



3310 Fredrickson Road  
Wilmington, NC 28401

Dear Homeowner,

Thank you for your interest in Cape Fear Habitat for Humanity's Repair Program. We are honored to partner with families in New Hanover, Pender, and Duplin counties to help make homes safer, healthier, and more stable places to live.

This program is specifically designed for owner-occupied homes. In other words, homes where the applicant is both the legal homeowner and currently living in the home. It is not intended for rental properties or investment homes. Our goal is to support *you*, the current resident, by addressing critical health and safety concerns so you can remain safely and securely in your home for the long term.

We understand that some elements of this process—such as a lien—can feel unfamiliar. We want to assure you that:

- If your repair project costs more than \$5,000, a lien may be placed on your property.
- This is not a loan. It is a tool that helps us meet the accountability requirements of the funding that make this program possible.
- The lien is designed to be forgiven after a certain number of years, assuming you plan to remain living in the home during that time.
- If you sell the home before the lien period ends, the full amount of the lien must be repaid from the proceeds of the sale. If you rent out the home or transfer ownership during that period, the full amount must be repaid directly, as the lien is no longer forgivable once the home is no longer your primary residence.

Every applicant will receive a full explanation of the terms before work begins, and no repairs will start without your written agreement. We also work with each household to ensure that payment is affordable.

Thank you for your interest and for your willingness to partner with us. Together, we can make your home a healthier and more secure place to live.

Sincerely,

**The Cape Fear Habitat for Humanity Team**

Through our REPAIR Program, Cape Fear Habitat for Humanity (CFHH) helps preserve the value of owner-occupied homes by providing critical health- and safety-related repairs. The program serves low- to moderate-income homeowners in New Hanover, Pender, and Duplin counties, promoting long-term stability for families in their homes. Common repair services include:

- Repair of kitchen and bathrooms
- Flooring and drywall replacement
- Addressing plumbing and electrical issues
- HVAC repair and replacement
- Roofing
- Storm recovery

## Program Criteria for Repair

### Need for our program:

- Your home must have *critical* needs for repairs that put your health or safety at risk.
- You must be unable to afford and/or perform the home repairs yourself.

See **maximum** total annual gross household incomes below:

Family Size	New Hanover	Pender	Duplin
1	\$60,700	\$55,800	\$42,800
2	\$69,350	\$63,800	\$48,900
3	\$78,000	\$71,750	\$55,000
4	\$86,650	\$79,700	\$61,100
5	\$93,600	\$86,100	\$66,000
6	\$100,550	\$92,500	\$70,900
7	\$107,450	\$98,850	\$75,800
8	\$114,400	\$105,250	\$80,700

*Income limits are effective as of July 2025 and change every year.*

### Eligibility:

To qualify for our Home Repair Program, applicants must meet the following:

- **Residency:** The home must be located in New Hanover, Pender, or Duplin County.
- **Ownership:** The applicant must be the legal owner listed on the current recorded deed for the home and the land it sits upon, and have lived in the home for at least one year (*exceptions may apply if temporarily displaced due to repair needs*).
- **Property Standing:** Property taxes and mortgage (if applicable) must be current.
- **Plans to remain in the home:** The applicant must intend to remain in the home for at least 12 months after repairs are completed.
- **Contribution:** We ask all applicants to contribute something toward the cost of repairs, based on what's affordable for your household. (*A credit check may be requested depending on your income to determine affordability; no minimum score is required.*)
- **Partnership:** Applicants are expected to actively participate in the process by:
  - Signing a clearly defined repair agreement (Scope of Work)
  - Being open to photos of the work and/or brief interviews for grant and outreach purposes
  - Helping raise awareness by sharing flyers or referring others when possible
- **Mobile/manufactured homes/trailers** may be eligible for limited repairs and are reviewed case-by-case. For these homes, we can usually help with roofs, decks, ramps, HVAC and hot water tanks.
- **Documentation:** All required documents must be submitted with the application.
- **Volunteer Support:** Some repairs are completed by Habitat volunteers.

- **Flood Zone:** The home must not be located in a high-risk flood zone (e.g., AE or VE).

## **How to Apply:**

**1. Fill out the application and sign all sections requiring signatures or initials.**

**2. Make sure all required documents on the checklist below are attached.**

- a) \_\_\_ Copy of State issued photo ID for all household members over 18
- b) \_\_\_ Copy of Social Security Card for applicant and co-applicant
- c) \_\_\_ Proof of Income covering the most recent 3 months  
(Please include all proofs of income that are applicable to your household: 3 months paystubs, SSA benefit verification letter, SSI determination letter, retirement award letter, disability benefit verification letter, VA benefit verification letter, proof of alimony income, child support, food stamps, TANF, rental income, etc.)
- d) \_\_\_ If you file taxes, please include tax returns and all W-2's, 1099's or 1099-SA forms for the most recent 2 years.
- e) A signed and dated letter from anyone over 18 in the household who has not received any income in the last 3 months or filed taxes in the last 2 years.

**3. Mail, fax, email, or drop off your application to the address listed below.**

Cape Fear Habitat for Humanity

Attn: REPAIR

3310 Fredrickson Road, Wilmington, NC 28401

**OR Email to:** [Info@capefearhabitat.org](mailto:Info@capefearhabitat.org) / **Fax 910-762-0734**

**Questions?** Call us at 910-762-4744.

Applications are reviewed by a committee of qualified staff to determine eligibility. If the project is eligible for our program, you will be contacted, and a home assessment will be scheduled by our construction department. If the project is ineligible, you will receive a letter from us with alternative resources.

## 1. Applicant Information (Please answer ALL fields in this application)

<b>Applicant full name:</b>	
<b>Co-Applicant full name (if any):</b>	
<b>Address of property in need of repair</b> (street, city, and zip code):	<b>Phone:</b> <b>Alternate Phone:</b>
<b>Do you <u>own</u> the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email:</b>
<b>Are you</b> <input type="checkbox"/> currently living in the home with needed repairs? <input type="checkbox"/> displaced elsewhere?	
<b>If displaced from your primary residence, please provide the address where you are living now:</b>	
<b>Did you purchase your home from Cape Fear Habitat for Humanity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Which county is your home located in?</b> <input type="checkbox"/> New Hanover <input type="checkbox"/> Pender <input type="checkbox"/> Duplin	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship)	
<b>Emergency contact name, number, and relationship:</b>	
<b>Is it ok to disclose information about your application with your emergency contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Applicant & Household Information

List all residents, including yourself, **for whom the above address is their permanent residence**

Name	Relationship to applicant	Date of Birth
	(applicant/self)	

List all income for those 18 and older household residents, including yourself.

Name	Source of Income (Wages, SSI, etc.)	Employer	Start Date (mm/dd/yyyy)	Monthly Gross Income
	(applicant/self)			

Please make sure to include Disability (SSDI), Social Security (SSI), Retirement/Pension, Temporary Assistance for Needy Families (TANF), Child Support, Alimony, and all other sources of income.

<b>Have you or anyone in your household previously served or are currently serving in the U.S. military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where did you first learn about our Repair program?</b> <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> social media <input type="checkbox"/> Door hanger <input type="checkbox"/> Website <input type="checkbox"/> WARM <input type="checkbox"/> billboard <input type="checkbox"/> Community Event: <input type="checkbox"/> Postcard <input type="checkbox"/> TV <input type="checkbox"/> Other (please describe):

<b>Do you have a Case Manager or Crisis Counselor assisting you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Phone:	Email:
Agency:		
<b>Is it ok to disclose information about your application with the above agency contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**3. Property Information:** Please provide information about the property for which you are requesting Home Repairs. CFHFH will verify that you are the current owner and that you are current on your mortgage and property taxes.

<b>Home Type:</b> <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Trailer <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Single Family Home		
<b>What year was your home built?</b>	<b>Number of years at your current address:</b>	
<b>Do you have a mortgage?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your monthly mortgage payment? \$ _____		
<b>Are you current on your payments?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you in danger of foreclosure?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please explain: _____		
<b>Are you current on your utilities?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If
"no", please explain: _____		
<b>Are you current on your property taxes?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If
"no", please explain: _____		
<b>Do you have a valid homeowner's insurance policy on the property?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is the annual cost of your insurance policy?</b> \$ _____/year		
<b>Does your policy include wind and hail insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Provider: _____		
Policy Number: _____		
If you filed an insurance claim, what was the insurance amount received for repairs: \$ _____ <input type="checkbox"/> None		
<b>Has your home been damaged by any past storms?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fran (96) <input type="checkbox"/> Floyd (99) <input type="checkbox"/> Irene (2011) <input type="checkbox"/> Dorian (2019) <input type="checkbox"/> Matthew (2016) <input type="checkbox"/> Florence (2018) <input type="checkbox"/> Other: _____		
<b>Have you applied to any other organizations for assistance?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> W.A.R.M <input type="checkbox"/> NC State REBUILD Program <input type="checkbox"/> Other: _____		

**4. Critical Repairs Needed** Please describe the needs for critical repairs in your home.

If available, please include any prior contractor estimates.

<b>Roof/Ceilings:</b>
<b>Interior/Exterior walls:</b>
<b>Windows/Doors:</b>
<b>Floors:</b>
<b>Electrical:</b>
<b>Plumbing:</b>
<b>HVAC ducting or unit:</b>
<b>Mold Issues:</b>
<b>Additional Damage/Details about your Situation:</b>

## 5. Authorization to Release Criminal Background Information

Cape Fear Habitat for Humanity (CFHH) requires all members of each household at or above the age of 18 to consent to a criminal background check as a condition of further consideration for the REPAIR Program. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the state and federal levels of every jurisdiction where you currently reside and where you have resided.

Sex offender registry searches at the state and federal levels in every jurisdiction where you currently reside and where you have resided; and global terrorist registry searches at the state and federal levels in every jurisdiction where you currently reside or where you have resided.

**Disclaimer:** Having a Criminal Record will NOT automatically disqualify you from this program. We will use an assessment tool to evaluate the results to consider your unique circumstance and to ensure the safety of CFHH volunteers and staff. Part of this assessment will consider the transparency you have provided on this form about what we can expect to see on this background check and any context surrounding what happened that you provided.

### **Authorization**

I hereby authorize Cape Fear Habitat for Humanity to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist CFHH in collecting this information. I also am aware that records of arrests on pending charges and/or convictions are not an automatic bar to approval of my application. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to participate in Habitat's Repair Program in a manner which is safe for CFHH's volunteers and staff.

Please print (for identification purposes):

<b>Full Legal Name</b> (First Middle and Last):		<b>Gender:</b> __Female __Male	<b>Date of Birth:</b>
Other names used in past seven years:			
<b>Phone Number:</b>	<b>Email:</b>	<b>Social Security #:</b>	
<b>Current Address</b> (street, city, state, and zip)			
<b>Previous Address – most recent</b> (street, city, state, and zip)			
Other addresses in the 7 years prior to completing this authorization: (street, city, state, and zip)			

**All household members ages 18 and older must complete this form.**

To request additional forms, please call 910-762-4744 ext. 100 or email

**Have you ever been convicted of a criminal offense or do you have any pending criminal charges against you?**

\*This refers to both felonies and misdemeanors in your lifetime; you do not need to include non-criminal traffic violations or municipal ordinance violations. ☐ **Yes (provide detail on a blank page)** ☐ **No**

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify my application and/or may serve as grounds for disqualification from partnership with CFHH for the Repair Program. **By signing below, I hereby provide my authorization to CFHH to conduct a criminal background check.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## 6. Authorizations

*Please initial next to each of the following sections and sign below:*

\_\_\_\_ **Right Of Entry** Homeowner agrees that Habitat and its agents, contractors, employees and volunteers may have access to the interior of the Property for the purpose of: (i) inspecting, measuring and gathering information related to the Work; (ii) installing, implementing, constructing or otherwise performing activities related to the Work; and (iii) performing any other such actions as are reasonably contemplated by the Program and the Agreement. In addition, Habitat may use the Property for storage of materials and for other purposes related to the work.

\_\_\_\_ **Willingness to Partner** To be considered for Habitat for Humanity programs, you and your household must provide copies of all required documentation, be honest and cooperative with Habitat of Humanity, allow CFHFH access to your home for multiple HOME REPAIR assessments as needed, and actively participate in the process as described on page 2 of the application packet.

\_\_\_\_ **Home REPAIR Guidelines** Once your application has been reviewed and it is determined that you qualify for CFHFH's REPAIR program, CFHFH will set up an initial home visit to begin to create a scope of work. At all times during a home visit and during construction, the safety of staff and volunteers is extremely important. If it appears the safety of staff or volunteers may be compromised, we will not complete the home repair.

**Safety concerns include, but are not limited to:**

- The presence or consumption of drugs, drug paraphernalia or alcohol while staff and/or volunteers are in the home, or in general.
- The presence of guns or other weapons left in the open.
- All pets should be on a leash, caged or contained in a separate area.
- Structural damage that threatens the integrity of the home's building infrastructure, foundation, and floors.
- Severe infestation of any sort including, but not limited to, bed bugs, roaches, or rodents.
- Significant clutter or blocked access in or around the home that prevents our team from safely assessing or completing repairs.

If any of these or other situations are present at your home and risk the safety of CFHFH staff and volunteers, CFHFH reserves the right leave a home at any time. If any of these conditions exist in your home, CFHFH is happy to recommend resources that can help. Once CFHFH has received proof that the situation has been rectified, you may resubmit your application.

\_\_\_\_ **Liens:** For repairs that exceed \$5,000, a lien may be placed on your property for a limited time. Any repayment of the cost of repairs is based on affordability. The exact terms, specific to the individual job, will be discussed at the agreement meeting and will require the applicant's authorization before we proceed with placing a lien on the home and beginning work.

\_\_\_\_\_ **Change Order Policy Acknowledgement:** After an initial agreement is made to move forward with repairs, unforeseen issues may arise that require a change to the scope of work (a "change order"). If this change increases the cost of the repair beyond the amount that triggers a lien and/or increases the required payment, the program participant will be informed and must agree to the new terms in writing. The portion of the repair cost will not exceed the maximum amount Habitat for Humanity has determined to be affordable for the program participant, regardless of a change order. If the program participant does not agree to the new terms to complete the necessary repairs, Habitat for Humanity may be unable to continue the repairs, which could leave the home in an incomplete or unsafe condition.

\_\_\_\_\_ **Authorization and Release** I understand that by filing this application, I am authorizing Cape Fear Habitat for Humanity to evaluate my need for critical home repair, my ability to share in the cost of the home repair and my willingness to be a partner family. I understand that the evaluation will include personal visits, a criminal background check, and possibly a credit check if my income meets certain criteria. I have answered all the questions on this application truthfully. I understand that if I have not answered all questions truthfully my application may be denied even if I have already been selected as a partner family and I may be disqualified from the program. All applications will be retained electronically by Cape Fear Habitat for Humanity. This authorization will remain in effect for one (1) year or until I specifically revoke this in writing.

\_\_\_\_\_ **Additional Assistance Release (OPTIONAL)** I hereby authorize CFHFH to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my household.

**I/We agree to comply with the above conditions if a home visit is completed by CFHFH. It is not a promise or guarantee that work will be completed. By signing you are acknowledging the fact that CFHFH reserves the right to withdraw any application at any time.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

## DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. **You are NOT required to furnish this information but are encouraged to do so.** The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. **If you do not wish to furnish the information below, please initial here\_\_\_\_\_.**

REPAIR Applicant	Co-Applicant
<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino – Origin: _____</p> <p>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Date of Birth:</b> _____</p> <p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vietnamese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Asian — race: _____</p> <p>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Pacific Islander — race: _____</p> <p>For example: Fijian, Tongan, and so on.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino – Origin: _____</p> <p>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <hr/> <p><b>Date of Birth:</b> _____</p> <p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vietnamese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Asian — race: _____</p> <p>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Pacific Islander — race: _____</p> <p>For example: Fijian, Tongan, and so on.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

# Home Repair Program Steps

## Step 1: Turn in Application

- Application Screened
  - You may receive a phone call to clarify items on your application.
  - You may receive an email or letter requesting additional documents.
- From the point of receiving your application you should hear from us **within 30 days** via phone call or letter.

## Step 2: Application Review


- County records will be checked to verify that you are current on your property taxes and that you are the owner on record and deed.
- Income will be reviewed for program eligibility
- Background check will be run
- You may receive a request for more info to clarify results from these checks.
- If all is clear you will be forwarded on to construction to schedule an assessment.
- At that point your assessment is typically completed within 30 days.

## Step 3: Construction Assessment

- Our Construction Department will call to schedule an assessment. Staff will...
  - Review structural damages, photograph the repair needs.
  - They will not determine eligibility.
- The construction department will aim to provide an estimated job cost for a recommendation to deny the Home Repair request within two weeks of the assessment. However, additional time may be required in certain circumstances.

### Be Ready To...

- *Keep your appointment window (30-45 minutes).*
- *Have all pets confined.*
- *Identify all damages to staff.*

 *If at any point in the process your project is deemed ineligible, you will receive a letter of denial which will include referral information to other assistance agencies.*

## Step 4: Financial Review

- If the assessment confirms eligibility for our program, our finance department will determine an affordable payment plan for you to contribute to the estimated cost of Repairs on a sliding scale based on affordability. This may require additional documentation.

## Step 5: Agreement Meeting

- This meeting is to discuss the Scope of Work, the cost of repairs, repayment plan, and possible lien, if applicable.
  - You will only be asked to pay what you can afford, based on your financial situation as calculated by our Finance Team.
  - If we need you to vacate the property for work to commence, or entirely or partially remove belongings, you will be told at this meeting. This will depend on the extent of the work.
  - You may choose to take the agreement home to consider and sign within two weeks.
- Any lump sum payment would need to be remitted at this time or prior to work commencing. Checks can be made payable to Cape Fear Habitat for Humanity.
- If you agree to the terms and sign the agreement, you will move on to Step 6.
- You are under no obligation to use Habitat's Repair program. Nothing will be charged to you until an Agreement is signed.
- Depending on the extent of the repair project, you may be asked to agree to a limited lien on your property.

## Step 6: Work Begins

- Construction staff will contact you regarding scheduling. There may be a wait, depending on our repair case load.
- Our development department may contact you for photos of the project or to ask you a few questions in order to report to our donors or complete grant reports.

## Step 7: Work Completed

- Staff will meet with you to complete a Certificate of Completion