



Rebuilding homes and lives since 1996

Headquarters:
909 Market Street
Wilmington, NC 28401

PO Box 2966
Elizabethtown, NC 28337

1099 Gum Branch Road
Jacksonville, NC 28540

910.399.7563 | info@warmnc.org | warmnc.org | general contracting license #78118

Application for Assistance

Last Name: _____ First Name: _____ Middle Name: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

County: _____ Home Phone: _____ Mobile Phone: _____

Email Address: _____ Social Security #: _____

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

Home Type: MOBILE HOME CONDO DUPLEX HOUSE

Do you own the home in need of repair? Yes / No Do you live in the home in need of repair? Yes / No

Number of years you have owned the home: _____ Number of people living in your home: _____

Alternate Person to Contact (if we are unable to reach you) Name: _____ Phone: _____

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

How did you **FIRST** learn about WARM? _____

May we contact other agencies (private, nonprofit, state, federal, etc.) on your behalf? Yes / No

Have you previously applied for assistance from WARM? Yes / No Do you own any pets? Yes / No

Is anyone residing in the home a Military Veteran or the Widow/er of a Military Veteran? Yes / No

Name of Veteran: _____ Branch of Service: _____

Employment Status: Full Time Part Time Unemployed Retired Disabled.

Occupation(s) or Previous Occupation(s): _____

Household Information

Please complete the following information for **ALL** household members, including yourself.

Full Name of Household Member	Relation to you	Birth date	Social Sec. #	M/F	Race	Employment Status
	Self					

Please complete the following income information for **ALL** household members. Include **all** wages, Social Security, SSI, Disability, veteran benefits, pensions, child support, alimony, unemployment, etc.

Name of Household Member	Source of Income (Salary, Social Security, SSI, Disability, etc.)	Monthly Earnings
		\$
		\$
		\$

Total monthly income for all household members: \$ _____

REQUIRED DOCUMENTATION

Your application will not be processed without this information attached. Please submit copies, not original documents.

1. Identification for primary applicant. Please select which **ONE** is included:
 - Driver's license
 - Other form of ID: _____

2. Proof of income taxes for primary applicant **ONLY**: **FIRST TWO PAGES ONLY** of the most recent year's tax return.

3. Proof of **ALL** income for **EVERYONE** living in the home. Anyone over the age of 18 who does not have income **MUST** complete a Zero Income Affidavit. Contact the WARM office for this document. Please indicate which documents are included:
 - Four **MOST RECENT** paystubs
 - Social Security, Disability, or SSI award letter for **CURRENT YEAR (NOT your 1099 document)**
 - Statement from pension provider for **CURRENT YEAR**
 - Unemployment statement for **CURRENT MONTH**
 - Recorded child support/alimony settlement

4. Proof of home ownership. Please select which **ONE** is attached:
 - Property Tax Statement
 - DMV title in the case of a mobile home
 - Deed of Trust

5. If widowed or divorced, please provide:
 - Death Certificate of spouse
 - Copy of Divorce Decree



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Authorization

I hereby authorize Wilmington Area Rebuilding Ministry, Inc. (WARM, Inc.) 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 household. I further authorize WARM, Inc. to complete a criminal background screening on each member of my household, listed on this application, for the purpose of application approval.

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 WARM, Inc. services.

I understand confidential information may be collected from relatives, friends, acquaintances, co-workers, employers, other agencies, and businesses with whom I have interacted. WARM, Inc. 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.

If my rebuild is selected for WARM services, I agree to allow photographs and videos of my home and any household members present during rebuilding activities. I further agree to allow these to be used for record-keeping, reporting, marketing, and media publication – without using my full name or my address.

Applicant (Print Name)

Co-Applicant (Print Name)

Applicant Signature

Date

Co-Applicant Signature

Date

Address, City, State, Zip

Disclaimer

The execution of this Consent does not guarantee that the assistance you require, or desire will be provided. This information will be given only to one or more social agencies (or to persons requested by a social agency to be provided with this information) which may request it. WARM cannot, and does not, decide whether, or how, any other agency may provide assistance to you.

House Information

In what year was your home built? _____ How many stories? _____ How many bedrooms? _____

How many bathrooms? _____ Water source: Public / Well Type of sewer system: Public Septic

Power company: _____ Power company account number: _____

Are all utility bills current? Yes / No If no, which is behind? _____

Do you have a mortgage on your home? Yes / No Is your mortgage current? Yes / No

Are your property taxes current? Yes / No Do you have homeowner's insurance? Yes / No

If you own a mobile home on a rented lot, is the lot rental payment current? Yes / No

Lot owner name: _____ Phone number: _____

If you need help repairing damage to your home from a hurricane, storm, or other disaster, which one(s)?

Name of hurricane: _____ Date: _____

Have you applied to FEMA for assistance? Yes / No

Have you filed a claim with your insurance company? Yes / No

Please check the repairs needed to make your home **safe and secure**.

- | | | |
|-------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Bed Bugs | <input type="checkbox"/> Mold/Mildew | <input type="checkbox"/> Stairs & Landings |
| <input type="checkbox"/> Door Repair | <input type="checkbox"/> Interior Wall Repair | <input type="checkbox"/> Storm Damage |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Termite Damage |
| <input type="checkbox"/> Exterior Wall Repair | <input type="checkbox"/> Ramp Construction | <input type="checkbox"/> Water Supply Repair |
| <input type="checkbox"/> Floor Repair | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Heating/Air Conditioning |
| <input type="checkbox"/> Sewage/Septic Repair | <input type="checkbox"/> Appliances (list below in other) | <input type="checkbox"/> Window Repair |
| <input type="checkbox"/> Other (Please specify) | | |

Other Applications

Have you applied to other agencies in the past three years for home repair or other types of service?

This will not affect your application. It will help us coordinate efforts with our partners.

Name of Agency / Organization	Type of Service (SNAP, hurricane recovery, etc.)	Status (approved, pending, or denied)

Health Information

This will help us identify home deficiencies that may impact your health as well as find other resources for you.

- Who in your home has health insurance? _____
 - What type of insurance do you have? None Medicaid Medicare Private
VA Benefits
- If you or anyone in your home is disabled, what caused the disability? _____

- What is the monthly household cost of healthcare, including medical visits and prescriptions? _____

- How many colds or infections have household members had during the past year? _____

- Describe any contagious conditions in the household. _____

- Describe any chronic or terminal illnesses in the household. _____

- Describe any falls, burns, or other accidents in your household. _____

- Who, if anyone, in your home is a smoker? _____

- Describe any respiratory conditions in your household. _____

- Describe any other health concerns of residents in your home. _____

Personal Statement

Must be completed. Use the back of this sheet if necessary.

For us to fully understand, please tell us about the condition of your home.

Please tell us the circumstance that led you to apply for home repair assistance, and how you hope repairs will improve your current living situation.

Certification and Statement of Understanding

I hereby certify that I own and occupy the home in need of repairs, the information on this profile is correct, all income from each person living in my household has been reported, and I am not preparing my home for sale. I understand that failure to report all income, or deception on this application in any way, may result in WARM, Inc. denying me services, or halting services without notice. I understand this information may be used for statistical reporting and may be furnished to other agencies which may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided. I agree to promptly provide WARM any additional information needed to process my application.

If I am approved, I understand that WARM reserves the right to halt the rebuild at any time, for any reason.

Applicant Signature

Date

Co-Applicant Signature

Date