



Senior Home Repair & Benefits **Program Guidelines & Procedures**

Updated May 2018

CHAI's Senior Home Repair & Benefits Program assists homeowners in Northwest Baltimore who are age 62 and older, or have disabilities, and are living on low to moderate income in the five neighborhoods of Glen, Fallstaff, Cross Country, Cheswolde, Mt. Washington, and Pikesville.

Homeowners may qualify for assistance with:

- Roof
- Gutter and downspout
- Chimney
- Plumbing and electrical
- Railing installation
- Grab bars
- Bathroom modifications
- Wheelchair ramps
- Smoke detectors
- Other handyman jobs
- Similar Repairs

If advocacy and support is needed, clients can receive assistance from a Senior Benefits Counselor. **Senior Benefits Program** provides home safety assessments and housing-related referrals, advocacy, application completion, assistive devices and, education for vulnerable seniors and individuals with disabilities.

Applicants are required to complete Senior Home Repair & Benefits Program application that includes an income eligibility determination. **Once qualified, allocations are determined by the Senior Home Repair Team based on the needs of the home. Home repairs are offered on a sliding fee scale based upon financial criteria for adaptations, maintenance and repairs.** Qualified applicants are then eligible to participate in the following programs:

Home Assessment

1. The Senior Home Repair Technician and, in some cases, the Housing Benefits Counselor will visit the applicant in his/her home, to help assess the home's safety, accessibility, and condition and evaluate the applicant's needs.

2. In addition, the Housing Benefits Counselor, a licensed social worker, may complete a comprehensive assessment to identify additional housing related needs.

Home Repair

3. After the professional assessment(s) have been completed, the technician will facilitate a process to help implement the recommendations that were made. Tasks will be prioritized with the goal of maximizing the client's safety in the home.
4. If applicable, the Housing Benefits Counselor will facilitate access to recommended community services and resources.
5. The technician will call the client to schedule a repair appointment.

Billing Charges

1. The portion of the service charges billed to you is based on your income level. (See Family Income Declaration page)
 - a. **100%** of approved services are covered when your income is below 30% of HUD median income.
 - b. **75%** of approved services are covered when your income is between 30% up to 50% of HUD median income.
 - c. **50%** of approved services are covered when your income is between 50% up to 80% of HUD median income.
 - d. **Fee For Service:** If your income is above 80% of HUD median income or your assets exceed \$30,000 OR you if choose not to submit documentation you may access the services of this program as "fee for service." Fees are set at \$50/hour for labor plus materials cost. Estimates remain free.
2. If you have a balance due over 30 days, new service could be withheld until payment is received.

Loans & Grants

1. For repair or safety needs that exceed the funds available through our Senior Home Repair & Benefits Program, additional loans and grants may be available within CHAI or through community programs. The Senior Benefits Counselor can advise and assist homeowners through this process.

Limitations

1. CHAI can **NOT** reimburse clients for work already completed without prior authorization.
2. Apartments have a \$400 limit towards repairs or modifications.



Senior Home Repair & Benefits INTAKE FORM

Referral Source _____ Date: _____

1) NAME AND ADDRESS OF APPLICANT

Full Name _____

Date of Birth _____

Full Name _____

Date of Birth _____

Address: _____

Zip Code: _____

Please Circle: CITY COUNTY PIKESVILLE

Property Type: Please Circle
DETACHED/ SEMI-DETACHED/ APARTMENT/ CONDO

Home Number: _____ Cell Number: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Do we have permission to speak to this person regarding services being provided to you? Yes _____ No _____

Please briefly list some current repair or modification concerns that you may be experiencing: _____

2) PLEASE ENCLOSE A COPY OF YOUR PHOTO ID AND ALL INCOME/ASSETS THAT APPLY BELOW FOR ALL HOUSEHOLD MEMBERS:

- () Social Security Award letter/bank statement showing deposit (if taxes weren't filed)
- () Pension Statement
- () Monthly Interest/Dividends
- () Saving Account Balance Statement
- () Retirement Account
- () Other Income i.e. rental income etc. Specify: _____

Total Household members (including you and your spouse) _____
Names and Ages of other household members not listed above: (If over 18, without income provide proof of unemployment or signed letter explaining the situation)

GROSS HOUSEHOLD ANNUAL INCOME (all taxable and non-taxable income before taxes include: Social Security payments, rental income, interest/dividend income, pensions, child support and

If you have extra-ordinary medical expenses that significantly impact your annual income, you are welcome to include an attached letter clarifying these issues.

Note: you will be required to provide appropriate documentation.

This is to certify that all of the above information is true. If, for any reason, the information given is not accurate or complete, this will be cause for disqualification:

_____ Date: _____
Applicant Signature

_____ Date: _____
Applicant Signature



FAMILY INCOME CHART FY 2019

Effective 07/01/2018

Baltimore Area Median Family Income: \$94,950

(Source: U.S. Department of Housing and Urban Development, Baltimore Office)

CHAI receives funding from Baltimore City to serve families whose income levels allow them to be eligible for benefits under the Federal Community Development Block Grant Program (CDBG). *In determining the appropriate income range for your family or household, include the gross amount of income of all adult household members (18 years and older) that is anticipated to be received during the coming 12-month period.*

Please check the line in the box below that accurately indicates the annual gross income (before any deductions), based on the number of people in your household:

| Number in Household | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Over 80% of median CLIENT PAYS 100% | \$50,350 Or Above | \$57,550 Or Above | \$64,750 Or Above | \$71,900 Or Above | \$77,700 Or Above | \$83,450 Or Above | \$89,200 Or Above | \$94,950 Or Above |
| 50%-80% of median CLIENT PAYS 50% | \$33,250 to \$50,349 | \$38,000 to \$57,549 | \$42,750 to \$64,749 | \$47,450 to \$71,899 | \$51,250 to \$77,699 | \$55,050 to \$83,449 | \$58,850 to \$89,199 | \$62,650 to \$94,949 |
| 30%-50% of median CLIENT PAYS 25% | \$19,951 to \$33,249 | \$22,801 to \$37,999 | \$25,651 to \$42,749 | \$28,451 to \$47,449 | \$30,751 to \$51,249 | \$33,051 to \$55,049 | \$35,301 to \$58,849 | \$37,601 to \$62,649 |
| Up to 30% of median CLIENT PAYS 0% | \$19,950 Or below | \$22,800 Or below | \$25,650 Or below | \$28,450 Or below | \$30,750 Or below | \$33,050 Or below | \$35,300 Or below | \$37,600 Or below |

I/We hereby certify that the information **checked** above is my/our current annual **family** or **household** income. The income certified above is subject to verification and the Federal False Claims Act, 31 USC section 3729).

(PRINT) NAME OF CLIENT #1

(PRINT) NAME OF CLIENT #2

(SIGNATURE) CLIENT #1

DATE

(SIGNATURE) CLIENT #2

DATE

ACCEPTANCE OF SERVICES AND INDEMNIFICATION

I (we) do hereby accept the provision of housing services by Comprehensive Housing Assistance, Inc. (CHAI), an agency of THE ASSOCIATED: Jewish Community Federation of Baltimore, which may include the following:

- () Home Repair/Modification
- () Services Provided by Volunteers
- () Home Assessment/Inspection
- () Occupational Therapist Assessment

I (we) agree to hold harmless and indemnify from and against any and all actions, claims, damages, liabilities, and expenses, including attorneys' fees, CHAI and its employees, members, officers and directors, arising from the housing assistance services rendered in connection with this agreement, either by any such employee, member, officer, or director, or by any agent, contractor, or consultant of CHAI, or by any person referred to me (us) by CHAI.

Dated this ____ day of _____, 20____.

Homeowner # 1 Name (**SIGNATURE**)

Homeowner #2 Name (**SIGNATURE**)

Homeowner # 1 Name (**PRINT**)

Homeowner #2 Name (**PRINT**)

