



Thank you for your interest in Mid City Redevelopment Alliance’s FIXUP! Home Repair Program. The FIXUP! Home Repair Program will include (NeighborGrants!, and Owner Occupied Rehabs) these programs include handicap accessibility modifications (wheelchair ramps, grab bars, and handrails), roof repair, minor floor repair, and other health and safety home repairs. The FIXUP! Home Repair Program is **NOT** an emergency repair program; **we do not guarantee that all applications for home repair will be accepted, that all work requested will be completed, OR a time frame for repair work to be done.**

Eligibility Criteria for the FIXUP! Home Repair Program are as follows:

- **APPLICATION MUST BE COMPLETED IN FULL.**
- You must **own the home** where the repairs are to be made.
- You **must occupy the home** as your primary residence.
- The home must be in East Baton Rouge Parish.
- Your household income **must fall below 80% of Area Median Family Income (A.M.F.I.)** .
- **The scope of work requested must meet our repair guidelines and must be able to be completed within our homeowner-occupied repair budget and funds available.**
- Must have current full coverage homeowners insurance or be willing to secure prior to work beginning.
- Homeowner must agree to volunteers performing some unskilled work to help extend project budgets.
- Those receiving home repair services must be present for the duration of the repair work being completed.

Income Guidelines 80% yearly AMFI (before taxes)*

***Numbers are subject to change each year without notice as HUD releases updates annual figures**

Household Size	1	2	3	4	5	6	7	8
Income Limits (<80%MI)	\$41,200	\$47,050	\$52,950	\$58,800	\$63,550	\$68,250	\$72,950	\$77,650

Important to understand:

- **Not all applications for critical home repair projects will be approved.**
- We may only be able to commit to part of what a house needs. In cases where a homeowner-occupied repair application has been approved but we are unable to complete all items requested, **MCRA staff will determine which repairs will be done.** Requested repairs will be prioritized based on safety, long-term accessibility,

affordability, and our ability to use volunteers and any other determining factors as documented with each individual case. *[It is always our priority to remedy any existing code violation(s)].*

- A timeframe for the completion of critical home repairs cannot be guaranteed, but an estimate will be provided.
- **In the case of repairs being performed following a natural disaster, we will consider duplication of benefits to determine eligibility.** Selected applicants must acknowledge that all assistance (insurance proceeds, FEMA assistance, and/or any other philanthropic resources are disclosed at time of application; all resources will be considered when developing a unique work scope that ensures no duplication of benefits occurs).

Paperwork Needed for FIXUP! Home Repair Application

You will need to provide proof of total household income, proof of ownership, and homeowner's insurance by providing copies of the supporting documentation listed below. **Your application will be considered incomplete if copies of supporting documentation are not provided with the application.**

If you need assistance in completing the application, call MCRA at (225) 346-1000 to schedule an appointment.

Provide the following documents when you return your application:

- Copies of Driver's License and/or Louisiana I.D. for all adult family members (18 years and older) living in the home
- Divorce Decree (if applicable)
- Proof of Income (as applicable)
 - Copies of current Award Letters or most recent stubs for all family members in the home for:
 - Social Security
 - SSI
 - Pension or Retirement
 - Disability (SSDI)
 - Child Support
 - Copies of Pay Stubs for the most recent two months for all family members in the home
- Copy of homeowner's insurance declarations page
- Copy of Mortgage or Deed
- If you are still making payments on the home, please provide proof that all payments are current from the Mortgage holder



FIXUP! Home Repair Program

Dear Applicant: Please fully complete this application to help determine if you qualify for the FIXUP! Home Repair Program. Please fill out the application as completely and accurately as possible. All information provided will be kept confidential. **RETURN APPLICATION TO MCRA: 419 N. 19th Street, Baton Rouge, LA 70802. COMPLETION OF THE APPLICATION DOES NOT GUARANTEE PROJECT APPROVAL.**

Applicant Information

Name: _____ Co-Applicant _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at address: _____ Estimated year the was house built?: _____

Do you own the home where work is to be done? YES or NO

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Race: Black White Hispanic Other _____

Co-Applicant Date of Birth: _____ Co-Applicant SSN: _____

Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)

Is anyone in your household a veteran? Yes No Name: _____

Do you have pets? _____ If yes, what kind and how many? _____

Number of persons living in your home (including applicant): _____

List members of your household:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Requested Repairs:

Please check (v) the types of repairs or modifications you are requesting for your home.

- Ramp access and/or hand rail to primary entrance
- Door and/or window repair or replacement
- Grab bars in bathroom
- Roof repair
- Minor floor repair (i.e. Subfloor and/or finish floor; Does NOT include structural beam or pier work)
- Plumbing
- Electrical
- Weatherization (sealing around doors & windows, checking A/C & heat duct work, adding insulation, etc.)
- Other (please describe): _____

Employment Information

Applicant Employment & Income Information

Employer Name: _____ Position: _____

Start Date: _____ End Date: _____ Gross Monthly Income (Before Taxes): \$ _____

How are you paid? Hourly ____ Weekly ____ Every Two Weeks ____ Twice a Month ____ Monthly ____

Co-Applicant Employment & Income Information

Employer Name: _____ Position: _____

Start Date: _____ End Date: _____ Gross Monthly Income (Before Taxes): \$ _____

All Other Household Income Sources:

Social Security \$ _____ Child Support (court ordered): \$ _____

Retirement/Pension: \$ _____ Alimony: \$ _____ Other: \$ _____

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home. **You must provide proof of all household income.**

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, ect...)	

I certify that the income reported above represents 100 percent of the total monthly income for my household:

Applicant Signature

Date

Feel free to share your story on what needs to be done and how it can impact your life to have these repairs.

Reasonable Accommodation Information The information gathered in this section will help us better serve the housing needs of persons with disabilities. The special features are known as “reasonable accommodation.” A reasonable accommodation is a change that can be made to allow a person with physical disabilities to have the same opportunity for housing as any other participant. **You are not required to disclose a physical disability.**

I am requesting reasonable accommodation at this time

If you are requesting reasonable accommodation, complete the information below:

1. Do you or anyone you live with use any of the following devices? (Check all that apply.)

Wheelchair Walker Crutches Cane Other Specify _____

2. What if any, modifications do you or anyone in the household need in your bathroom?

Grab bars Roll in showers Raised toilet seat Lower toilet seat

3. Do you need flashing warning lights for any of the following

Smoke- detection Doorbell Security Purposes

4. What, if any, other modifications do you or anyone in your household need?

Service Delivery Category		Priority Population
<input type="checkbox"/>	Aging in Place	Elderly
<input type="checkbox"/>	Rehab	Disabled
<input type="checkbox"/>	Repair	Veteran
<input type="checkbox"/>	Disaster Service	

Permission to Refer

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES

NO

Applicant Agreement

I understand that by filing this application, I am authorizing Mid City Redevelopment Alliance to evaluate my need for home repairs, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive assistance from the FIXUP! Home Repair Program, I may be disqualified from the program.

_____ By initialing here, I attest that I have disclosed a full account of all resources provided to my entire family. I understand that I must not receive a duplication of resources for repairs to my home resulting from the flood of August 2016.

Applicant Name (Print)

Applicant Signature

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

Name

Date

Contact Number

Organization/Relationship

Return completed application along with supporting documentation to:

**Mid City Redevelopment Alliance
419 N 19th Street
Baton Rouge, LA 70802**