



Orange County Home Preservation Coalition Initial Application

Please be aware you can also submit this form electronically at www.orangecountync.gov/ochpc.
The preferred method of submission is electronic.

Thank you for inquiring about home repair services provided in Orange County, NC. In an effort to provide you with streamlined services, the following organizations work together in coordination: Preserving Home, Inc., Orange County Habitat for Humanity, Orange County Department on Aging, the Orange County Housing Department, the Marian C. Jackson Center, Central Pines Regional Council, the Towns of Carrboro, Chapel Hill, and Hillsborough, UNC Community Practice Lab and other future partners participating in the Coalition. **Together, they are called the Orange County Home Preservation Coalition.**

By signing this form, you are agreeing to submit a screening to the **Orange County Home Preservation Coalition** so that we can work together to better serve you. If you meet the initial criteria, staff from participating repair programs will contact you by telephone to set up a home visit to assess the requested repairs listed.

Date of Application: ___/___/___ **Applicant Name:** _____
Last First

Address: _____
Street City State Zip

Phone: (___) _____ **Email:** _____ **Date of Birth:** ___/___/___

Gender: _____ **Race/Ethnicity:** _____ **Disability Status:** Yes No

1. Does the homeowner live in the house? Yes No

If you are not the homeowner, what is your relationship to the owner? _____

2. Have you lived in the home for more than 2 years? Yes No

3. What type of home is it? (house, apartment, mobile home, duplex) _____

4. What year was the home built? _____

5. Can everyone in the home enter and exit the home in case of an emergency? Yes No

6. Has anyone in the home served in the Armed Forces? Yes No

7. What is your total **annual* household income (before taxes & including any renters)? \$ _____

8. Would you prefer to communicate in a language other than English? If so, please tell us which language here: _____

9. Best alternative contact for you (caregiver/social worker/case manager):

Last name: _____ First Name: _____ Relationship to You: _____

Agency (if applicable): _____ Phone: (___) _____



Email: _____

Other Ph. No.: (____) _____

10. Provide information below for everyone who lives in this home *besides yourself*:

Name	Birthdate	Relationship to Applicant	Disability Status
	/ /		<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

11. What repairs or modifications are needed on your home?

Repairs/Modifications

12. What other concerns do you have about your home or living situation?

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Sign for Releases:

I hereby certify that:

- 1) The above information is complete and true to the best of my knowledge.
- 2) I give permission to the above-mentioned organizations to access the information of this screening tool to facilitate repair and or improvements to my home.
- 3) I understand program grant and or loans may not correct all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 4) I understand that filling out this application does not guarantee that my household will receive program assistance.
- 5) I give consent and authorize the OCHPC to maintain data concerning this application and any services provided to me on a database managed by UNC's Community Practice Lab and made accessible to the OCHPC to secure, perform, manage, record and evaluate services and program assistance.

Signature: _____ **Date:** _____

For further information or questions about the Orange County Home Preservation Coalition or to send a digital copy/scan of your screening, please email:

ochpc@orangecountync.gov

TO RETURN THIS APPLICATION BY MAIL or FAX:

**Preserving Home Inc.
PO Box 4099
Cary, NC 27519
Fax: (919) 651-0034**