

# Repair Affair Application Form

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

Please check the program that applies



**Repair Affair**



**Emergency Repairs**

Referred By: \_\_\_\_\_

## Homeowner Information

Name of homeowner \_\_\_\_\_

Is Homeowner 62 yrs. old or older?     yes     no

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) on home deed \_\_\_\_\_

**NOTE: A copy of the deed verifying home ownership must be mailed in with this application.**

Ages and relationships of other residents \_\_\_\_\_

Disabilities \_\_\_\_\_

Has the property been denied/deemed infeasible by LFUCG Division of Grants & Special Programs, Rehab Program?     Yes     No

Have you received a "Notice and Order" for from the Division of Code Enforcement? \_\_\_\_\_

**Income Information (Current proof of income must accompany this application.** You must send a statement verifying the income for anyone living in the home who is 18 years old or older (i.e. social security statement, check stub or copy of a check).

Annual Income \_\_\_\_\_ Sources \_\_\_\_\_

Other resident's annual income \_\_\_\_\_ Sources \_\_\_\_\_

## Asset Information

Please list other property owned \_\_\_\_\_

Other assets \_\_\_\_\_

## Information on Local Relatives

Name of local family member \_\_\_\_\_ Phone \_\_\_\_\_

*Complete this section for REPARE AFFAIR (See page 2 for signature)*

### Information on Repairs Needed

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Roof Repair       | <input type="checkbox"/> Gutters   | <input type="checkbox"/> Tuckpointing |   |
| <input type="checkbox"/> Caulking          | <input type="checkbox"/> Window Glazing                                      | <input type="checkbox"/> Siding       | <input type="checkbox"/> Roof Replacement |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Install Storm Windows ( <i>purchased by owner</i> ) |                                       |   |
| <input type="checkbox"/> Soffits           | <input type="checkbox"/> Other _____   |                                       |   |

## Repair Affair/Emergency Repair Application – page 2

Complete this section for EMERGENCY REPAIRS.

\_\_\_\_\_ Plumbing      \_\_\_\_\_ Roof Repair  
\_\_\_\_\_ Heating      \_\_\_\_\_ Other \_\_\_\_\_  
(Please describe)

**Note: The maximum cost of emergency repairs is \$1,000 per household, except for furnace replacement. The maximum cost for furnace replacement is \$3,000.**

Family/Household Size	1 Person	2 People	3 People	4 People
Maximum Income for Repair Affair	\$37,100	\$42,400	\$47,700	\$52,950
Maximum Income for Emergency Repair Program	\$23,200	\$26,500	\$29,800	\$33,100

*In order to qualify for either the Repair Affair or Emergency Program, at least one of the owner/occupants of the dwelling to be repaired must be 62 years of age or older.*

*Please complete the application and sign below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Return signed application along with a copy of the deed and verification of income to:**

**Realtor Community Housing Foundation  
2250 Regency Road  
Lexington, KY 40503**

Phone: 859-276-2693

Fax: 859-277-0286



**We Do Business in Accordance With the  
Federal Fair Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or National Origin.**