalition, Ltd.

APPLICATION FOR ASSISTANCE ©

(All personal and household information must be completed. Use back of sheets if necessary.)

Agency (if applicable): _____

Contact Name: _____ Phone Number: _____

Last Name: _____ First: _____ M.I.: _____

Phone (H): _____ Phone (C) _____ SS #: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Gender: _____ Race: _____ Marital Status: _____ Birth Date: ____/____/____

Do you own the home in need of repairs? _____ Do you live in the home? _____ # Years in Residence: _____

Home Type: (Circle one) Mobile Condo Duplex Single-Family Number of People in Household _____

Do you or any member of your household own any other real estate? _____

Do you qualify for Medicaid? _____ May we contact other agencies on your behalf? _____

Have You previously applied for assistance from CROSS? _____ If yes, what year? _____

Is the homeowner or anyone else residing in the home a Military Veteran? _____

REQUIRED DOCUMENTATION

In order to process your application, we need a copy of the following documents; please do not mail originals to us.

Proof of Ownership: Provide information proving that you own and live in the home in need of repairs, or that you live on "heir's property", or that you have lifetime rights to said property. For example: a copy of your deed, a will, or a county tax statement. In the case of a mobile home, please submit a copy of the title from the North Carolina Department of Motor Vehicles. In the case of lifetime rights, please submit a notarized document signed by the homeowner granting you rights to live on the property as long as you live.

Proof of Income: Provide the following information about your income and for all those living in the household: 1. For all household members a copy of last year's federal income taxes filing, 2. in the case of Social Security, SSI, or Disability income, send a copy of annual statement. These documents should match the list of sources you complete in the household Information section.

HOUSEHOLD INFORMATION

Please complete the following information for EACH household member, including yourself.

| Name of Household Member | Relation to You | Birth Date | Gender | Age | Employment Status |
|--------------------------|-----------------|------------|--------|-----|-------------------|
| | Self | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please complete the following income information for EACH household member, including yourself. Include all salaries, Social Security, SSI, Disability, Veteran Benefits, Pensions, Child Support, Alimony, Unemployment, etc.

| Name of Household Member | Sources of Income Salary, Social Security, SSI, Disability, etc | Monthly Income |
|--------------------------|--|----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Total Income for all Household members \$ _____

Please list any agencies (besides CCRM) that you have contacted for assistance recently.

| Agency Name | Date(s) | Contact Name | Type of Assistance Received/Denied |
|-------------|---------|--------------|------------------------------------|
| | | | |
| | | | |

For Office Use Only

| | |
|---|--|
| Review Date: _____ Reviewed by: _____ Homeowner Verification: _____ Deed _____ Tax Statement _____ Other (Describe) _____ | Background Check _____ Approved _____ Denied Date _____ |
| Total Household Monthly Income _____ x12 equals \$ _____ (annual). Number of persons residing in the household is _____. Median income for a household of _____ person(s) according to income limits dated _____ is \$ _____ Median Income for _____ County. _____ Annual Income / _____ Median Income x 2= _____. The income of the above household as a percentage of the median is _____ %. Please reference HUD 20 _____ Income Requirements for (circle one) Washington — Bertie County. | |

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I hereby certify that the information on this profile is correct and may be used for statistical reporting and may be furnished to other agencies that may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided.

If I am approved, I understand that CROSS Coalition, Ltd./Coastal Carolina Rebuilding Ministry reserves the right to halt the project at any time, for any reason.

| | | | |
|---------------------|------|---------------------|------|
| Homeowner Signature | Date | Homeowner Signature | Date |
|---------------------|------|---------------------|------|

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize CROSS/CCRM to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my family.

I understand that the release of this information does not guarantee that assistance will be provided but that without the information, my case cannot be processed for consideration of CROSS/CCRM services.

I understand confidential information may be collected from relatives, friends, acquaintances, coworkers, employers, other assistance agencies, and businesses with whom I have interacted. CROSS/CCRM may release or receive information regarding my social and family history, my employment status, my finances, or any other information they deem necessary to review my application.

| | | | |
|---------------------|------|---------------------|------|
| Homeowner Signature | Date | Homeowner Signature | Date |
|---------------------|------|---------------------|------|

| | | | |
|---------------------|------|---------------------|------|
| Homeowner Signature | Date | Homeowner Signature | Date |
|---------------------|------|---------------------|------|

Physical Address _____ Town _____ Zip _____

DISCLAIMER

The execution of this Consent does not guarantee that the assistance you require, or desire will be provided. This information may be given to one or more social agencies or their representative/s that may request it. CROSS/CCRM cannot and does not decide whether or how any other agency may provide assistance to you.

PROJECT INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. What year was your house built? _____
2. Does the home contain asbestos materials? ___ Yes ___ No
3. List funding resources you have available to help pay for the building materials (lumber, roofing shingles, wiring, paint, etc.) used for your home repair.

Cash \$ _____

Credit Cards \$ _____

Loan Potential \$ _____

4. List any building materials on-hand that can be used for your home repairs.

5. Check the repairs needed to make your home safe and secure.

___ Flooring ___ Exterior Siding ___ Window/s ___ Plumbing ___ Heating/AC

___ Walls ___ Electrical ___ Roof ___ Ramp ___ Door/s

___ Bathroom ___ Kitchen ___ Foundation ___ Water Drainage ___ Accessibility

Please provide additional information about the conditions related to the above checked needed repairs. Use back of sheet if necessary. _____

HEALTH AND SAFETY INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. How many colds or infections did residents have during the 12 months? _____
2. Describe any respiratory illnesses or other types of chronic or terminal illnesses in the household.

3. Describe any falls, burns, or other accidents in the home over the past 12 months.

4. Describe any contagious diseases or conditions in the household.

5. What is the monthly cost of healthcare, including medical visits and prescriptions? \$ _____

BACKGROUND INFORMATION

(Must be completed. Use back of this sheet if necessary.)

1. Please tell us more about your situation so we can understand what you are going through.

2. How is the condition of your home affecting you and any other residents?

3. How do you hope our services will improve your situation?



CROSS COALITION, LTD.

STATEMENT OF UNDERSTANDING

I, _____ am the owner of the property at
_____ Town _____ State _____ Zip

I give my permission to any volunteers or professional tradesmen who have been referred by the CROSS Coalition/Coastal Carolina Rebuilding Ministry to make repairs and modifications to my home. I understand that CROSS/CCRM provides no warranty on work completed by volunteers.

Therefore, in consideration of the volunteer and/or professional services rendered me on my premises, I waive any and all claims or demands that may arise or accrue to me, growing out of any negligent action or omission by said organization or any of its members, agents or helpers in rendering such voluntary or professional service, and specifically covenant not to sue it or them for any of said negligent acts or omissions.

I agree to allow a yard sign identifying CROSS and/or Coastal Carolina Rebuilding Ministry and any other funding entity to be placed on my property for the duration of the work. I agree to allow photographs, videos, or other audio-visual representation of myself, other members of this household, and of my home, without identifying me or my address, to be taken and published in print, on websites or other media. I further release the CROSS Coalition from any liability associated with the promotional use of these images. I release any claim to said images and acknowledge that they are the sole property of and are copyrighted by the CROSS Coalition.

Homeowner (Print Name)

Co-Homeowner (Print Name)

Homeowner Signature

Date

Co-Homeowner Signature

Date