



Application for Assistance

Please fill-out digitally, save and submit to info@hammerandheartwnc.org
OR print, fill-out manually and mail to address listed at the end of the application.

General Information

Date: _____

Name of Applicant: _____

Street Address: _____

City: _____ ZIP Code: _____

Mailing Address (if different): _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Name: _____ Relationship: _____

Alternate Contact Phone: _____

Home Information

Type of dwelling: Frame House Mobile Home Brick house Other

Do you own or are you buying your dwelling? Own Own with Mortgage

If you have a mortgage, what is your monthly housing payment? _____

Does the applicant currently reside in the home that is in need of repair? Yes No

If you own land, how many acres of property do you own? _____


What year was your home built? _____

Briefly describe the problems that need repairing:

What actions have been taken to fix the problems?

Household Information

List the names of all those living permanently in the household:

Relationship to Applicant	Name (First, MI, Last)	Birthdate (mm/dd/yyyy)	Last 4 digits of Social Security Number
1 <i>self</i>			
2			
3			
4			
5			

If needed, add other names to an attached sheet.

Briefly describe disabilities of any members of this household:

First Name _____ Disability _____

First Name _____ Disability _____

First Name _____ Disability _____

Are you or any member of the household a Veteran? Yes No

Gross Income/Medical Expense Information

Dollars earned by each household member (as listed above*) per month.

Sources of Income	No.1 (Self)	No. 2	No. 3	No. 4	No. 5
Wages					
Retirement/Pension					
Social Security					
Social Security Disability Ins.					
Supplemental Security Income					
Public Assistance					
Child Support					
Interest					
Other (Including Property, etc.)					

Total amount of monthly household income that is spent on recurring medical treatment and/or maintenance medications: _____

Explain:

***Please provide proof of income (social security statement, pension statement, pay stub) and proof of home ownership with your application.**

Applicant Certifications

I hereby certify that...

1. I own and occupy the home described above and have provided proof of ownership.
2. The gross income/medical expense information described above is complete and true to the best of my knowledge. I have provided proof of this income.
3. I understand this information is provided to qualify Swannanoa Valley residents for assistance through *Hammer and Heart*. The program is intended to assist low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety; or in performing accessibility modifications or other repairs necessary to allow a homeowner facing displacement to remain in his or her own home safely.
4. I understand that H&H is unable to meet the needs of every person applying and that applicant eligibility is based on home ownership, income, health, disability status, age, number in household and veteran status.
5. I give permission for H&H personnel to access my personal information to verify the contents of this application and to facilitate the repair of my home.
6. I understand that H&H is not required to correct all deficiencies in my home nor make the home conform to any local, state, or housing quality standards.
7. I have read and understood the Hammer and Heart Assistance Policy (found at hammerandheartwnc.org).

Applicant Signature: _____ Date: _____

Submit this form to info@hammerandheartwnc.org or mail a printed copy to:

Hammer & Heart
P.O. Box 577
Black Mountain, NC 28711