

# projecthome

Dear Homeowner,

Enclosed/ Attached is the application for the City of Madison Minor Home Repair Program and supporting documents. If you are interested in receiving an estimate for repairs through the program, please complete and return the forms at your earliest convenience.

We must have this paperwork signed and returned before we can process your application for approval. After we approve your application, we will schedule time for our technician to perform your inspection and create the estimate for your requested work.

If you have any questions about the enclosed forms or the program, please call me at **(608) 246-3737 x 2201** or email me at [vickyk@projecthomewi.org](mailto:vickyk@projecthomewi.org).

Thank you for contacting Project Home and we look forward to working with you.

Sincerely,

Vicky Kutz  
Intake Assistant

Encl. (5) Minor Home Repair Program information sheet; Minor Home Repair Program application; Income Certification form; Renovate Right booklet receipt form; City Program and Non-Discrimination Sign-Off form.



### **Important Information about the Minor Home Repair Program:**

- Labor is charged at a rate of \$15 per hour.
- Labor charges include the time spent traveling to and from your job, as well as any time spent ordering or picking up materials.
- You are responsible for the full cost of all materials used on the job.
- You must pay one-third (1/3) of the estimate before work begins. Once work is finished, you must pay the remainder of the job cost within 3 months.
- On their first visit, the technician will perform a Housing Quality Standards inspection as well as doing the estimate. You will not be charged for either the estimate or the inspection.
  - Estimates are good for 90 days. Project Home does one free estimate per year. If you do not continue with the job and call back within 12 months for another estimate, you will have to re-apply for the program and will be charged \$25.00 for an additional estimate.
- This program cannot do remodeling or new construction. We can work on the home only (not detached garages, garden sheds, fences, etc.) Painting or staining, yard work, or other routine maintenance is not eligible repair work. Work requiring a licensed contractor (electrician, HVAC specialist, etc.) cannot be done through this program.
- Project Home can serve a customer one time every 12 months through the Minor Home Repair Program, provided the customer has paid off all previous job costs and meets the program qualifications.
- Please have your pets safely secured when our technician visits your home.

### **Questions?**

If you have any questions about the program or application, please contact Wyolanda Singleton at (608) 246-3737 ext. 2200 or at [wyoalandas@projecthomewi.org](mailto:wyoalandas@projecthomewi.org).  
Project Home 3841 Kipp St. Madison, WI 53718



MINOR HOME REPAIR PROGRAMS

\_\_\_ CDBG \_\_\_ Madison H2O

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. Briefly, what type of repairs are you requesting?

2. What types of income does your household receive, and how much? Please list the type of income and gross (before taxes or deductions) amount for each household member.

Examples of income include: Wages, Self employment, Unemployment, Child Support, Alimony, Social Security, Social Security Disability, SSI, Pension, Retirement, Veterans benefits, Rental income, Interest income, Dividends, etc.

Table with 3 columns: Name, Income Type, Gross Amount. Includes dollar signs in the Gross Amount column.

HOUSEHOLD DEMOGRAPHIC INFORMATION

3. What is the total annual gross income for all members of your household? \_\_\_\_\_

4. How many people are in your household? \_\_\_\_\_

5. Is the head of household female or male? \_\_\_\_\_

6. Is anyone in your household 62 years old or older? YES / NO If YES, how many? \_\_\_\_\_

7. Is anyone in your household 6 years old or younger? YES / NO If YES, how many? \_\_\_\_\_

8. Does anyone in your household have a disability? YES / NO If YES, how many? \_\_\_\_\_

9. Is anyone in your household Hispanic? YES / NO If YES, how many? \_\_\_\_\_

10. Is anyone in your household a veteran? YES / NO If YES, how many? \_\_\_\_\_

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11. Please indicate the race or ethnicity of **each person** living in your household in the table below: (**How many** people of each ethnicity)

<u>Single Race Categories</u>	<u>Multiple Race Categories</u>
_____ White / Caucasian	_____ African American &Caucasian
_____ Black / African American	_____ American Indian/Alaskan Native & African American
_____ Asian	_____ Asian & Caucasian
_____ American Indian / Alaskan Native	_____ Balance / Other
_____ Native Hawaiian / Pacific Islander	

**I certify that the above information is true and correct to the best of my knowledge. I agree to provide documentation to verify my sources of income upon request by Project Home, the City of Madison, or HUD. I understand that providing false information will disqualify me from participating in the program.**

\_\_\_\_\_  
Signature of homeowner

\_\_\_\_\_  
Date (mm/dd/yyyy)

Questions?

Please contact Vicky Kutz at (608) 246-3737 ext. 2201 or [vickyk@projecthomewi.org](mailto:vickyk@projecthomewi.org)

***Please have your pets restrained when our technician visits your home.***

**INCOME CERTIFICATION FORM**

AGENCY: Project Home, Inc.

PROGRAM: Minor Home Repair

To participants in this project:

The City of Madison Community Development Block Grant Office has provided some of the financing for this project. In order to document that benefits are received by the target population defined by the Federal Department of Housing and Urban Development, we ask that you review the residency and income limits listed below, and check the appropriate description.

CHECK ONE

       A. I/we certify that I am/we are residents of the City of Madison, and that within the past twelve months my/our household income has been less than the maximum shown for my/our household size.

<u>Household Size</u>	<u>Maximum Annual Gross Income</u> (Total combined income from all sources for all members of the household.)
1	\$72,700
2	\$83,100
3	\$93,500
4	\$103,850
5	\$112,200
6	\$120,500
7	\$128,800
8	\$137,100

       B. I/we are not residents of the City of Madison.

       C. I/we are residents of the City, but my/our household income is greater than the levels indicated above.

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payments from annuities, retirement plans, social security, and any other source of income. I certify that the above information is complete and correct. I agree to provide documentation to verify household income level upon request by the agency, CDBG, or HUD.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



3841 Kipp St.  
Madison, WI 53718  
(608) 246-3737

- I have received a copy of the EPA informational booklet:

**“RENOVATE RIGHT Important lead hazard information  
for families, child care providers and schools”**

(EPA740-F-08-002, March 2008)

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FULL NAME (PLEASE PRINT)

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ADDRESS

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CITY, STATE, ZIP

X \_\_\_\_\_

SIGNATURE

X \_\_\_\_\_

DATE



3841 Kipp St., Madison, WI 53718  
608 246-3737 - projecthomewi.org

### **City of Madison Minor Home Repair Program Qualification Requirements Sign Off**

Signature of this form indicated that you have read, and are in compliance with, the following program requirements:

1. Any mortgages or loans on my home are in good standing. I am not in arrears on any loans associated with my home.
2. My home is not currently for sale and will not be put on the market to be sold within the next 12 months.

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

Homeowner Name (print): \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Project Home Non-Discrimination Policy**

Consistent with Federal regulations and City ordinance, Project Home, Inc. does not discriminate on the grounds of race, national origin or ancestry, color, religion, sex, age, handicap/disability, marital status, source of income, arrest record or conviction record, less than honorable discharge, physical appearance, sexual orientation, political beliefs, or familial or student status. If you need assistance accessing Project Home's programs due to a disability or language barrier, please contact Project Home by phone at 608 246-3737.

If you feel at any time during the provision of services, from application to job completion, that you have been treated differently by Project Home due to your race, national origin or ancestry, color, religion, sex, age, handicap/disability, marital status, source of income, arrest record or conviction record, less than honorable discharge, physical appearance, sexual orientation, political beliefs, familial status, or the fact that you are a student, you may file a complaint. If you feel that you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you and you wish to file a complaint, we can help you with the process. If you feel you have been discriminated against, please send a formal written complaint to: Project Home, Inc., 3841 Kipp St., Madison, WI 53718