

IMPORTANT: To determine if you are eligible for assistance, please read our Assistance Policy before completing the application.



**HAMMER & HEART**  
Home Repairs For  
Neighbors in Need

## Application for Assistance

Please fill-out digitally, save and submit to [info@hammerandheartwnc.org](mailto:info@hammerandheartwnc.org)  
OR print, fill-out manually and mail to the 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 own a mobile home, how much is the lease for your land? \_\_\_\_\_

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:

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What actions have been taken to fix the problems?

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**Household Information**

List the names of **ALL** those living 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.

Describe disabilities of any members of the household (use attached sheet if needed):

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 **ALL** household members (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/Food Stamps					
Child Support					
Bank or Stock Interest					
Other (Including Property, etc.)					
Savings					

\*Please provide proof of income for each household member (SS statement, pay stub, or other).

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

Explain:

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**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 income for all household members.
3. I understand this information is provided to qualify Swannanoa Valley residents (Black Mountain, Ridgecrest, Swannanoa) for assistance through *Hammer and Heart*. The program is intended to assist low-income homeowners with special needs in correcting substandard housing conditions that 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, veteran status, and available funding.
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](http://hammerandheartwnc.org)).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit this form to:

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

**Important Note:** Any applicant or recipient who exhibits aggressive, demanding, or threatening behavior towards Hammer & Heart staff, contractors, or volunteers will be automatically disqualified for assistance. This type of conduct will not be tolerated. Applicants and recipients are expected to treat everyone associated with H&H with respect and common courtesy.