



The Marian Cheek Jackson Center

Promise of Home

Common Application

When completed through the Jackson Center, this application takes the place of Orange County Habitat for Humanity and Self Help Credit Union's forms, so you only have to fill out this one! The Jackson Center can also use the information in this form to refer you to different organizations if they would better meet your needs.

The Jackson Center is a public history center and community hub whose mission is to honor, renew, and build community in the historic Northside and Pine Knolls neighborhoods of Chapel Hill. Our work includes home repair advocacy because it helps long-time neighbors remain in their homes and within the community. When you complete this form, the Jackson Center will be able to identify which agencies can assist you, communicating with them, and keeping you updated on your status.

We meet in-person regularly with our primary home repair program partners, **Orange County Habitat for Humanity** and **Self-Help Credit Union** to go over completed copies of this application. In addition, we refer neighbors to other programs and assist with the applications. If you are experiencing a home repair emergency that meets certain restrictions, the Jackson Center can also offer one-time emergency repair support.

If you need support to complete repairs to your home but do not think you currently qualify for any of the programs listed above, still complete the form! There are many alternative ways to get work for people not covered by existing programs, and we tailor our work to neighbors' needs based on the applications we receive.

Even though the Jackson Center works with Northside and Pine Knolls neighbors, we also accept applications from people who live in other parts of Chapel Hill and Carrboro because we understand that the community does not just end when you go past Broad Street or Columbia. But, the Northside and Pine Knolls areas face unique circumstances related to student rentals, extreme property taxes, and other factors, so those areas sometimes have special programs that do not apply in other places. Even so, the Jackson Center is already advocating for all our neighbors regardless of their address, and new information allows us to show why you and your area are important.

Instructions: Complete this form fully, and submit it to the Jackson Center with income verification. We will keep your private information 100% confidential, and will not keep any sensitive information such as Social Security numbers once we have referred you to other programs. If relevant, the Jackson Center will provide you with applications for other programs you may qualify for.

Jackson Center contact info:

512 West Rosemary St • Chapel Hill, NC, 27516 • 919-960-1670
contact@jacksoncenter.info • www.jacksoncenter.info

Last updated August 1, 2016



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DATE _____

APPLICANT'S NAME _____

STREET ADDRESS _____

TELEPHONE # _____

BIRTHDAY _____

TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD _____

Is there anyone below the age of 18? _____

Is anybody disabled? _____

If yes, what is their disability, and are they on disability benefits?

Are there any veterans in your household? _____

Are you the owner occupant of your home? ____ Yes ____ No

Do you have a recorded deed that is in *your* name? ____ Yes ____ No

How long have you lived in this home? _____

How did you hear about the Jackson Center's home repair advocacy? _____

Do you have homeowner's insurance? ____ Yes ____ No

- If you have homeowner's insurance:

- Have you filed a claim with your provider? ____ Yes ____ No

- If you do not have homeowner's insurance:

- Did you have insurance when you bought the house? ____ Yes ____ No

If you did, has the provider cancelled your policy? ____ Yes ____ No

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Explain in as much detail as possible the repairs that you are seeking, and number them in order of priority level for you.

What are the factors that have prevented you from being able to complete the repairs described above? How much money could you realistically contribute to a critical repair?

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Home Repair Questionnaire

- 1. Do you have air conditioning? Yes No If yes, is it effective throughout summer? Yes No
- 2. What type heat do you use? _____ Is it effective throughout winter? Yes No
2a. do you have a carbon monoxide detector? Yes No
- 3. How much do you pay per month for heating during the coldest months? \$ _____
- 4. Does electricity work throughout the house including all outlets, lights, and appliances? Yes No
- 5. About how much does your monthly electricity bill cost? \$ _____
- 6. Who is your electricity provider? _____
- 7. Can you feel air getting in, especially around doors and windows? Yes No
7a. If yes, where? (use page 2 if you need more room) _____
- 8. Is there rot or damage around any of your doors and windows? Yes No
8a. If yes, where? _____
- 9. Does your siding/exterior need repair? (If yes, describe on page 2) Yes No
- 10. Does anyone have asthma or allergies that cause coughing or difficulty breathing? Yes No
- 11. Do you have any plumbing issues? Yes No
- 11a. If yes, circle the area: kitchen sink, washer, dishwasher, toilet, shower, bathroom vanity, other
- 12. Are there soft floors anywhere in the house, especially in the places above? Yes No
- 13. How much is your average water bill? _____
- 14. When is the last time your roof was repaired or replaced? _____
- 15. Are there ceiling leaks anywhere? Are the ceilings or corners of walls stained? Yes No
- 16. Have you noticed anything that you think could be mold in your house? Yes No
- 17. Does water collect around or under your house after it rains? Yes No
- 18. Does anyone have problems getting into and around the house safely, especially to get in from outside and to use the bathroom and shower? Yes No
18a. If yes, please circle the repair need: uneven/slippery floors, wheelchair access, shower seat, toilet grab bar, front steps and railing
- 19. Do you have a deck or porch? Yes No If yes, do you feel safe to walk out on it? Yes No

***Do you know of anyone else who has any of the needs listed above?** If so, please tell them to give the Jackson Center a call at (919) 960-1670.

I verify that I have completed this form completely accurately to the best of my knowledge and understand that false information could greatly slow down my repair or even disqualify me.

Applicant Signature X _____

Date _____

Continue to the Income Verification Form on the next page...

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2018 Income Verification Form

Organization: The Marian Cheek Jackson Center Program: Promise of Home

Name of Program Participant: _____

Name of Parent (if Participant is under 18 years old): _____

Home Phone Number: _____ Cell Phone Number: _____

Street Address: _____

City, State, Zip Code: _____

Required Demographic Information

Please fill out the following information - **completed all three (3) questions.**

1. Is the head of your household a **female single parent**? yes no
2. **Race:** White
 Black or African-American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
3. **Ethnicity** (please check one): Hispanic or Latino Not Hispanic or Latino

Calculating Household Income

In order to calculate your household's income, please fill out the worksheet on the following page.
The following sources of income should be considered when calculating total household income:

1. Wages, salaries, tips, commissions, etc. (except full-time students);
2. Self-employment income from own non-farm business, including proprietorships and partnerships (except full-time students);
3. Interest, dividends, net rental income, or income from estates or trusts;
4. Social Security or railroad retirement;
5. Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
6. Retirement, survivor, or disability pensions; and
7. Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, child support and alimony.

Turn to the next page and complete the Household Income Worksheet →



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Household Income Worksheet

List <u>ALL</u> Household Members	Income Source	Monthly Income	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
			Total Annual Income:

Household members are those who live in the same home as their primary residence.

Household Income Level

Using the number of household members listed above and the household's total annual income from above, please identify the correct income level. If the household's total annual income is between levels, circle the income level that is **greater** than the household's total annual income.

<i>Income Level</i>	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% area median income	\$16,950	\$19,400	\$21,800	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380
50% area median income	\$28,250	\$32,250	\$36,300	\$40,300	\$43,550	\$46,750	\$50,000	\$53,200
80% area median income	\$45,150	\$51,600	\$58,050	\$64,500	\$69,700	\$74,850	\$80,000	\$85,150

Source: [U.S. Department of Housing and Urban Development. FY2018 AMI = \\$80,600 for a four \(4\) person household.](#)

Does your total household income **exceed 80% of the area median income** by household size?
 _____yes _____no

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I hereby certify that the above information is complete and accurate to the best of my knowledge. The income estimate includes income for all household members. I agree to submit additional support documentation if requested by the Town. I understand that the information provided to the Town of Chapel Hill will become part of the public record and therefore will be open to public examination.

Participant's Signature (or Parent's Signature if participant is under 18 years old)

Date

Program Administrator's Signature

Date

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Additional Resources

The Jackson Center works with legal organizations in our area to host Wills Clinics where neighbors can create or amend their wills for no cost.

Do you have a will? ___ Yes ___ No Need to amend? ___ Yes ___ No

- If you answered yes to either question above, would you like the Jackson Center to contact you about future Wills Clinic opportunities? ___ Yes ___ No

The Jackson Center also partners with the St. Joseph C.M.E. church ministry, Heavenly Groceries, a **certified foodbank** that provides thousands of pounds of fresh produce to neighbors **every weekday at 4 pm**. Feel free to come get groceries or volunteer and enjoy the community that has formed around this special ministry. No paperwork required!

Community Empowerment Fund (CEF), located at 208 N. Columbia St, Chapel Hill, offers **financial counseling and matching savings accounts** to help local residents build wealth. Call (919) 200-0233 to learn more and schedule a new member orientation.

Do you have Medicare and need help paying for your Medicare prescription drug program costs?

If Yes, then contact SHIP, the Seniors' Health Insurance Information Program.

Make an appointment at either the Seymour Senior Center in Chapel Hill at [919 968-2070](tel:9199682070) or Central Orange Senior Center in Hillsborough at [919 245-2015](tel:9192452015).

Do you still have questions about what other resources are available in our area? Community Empowerment Fund has created an **online database of community resources**, which can be accessed **OCconnect.info**. You can search for food, health, employment, legal, and housing services and much more. If you need help accessing the website, visit the Jackson Center or the Orange County JobLink Career Center at 503 W. Franklin St.

Other opportunities at the Jackson Center

The Jackson Center is first and foremost a public history center whose mission is to honor the legacy of the Northside community. We teach local history to K-12 students through workshops, and historic residents share their experiences in the schools or lead students on tours of the neighborhood. If you have stories about your life in Chapel Hill that you would like to share, or if you'd like to explore our exhibits, please give us a call or visit us!

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