



Homeowner Application for Free Tuckpointing

updated July 2014

HOMEOWNER: Mr. / Ms. _____
(CIRCLE ONE)

Who referred you to Harambee? _____
NAME OF PERSON AND/OR AGENCY

ELIGIBILITY VERIFICATION

A **LOCATION** Your home must be located within the city limits of St. Louis City, in one of the specific neighborhoods listed to the right. *We are not accepting applications for St. Louis County or any other St. Louis City neighborhoods at this time.*

_____ St. Louis, MO _____
STREET ADDRESS ZIP CODE

_____ WARD _____
NEIGHBORHOOD (SEE LIST AT RIGHT)

B **OWNERSHIP & OCCUPANCY** You must own and live **in** your home. If your name does not appear on the city records as the owner, you must provide proof that it is owned by a close family member (sister, uncle, daughter, mother, etc.). *We cannot work on rental properties.*

Do you currently live at the address given above? Yes No

Please choose ONE:

- My name is on record with the city of St. Louis as the owner of the above property.
- My home is owned by a close relative as named below:

Name _____ Relationship to you: _____

Number of units: _____ Total number of bedrooms: _____

C **INSURANCE, TAXES, & MORTGAGE** Your home must be insured and you must be current on your real estate taxes and any mortgage payments before we can start work. *You do not need to attach anything to the application at this time; we will ask you for proof later once you have qualified and we are making plans to put your home on our project schedule. If you are not able to get insurance on your home, contact Missouri Fair Plan at 1-800-392-7240 for help.*

Are you current on your real estate taxes? Yes No Do you have homeowners insurance? Yes No

Please choose ONE:

- My home is paid in full and I do not currently have a mortgage loan. I can show Harambee the deed to my home as proof of this.
- I have a mortgage loan for my home and am current on my payments. When the time comes, I am willing to show Harambee my most recent mortgage statements showing proof of current payments. Bank: _____

D **INCOME LEVEL** You must meet our income eligibility requirements, which are based on HUD standards. Please report total combined monthly income for all members of your household. Be honest & accurate.

Wages from ALL Jobs \$ _____ per month
Unemployment \$ _____ per month
Social Security \$ _____ per month
Disability and/or SSI \$ _____ per month
TANF \$ _____ per month
Child Support \$ _____ per month
GRAND TOTAL \$ _____ per month

How many people are in your household, including yourself? _____
How many of these people have jobs? _____
How many are currently receiving unemployment? _____

Once you have qualified initially and we make plans to schedule your project, we will ask you to provide additional forms of proof of your household income, including last year's tax return and any recent income documentation. We will re-verify your eligibility at that time.

ELIGIBLE ST. LOUIS CITY NEIGHBORHOODS

- Academy
- Central West End
- Covenant Blu-Grand Center
- DeBaliviere Place
- Fairground Neighborhood
- Fountain Park
- Greater Ville
- Hamilton Heights
- Jeff Vanderlou
- Kingsway East
- Kingsway West
- Lewis Place
- O'Fallon
- Penrose
- Skinker DeBaliviere
- The Ville
- Vandeventer
- Visitation Park
- Wells Goodfellow
- West End

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DEMOGRAPHIC REPORTING

E

We must collect certain information on each of our homeowners in order to provide statistics to the agencies who fund our programs.

GENDER

What is your gender? Male Female

ETHNICITY

Do you consider yourself to be Hispanic/Latino? Yes No

RACE

Please choose ONE:

- African or African-American (Black) Caucasian (White)
 African-American & Caucasian (Biracial) Other:

AGE

Date of birth: ____/____/____ Age: ____

CONTACT INFORMATION

F

Although you will receive most communications by mail, we may need to call you. Please give us at least two phone numbers below.

(____) _____ - _____ (____) _____ - _____
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER

E-MAIL ADDRESS _____

HOMEOWNER'S AGREEMENT

Read each item carefully before signing below.

- I have filled this application out truthfully and completely.
- Harambee has my permission to visit my property as needed for inspection and evaluation of my tuckpointing needs.
- I understand that Harambee is a non-profit program primarily operating to train teenagers in job skills and a work ethic and is not a professional tuckpointing company.
- If my project is selected, I agree that I will not hold Harambee liable for any damage or loss of property that might occur during the course of work being done. I also understand that because the work is provided for free, Harambee is under no obligation to finish the work if the project is not complete when scheduled programs end.

Homeowner's signature: _____ Date: ____/____/____

QUESTIONS?

Contact **Aaron Jones**
at (314) 680-9241.

If Aaron is not available, leave a message with your name, address, and phone number, and he will return your call as soon as he is able.

RETURN ADDRESS

Address:
1142 Hodiadmont Avenue
Saint Louis, MO 63112

Fax: (314) 726-1264

E-mail: ajones@ncfstl.org

MASONRY REPAIR NEEDS

G

Please tell us as much as you are able about the condition of the brick walls and foundation of your home.

BRICK EXTERIOR

Please choose ONE:

- I just need "spot" tuckpointing here and there.
 Only ____ of my four walls need tuckpointing.
 My entire home needs complete tuckpointing.
 I am not sure how much tuckpointing is needed.

FOUNDATION/BASEMENT

Do you have a stone foundation (not concrete)?

- Yes No

If so, does your basement need tuckpointing?

- Yes No I'm not sure

DAMAGE

Please choose ANY that apply:

- My home has interior water damage due to mortar decay.
 My home has structural damage due to mortar decay.
 I have water coming into my basement between the stones of my foundation.

OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____/____/____

or date stamp:

____ INCOMPLETE ...later completed on ____/____/____

____ INELIGIBLE Reason(s): _____

COMPLETED FORMS MAY BE SUBMITTED YEAR-ROUND BY MAIL, FAX, E-MAIL, OR HAND DELIVERY.