



HomesandHopeforKY.com  
HomesandHopeforKY@gmail.com  
270-540-7070

## **APPLICATION FOR HOMES FOR HOPE MAYFIELD REBUILD/REPAIR PROGRAM**

The Homes and Hope for Kentucky program assists local residents by providing new homes or home repairs for tornado impacted homeowners. The Homes and Hope for Kentucky program utilizes a combination of in-house trades, volunteers, and subcontractors to build and repair houses for families in need. The Homes and Hope for Kentucky program can provide two service options for qualifying residents: 1) Construction of a new home, 2) repairs to your damaged home.

*Completing this application is not a guarantee that you will receive services.*

To be eligible for the Homes and Hope for Kentucky program the applicant must meet the following requirements:

- The applicant must have lived in the impacted property prior to December of 2021.
- The applicant must own their home and possess a clear title. Ownership must not be contested. If you were renting a property that was impacted by the tornado and your landlord is interested in gifting the lot/land to you this could also be an option
- The applicant must own only one property and this property must have served as the homeowner's primary residence prior to the storm
- The applicant must demonstrate financial inability to afford a market-rate contractor or contractors to repair or replace their tornado damaged home
- The applicant will work with the program to determine a reasonable, equitable client contribution to support the costs of the project
- The applicant must be able to sustain homeownership, which includes maintaining relevant insurance such as tornado, where required and homeowner's insurance
- The applicant must be a willing and active partner in the rebuilding process.

Filling out this application is the **FIRST STEP** in our process. The next steps are:

Step 1: Within two weeks of submitting the application, a client service coordinator (CSC) with the Homes for Hope Kentucky program will review your application. If you meet the eligibility requirements listed above, your application will move to the next step.

Step 2: The CSC will schedule an IN PERSON interview. You will need to bring the documents listed on the next page. Your application will not move forward until all of these documents are submitted. The CSC will also visit your home and take photos.

Step 3: CSC will present your application to the Homes and Hope for Kentucky's Executive Leadership to determine if you are eligible and if there is funding available for your home repair or home replacement project.



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Step 4: Applications for the program will be prioritized according to the following criteria: 1) Applicants who lost a loved one during the tornado, 2) applicants whose homes cannot be rebuilt affordably due to substantial damage and/or repetitive loss.

Step 5: Homes and Hope for Kentucky will determine if we are capable of providing a new home or if it may be possible to make repairs on your existing home and if there is funding available for these repairs.

Step 6: CSC and applicant will review the scope, funding plan and terms of the program. If the applicant agrees, he/she will become a client and move into the construction queue.

The applicant must submit the following documents to the Client Services Coordinator:

- Title or Deed to House (The name on the title must be the name on the application)
- FEMA Award Letter
- Insurance Award Letter (Flood and/or Homeowners)
- Last Year's Tax Returns of everyone over the age of 17 that will reside in the home
- Last Three Months of Bank Statements of everyone over the age of 17 that will reside in the home
- Last Three Months of Paystubs/Pension of everyone over the age of 17 that will reside in the home
- Current Disability or Social Security Award Letter of everyone over the age of 17 that will reside in the home
- ALL Receipts for Labor and Supplies purchased to date
- Copy of Police Report for Contractor Fraud (if reported)
- Copy of electric, plumbing, and building permits and any other certificates, surveys or permits



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**APPLICATION FOR THE HOMES AND HOPE FOR KENTUCKY PROGRAM**

Personal Information

Date of Application \_\_\_\_\_

Applicant's Name(s) \_\_\_\_\_

\*Please make sure to list a working phone number\*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address where you currently live (including zip code):

\_\_\_\_\_

Is your current address (Circle One):

Home Needing Repairs      Rental      Family/Friend's place      Other \_\_\_\_\_

Current Mailing Address (include zip code) if different from above:

\_\_\_\_\_

I am interested in (Circle one): A new home      Repairs to my existing home      Either

Property Information – List details about the property you need to have repaired or replaced

Full address of property that needs to be rebuilt:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name(s) on deed: \_\_\_\_\_

Is your property (Circle One):

Single Home in need of repair      Mobile Home in need of repair      Vacant lot

Is this the only property you own?      Yes      No

When did you purchase or acquire the property? \_\_\_\_\_

How did you acquire or purchase the property (Circle one):

Purchased with Cash      Purchased with a mortgage      Inherited

Received as a gift      Other (describe) \_\_\_\_\_

Square footage of home \_\_\_\_\_ # of stories \_\_\_\_\_ # of bedrooms \_\_\_\_\_ # of bathrooms \_\_\_\_\_

How long do you intend to live in the home once it's built/rebuilt? \_\_\_\_\_

Is your home in a flood zone? Yes \_\_\_\_\_ No \_\_\_\_\_



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**APPLICATION FOR HOMES AND HOPE FOR KENTUCKY PROGRAM**

Household Members

Complete the following information for everyone who will live in the home.

Name	Date of Birth	Relationship to Owner	Veteran (Y/N)	Race (Optional)	Employer & Job Title	Salary/ Wages (Monthly)	Alimony/ Child Support (Monthly)	SS/ Disability/ Unemployment Benefits (Monthly)

List the combined assets for everyone over the age of 17 who will be living in the house with you.

Retirement Account Balance \_\_\_\_\_

Checking Account Balance \_\_\_\_\_

Investments \_\_\_\_\_

Savings Account Balance \_\_\_\_\_

Automobiles (Make, Model and Year) \_\_\_\_\_

Real Estate Holdings \_\_\_\_\_



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**APPLICATION FOR HOMES AND HOPE FOR KENTUCKY PROGRAM**

Household Expenses

<b>Expenses/ Costs</b>	<b>Yes or No</b>	<b>Monthly Payments</b>	<b>Outstanding Balance</b>
Mortgage			
Rent			
Homeowner's Insurance			
Renter's Insurance			
Tornado Insurance			
Utilities (gas, electric, water)			
Cable			
Cell Phone			
Credit Cards			
Alimony			
Child Support			
Car Payments			
Auto Insurance			
Medical Bills			
Student Loan			
Other (please describe)			
Other (please describe)			

Rebuilding Funding Assistance – Describe what you have received

<b>Type</b>	<b>Applied? Yes or No</b>	<b>Received? Yes or No</b>	<b>Amount Already received</b>	<b>Additional Amount Expected</b>	<b>Date Received</b>
Homeowner's Insurance Claim					
Tornado Insurance Claim					
Traditional Loan					
SBA Loan					
ICC/IMM/HMGP					
FEMA					
Other (Describe):					



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**APPLICATION FOR HOMES AND HOPE FOR KENTUCKY PROGRAM**

**Other Assessment**

Please Circle Yes or No in response to the following questions:

Did you receive enough funds to rebuild your home?    Yes    No

If the answer is yes, but you were unable to complete repairs, please explain how you spent the funds

(Continue on back if needed)

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Did you experience theft or vandalism?    Yes    No

If yes, Did you file a police report?    Yes    No

What was taken?

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Did your bank or mortgage holder require funds you received for rebuilding to be used to pay your mortgage in full?    Yes    No

If the answer is yes, how much was the payoff?

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Did you experience contractor fraud?    Yes    No

Did you file a police report?    Yes    No

How did you hear about us? (Please be as specific as possible)

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Please describe the damage you experienced (i.e., belongings, pets, etc.).

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Is there any more information about your situation you would like us to know? (Continue on back if needed)

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I, \_\_\_\_\_, agree that the information provided in this application for Homes and Hope for Kentucky is accurate and truthful. If the Homes and Hope for Kentucky Program repairs my home, I agree to live there as my primary residence for at least five years. Any inaccurate or fraudulent information will result in immediate dismissal from the program and/or criminal prosecution.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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**APPLICATION FOR HOMES AND HOPE FOR KENTUCKY PROGRAM**

**Homes and Hope for Kentucky Photo Release Form**

I hereby grant the Homes for Hope Kentucky Permission to use my first and last name and photographs of my family in any and all publications, including its website, social media pages, fundraising materials and promotional materials without payment or any other considerations in perpetuity. I understand that the term "photograph" as used herein encompasses both still photographs and audio and video footage.

I hereby authorize Homes and Hope for Kentucky to edit, copy, exhibit, publish, or distribute photos that I may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, where my photo appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge Homes and Hope for Kentucky from all claims, demands, and causes which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate which I have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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**APPLICATION FOR HOMES AND HOPE FOR KENTUCKY PROGRAM**

**Photo Release for Minors**

I hereby grant Homes and Hope for Kentucky permission to use my dependent's name and photograph in any and all publications, including website entries, social media pages, fundraising materials and promotional materials without payment or any other considerations in my perpetuity.

I hereby authorize Homes and Hope for Kentucky to edit, copy, exhibit, publish or distribute photos that my dependent may appear in. I waive the right to inspect or approve finished product, including written or electronic copy where my dependent's photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge Home and Hope for Kentucky from all claims, demands, and causes which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate which have or may have by reason of this authorization. F

\_\_\_\_\_  
Minor's Name (Printed)

I certify that I am a custodial parent and have the aforementioned rights to assign.

\_\_\_\_\_  
Parent/ Guardian Name (Printed)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



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## APPLICATION FOR HOMES AND HOPE FOR KENTUCKY

### Consent to Disclose confidential Information

I, \_\_\_\_\_, the undersigned, authorize the Federal Emergency Management Agency (FEMA) or Homes and Hope for Kentucky to disclose personally identifiable information and/or confidential information in my FEMA or agency file, relating to my eligibility for monetary or other forms of assistance, arising from the major disaster declared i.e. Long Track Tornado (DR 4360-KY) to the following (check one or more):

\_\_\_\_\_ Any organizations that is a member in good standing of either the National Voluntary Organizations Active in Disaster (NVOAD) or that is participating in a FEMA or state recognized Long Term Recovery Committee (LTHC).

\_\_\_\_\_ Other, Specific name of receiving individual or organization: \_\_\_\_\_

\_\_\_\_\_ I consent to have the above-named organizations and/or individuals speak on my behalf and represent me before FEMA.

This consent to release information is given to obtain and/or provide assistance I need as a result of the above listed disaster to insure that (*check one or more*):

\_\_\_\_\_ Benefits are not duplicated.

\_\_\_\_\_ Appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.

\_\_\_\_\_ Other, specifically: \_\_\_\_\_

I specifically consent to have the following information disclosed to them (*circle one or more*):

\_\_\_\_\_ My case file information including inspection report and amounts and type of assistance

\_\_\_\_\_ My contact information (name, address, phone numbers, e-mail address, and FEMA application number).



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**Consent to Disclose Confidential Information Cont.**

This consent to disclose information may include information that is protected under the Federal Privacy Act of 1974. I declare, under penalty of perjury, that the foregoing is true and correct. I am freely giving my consent this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This consent expires one year from this date. This information is not to be used for any other purpose.

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Signature of Applicant Providing Consent

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Date and Place of Birth

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Name (Printed)

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Phone or message #

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Current Address

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City, County, State, ZIP

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Pre-Disaster Address

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City, County, State, ZIP

---

FEMA Registration #

---

Social Security #

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Submitting Agency:

Requesting County:

Phone Number:

Case Manager or Requester's Name:

LTHC/UNC:

Fax Number: