

# 2022 REPAIR AFFAIR DAY™ APPLICATION

EVENT WILL BE HELD ON TUESDAY, JUNE 7 (Date subject to change due to COVID-19 virus)



Repair-Affair day allows volunteers to donate their time and expertise to someone in need. Since 1993, over 250 repair projects have been completed with 6,200+ man hours from volunteers. The focus of the event is to make homes more accessible for the elderly or permanently disabled.

## HOMEOWNER INFORMATION

Has the Repair-Affair program helped you in the past? ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

NAME OF HOMEOWNER		<input type="checkbox"/> Female	<input type="checkbox"/> Male	AGE	
STREET ADDRESS					
CITY		ST		ZIP CODE	
HOME PHONE	( ) -	CELL PHONE	( ) -		

## OCCUPANT INFORMATION

TOTAL # OF PEOPLE LIVING IN THE HOME	YEAR HOME WAS BUILT
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## LIST ALL ADDITIONAL PEOPLE LIVING IN THE HOME *If they bring in an income, their income verification documents are also required.*

Name	Relationship	Age	Gender	Do they bring in an income?
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>YES</b> _____ <b>NO</b> _____
_____	_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>YES</b> _____ <b>NO</b> _____

## EMERGENCY CONTACT *Living nearby*

NAME	RELATIONSHIP
PRIMARY PHONE ( ) -	SECONDARY PHONE ( ) -

## ETHNICITY *Please check one as it's required by Dept of HUD - Will not be used to determine eligibility*

Hispanic or Latino  Not Hispanic or Latino

## RACE *Please check one*

American Indian or Alaska Native  Asian  Black or African American  Black or African American & White  White  Asian & White  
 American Indian or Alaska Native & White  American Indian or Alaska Native & Black or African American  Other / More than one race

## ELIGIBILITY QUESTIONS *\*\*\*Please note that mobile homes will NOT be considered\*\*\**

Do you own the home? *Required for eligibility* ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, is this your primary residence? *Required for eligibility* ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Are you, or a dependent living with you full time, over the age of 65? ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Are you, or a dependent living with you full time, permanently disabled? ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, please explain the disability \_\_\_\_\_

Will you be home June 7? *Volunteers must be able to get into the home to make updates requested* ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Will you be home June 14 if we have to postpone because of rain on June 7? ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

## REPAIR REQUESTS *Please check areas that you'd like the Repair-Affair committee to consider as part of the repairs done to your home. The committee and Community Development of Sioux Falls will determine improvements to be made.*

**DOOR OPENINGS**  Remove door steps  Swing away hinges  Remove thresholds  Door closer  Lower door view

**BATHROOM**  Grab bars  Change out faucet knobs with levers

**KITCHEN**  Replace cabinet knobs with loop type hardware  Change out faucet knobs with levers

**WHEELCHAIR RAMPS**  Wheelchair ramp with landing  Threshold ramp

**STAIRS**  Additional handrails on exterior of home  Additional handrails on interior of home

**DOOR HARDWARE**  Replace knobs with levers

**OTHER** *Must be accessibility related:* \_\_\_\_\_

**Projects 100% not accepted:**

- Walk-in showers/tub revisions
- Widening of doorways
- Electrical work
- Lift chairs

Do you have yardwork you'd like help with? *Volunteers may consider if additional time allows* ..... **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THIS EVENT? \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Date Application Received _____	Mobile Home: <input type="checkbox"/> Y <input type="checkbox"/> N	Owner?: <input type="checkbox"/> Y <input type="checkbox"/> N
	Team Leader _____	Funding Source: <input type="checkbox"/> HBCF <input type="checkbox"/> CD	Project # _____

# PROOF OF TOTAL HOUSEHOLD INCOME

APPLICATION IS DUE TO THE FOUNDATION'S OFFICE BY THURSDAY, APRIL 1, 2022 . No late applications will be accepted.

Mail completed application along with income verification forms listed below to:

**Sioux Empire Home Builders Care Foundation**  
**6904 S. Lyncrest Place, Sioux Falls, SD 57108**

Documentation for all household income you are claiming below must be provided with this application before approval process can begin. (I.e. MOST RECENT income tax return, social security benefits statement or other official documents).

*Any occupant of the home that claims income must provide all income verification documentation. All information will be kept confidential.*

*Send copies of documents only - originals will not be returned.*

**ALL APPLICANTS!** Must supply copies of 2 most recent months of bank statements showing all debits and credits for each account held for every adult in the household.

## GROSS YEARLY TOTAL

## INCOME VERIFICATION

*(For office use only)*

### SOCIAL SECURITY

*Required: Statement or current year's award letter(s) . . . . .* \_\_\_\_\_

SSI . . . . . \_\_\_\_\_

ANY PUBLIC ASSISTANCE . . . . . \_\_\_\_\_

### SALARIES

*W2 and two months of most recent pay stubs for every wage earner, showing year-to-date income . . . . .* \_\_\_\_\_

INTEREST & DIVIDENDS . . . . . \_\_\_\_\_

### PENSIONS & ANNUITIES

*Current year's benefit letter required. . . . .* \_\_\_\_\_

ESTATE OR TRUST INCOME . . . . . \_\_\_\_\_

RENTAL INCOME . . . . . \_\_\_\_\_

FARM / BUSINESS INCOME . . . . . \_\_\_\_\_

**YEARLY HOUSEHOLD TOTAL** . . . . . \_\_\_\_\_

ONGOING MEDICAL EXPENSES . . . . . \_\_\_\_\_

*Documentation is required if claiming medical expenses. Attach a doctor's statement, prescriptions or receipts. Ongoing medical expenses are defined as expenses that are incurred on a monthly basis (health insurance, maintenance medication, required monthly checkups). Occasional medicines, checkups or expenses are not to be included.*

Verified by \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION STATEMENT

*Disclaimer of warranties and waivers will be sent upon approval of your project*

I am not presently planning, nor do I intend within the next three years, to sell my home. I understand and agree to have volunteers perform free accessibility improvements to my home. I am the owner of my home and it is my primary residency. The accessibility repairs I'd like done would benefit a person living in my home full-time. I understand that this information will be used by the Sioux Empire Home Builders Care Foundation to determine my/our eligibility for the Repair Affair program. I agree to have my home photographed for Repair Affair promotional purposes. I represent that this information is true and complete to the best of my knowledge and belief. I understand that any misrepresentation on the application will result in disqualification.

**TWO SIGNATURES AND INCOME VERIFICATION DOCUMENTS ARE REQUIRED FOR ELIGIBILITY.**

APPLICANT SIGNATURE **REQUIRED FOR APPLICATION TO BE ELIGIBLE**

DATE

CO-APPLICANT SIGNATURE **2ND SIGNATURE IS ALSO REQUIRED\***

DATE

*\*If no other occupant - acquire the 2<sup>ND</sup> signature from relative, friend, neighbor, etc...application will be returned if 2<sup>ND</sup> signature is not filled out.*



EVENT SPONSORED BY



# REPAIR AFFAIR INFORMATION

**DATE TUESDAY, JUNE 7** *Subject to change based on weather that day. Rain day planned for June 15 only if needed.*

**ABOUT** The event back began in 1993. The Repair Affair is a community service program that coordinates the efforts to make **FREE** accessibility improvements for homeowners and/or dependent who are elderly and/or have a permanent physical disability with low income. It's designed for people who can't do the work themselves or afford to hire someone.

*Homeowners needing major repairs done to their home are encouraged to contact the Housing Division of the City of Sioux Falls (605-367-8180) or other service organizations. The Repair Affair Coordinating Committee will attempt to match other applicants whose needs do not fit within the scope of Repair Affair with another appropriate agency.*

**PROJECTS All repairs must be only accessibility related.**

ELIGIBLE PROJECTS: Wheelchair ramps, handrails, grab bars, etc... (see page 1)

PROJECTS NOT ELIGIBLE: Walk-in showers, widening doors, roof, siding, faulty issues to home due to lack of maintenance.

The Repair Affair committee and the Community Development of Sioux Falls will determine which homes meet the eligibility requirements and will have updates made. Funding and volunteer resources are limited so some projects may not be approved for this reason.

**GUIDELINES** Homeowners must meet certain financial guidelines. Ongoing medical expenses are to be deducted from the applicant's income only if applicant is over the income limits. Proof of income (W2 tax form, or other official documents) will be required before the application will be processed. All projects are reviewed and selected by the Repair Affair Coordinating Committee.

**FUNDING** This program is funded by a block grant from Sioux Falls Community Development and funding from the Sioux Empire Home Builders Care Foundation. The repairs are done at absolutely no cost to the homeowner.

**TIME-FRAME** The projects are completed on annual basis. All projects will be completed in one day (June 7) between the hours of 8:00AM and 5:00PM. Extensive projects cannot be considered due to limited funds, time and volunteers.

**THE DEADLINE FOR APPLICATIONS IS THURSDAY, APRIL 1, 2022.**

## ELIGIBILITY REQUIREMENTS *Subject to change*

- Your home must be within the following counties: Lincoln, Minnehaha, McCook or Turner
- All projects must be accessibility-related** - you, or a dependent living in the home full time, must have a permanent physical disability OR be 65 years of age or older. If applying for dependent, doctor's note with medical conditions is required.
- You must own and occupy the home - title of the property must be in your name
- If your home needs major repairs or is not structurally sound, you will be referred to another appropriate agency
- Work will not be done on mobile homes.** No acceptations.
- Your **COMBINED household income (minus ongoing medical expenses that are incurred on a monthly basis) must be within the following guidelines.** *\*Income guidelines are provided by Department of HUD and are subject to change.*

HOUSEHOLD SIZE	1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE	7 PEOPLE
ANNUAL INCOME*	\$48,300	\$55,200	\$62,100	\$68,950	\$74,500	\$80,000	\$85,500

PROGRAM FUNDING PROVIDED BY:



**SIoux EMPIRE HOME BUILDERS CARE FOUNDATION**

**PHONE:** (605) 361-8322 **FAX:** (605) 361-8329

**ADDRESS:** 6904 S. Lyncrest Place Sioux Falls, SD 57108

**EMAIL:** info@hbasiouxempire.com **HBACAREFOUNDATION.COM**