**Aging in Place Program FAQ’s**

Topeka Habitat for Humanity Aging in Place Repair Program is dedicated to providing assistance to aging homeowners on a fixed income who wish to live in their home with increased safety, dignity, and independence. We offer a holistic approach to home repairs with the homeowner at the center of what we do.

**Who is Eligible for Repairs?**

* Homeowners in Shawnee County
* Age 60 or older
* At or below 60% of the average median household income

**How does the Process work?**

1. **Application:** Application packets are available by request in English and Spanish. You will be asked several questions prior to receiving an application based on available funding and program capacity. Receipt of an application is not a guarantee of eligibility or program acceptance. Please return all supporting documentation with your application including, income and benefits verification for all household members, mortgage statement, tax statement, etc. If you need assistance getting any necessary documentation please contact our office.
2. **Review:** Once the application is received eligibility for the program is determined; follow-up phone calls and/or letters may be used to capture missing information.
3. **Inspection:** The Aging in Place Outreach Coordinator (or alternate Topeka Habitat Staff) and Repairs Manager will schedule a home visit and inspection to review the repairs and/or accommodations you have requested. Please be aware that areas of the home outside of the requested repairs may also been assessed. We ask that you complete a home visit survey prior to our arrival so that we can prepare accordingly. Repairs and services discussed at the home visit are not a guarantee of any services. After the initial inspection by Topeka Habitat Staff additional contractors may be requested to provide bids for repair projects.
4. **Repairs:** Once we review the inspection report and any necessary bids we will make a determination of what/if any repairs we can commit to under our program funding and guidance. A meeting will be scheduled to review the Homeowner’s Agreement and Scope of Work, if you are approved for services, which details the repairs/accommodations Topeka Habitat agrees to perform; this may not include all of your requests if it is outside of the program’s scope and resources. At that time, we will discuss a potential timeline for repairs and any homeowner commitments such as education classes or “sweat-equity”, and any grant requirements. Sub-contractors may be utilized for specialized work and will coordinate scheduling with the Applicant and Topeka Habitat Staff. Volunteers may be utilized for certain types of outdoor work.
5. **Closing:** Post-repair, there will be a final meeting to close your application, and sign the completion paperwork. However, you may still be participating in the program until the assigned “sweat-equity”, education classes, follow-up surveys, etc. are completed based on your Homeowner Agreement.

**What services are prioritized?**

* **Accommodations and Accessibility**: grab bars, hand rails, addressing trip and fall hazards, ramps, etc.
* **Immediate Safety Concerns:** We cannot address cosmetic or optional repairs.
* **Loss of Hot Water or Heat:** We will prioritize a loss of water or hot water due to a plumbing issue or hot water heater issue, loss of heat during cold months due to a furnace issue, loss of AC during hot months due to an HVAC issue.
* **We will evaluate all other repairs based on our current program capacity and available funding.**

**What Services are not available through this program?**

* Massive repairs due to catastrophic events such as fire and acts of nature
* Repairs to trailers or mobile homes
* Cosmetic repairs
* Repairs to garages, sheds, fences or unattached exterior structures
* Remediation of mold, pests, lead, asbestos, or hoarding
* Repairs that exceed more than 20% of the appraised property value
* Other types of repairs may be unavailable at various times depending on funding availability and requirements

**Who do I contact for Assistance or Questions?**

Please contact our office for assistance, via phone at 785-234-4322 or via email at juan@topekahabitat.org. Our offices are located at 121 NE Gordon Street and our office staff is available by appointment. For more information and other program updates, visit our website at topekahabitat.org.

**Documentation Checklist for Aging in Place**

**Copy of Photo ID or Driver’s License for all Household members**

**Proof of Income for all Household members:**

* Benefit statement from current year (2024)
* Pension statement from current year (2024)
* 60 days of paystubs

*\* Bank Statements or Tax Statement cannot be accepted as proof of income.\**

**Proof of current mortgage (if applicable)**

* Most current statement from bank and/or lender

☐ **Proof of Home Ownership:**

* Title/Deed OR Shawnee County Appraiser Print Out

*\*If there multiple owners, we will require additional verification\**

☐ **Other Documents Requested:**

Please submit copies of the requested documentation with your Aging in Place application. Do not submit your original documents. If you need help making copies, call our offices at 785-234-4322. Please note that applications will only be processed once all documents are received. Failure to submit the necessary documentation will result in an “Incomplete Status” until all documents are received.

**Please return documents via email to** [**families@topekahabitat.org**](mailto:families@topekahabitat.org)**.**

**Or return via mail to:**

**Topeka Habitat for Humanity**

**121 NE Gordon Street**

**Topeka, KS 66608**

**Applicant Information:**

Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number for you: (Home) (Cell) Emergency Contact: Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address *(If used regularly)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you disabled?  No  Yes, please identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity *(Please mark all that apply):*

☐American Indian/Alaska Native ☐Asian ☐Native Hawaiian/pacific Islander ☐Black/African American ☐White/Caucasian ☐Hispanic/Latinx ☐Other\_\_\_\_\_\_\_\_\_\_

Have you or any member of your household served in the military, including National Guard or Reserves?  No  Yes, Service Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Information:**

Do you own this home? No  Yes How many years have you lived in this home? \_\_\_\_\_\_\_

Do you owe a mortgage on this home?  No  Yes, please provide a mortgage statement.

Do you have homeowners insurance?  No  Yes, Name of Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all owners on the deed to the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you owe back taxes on this home? No  Yes

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_\_ Number of floors/stories: \_\_\_\_\_

**Please list all household members:**

**Name Age Relationship**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you have additional household members please use an additional piece of paper\*

**Income Information:** *Please attach income verification documents for all household members-must be current year statement for Social Security/Pension and if applicable, paycheck stubs from the last 60 days, etc.*

**Applicant/Homeowner Income:** Social Security $ \_\_\_\_\_\_\_\_\_\_ Disability $\_\_\_\_\_\_\_\_\_\_\_\_

Wages $\_\_\_\_\_\_\_\_\_\_\_ Pension/Retirement $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income $\_\_\_\_\_\_\_\_\_\_\_\_

**Other Household Member Income:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security $ \_\_\_ Disability $ Wages $ \_\_\_\_\_

Pension/Retirement $ Other Income $

\*If you have additional household members with income, attach a separate piece of paper to this application\*

**Housing Issues/Repairs Needed:**

☐Accessibility/Fall Prevention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Fire Safety/Fire Prevention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Critical Repairs: Plumbing, Heating, Roof, Etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe housing concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Questions:**

Have you applied for this program before?

Have you received other services from Topeka Habitat?

How did you hear about the Topeka Habitat for Humanity Aging in Place Program?

**Are you willing to attend financial education and/or credit counseling on debt management or budgeting?(*In signing this application, you affirm this opportunity was offered to you)*  No  Yes**

**Would you like to receive home maintenance education?  No  Yes**

Have you attached copies of all the documents needed?  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please see the documentation checklist attached to this application.*

**By signing below, I attest that all the information I provided on this application is true and accurate.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**If you have questions please call our office at 785-234-4322.**

**Please return via email to** [**families@topekahabitat.org**](mailto:families@topekahabitat.org)**,** [**juan@topekahabitat.org**](mailto:juan@topekahabitat.org) **or mail to:**

**Topeka Habitat for Humanity**

**121 NE Gordon Street**

**Topeka, KS 66608**

***Please Be Advised That This Form is NOT an Agreement of Program Acceptance***