

# Healthy & Resilient Homes – Cooling & AC Upgrade Application

## APPLICATION SUBMISSION RULES

Applications open Tuesday, April 14 at 8:00 a.m. and close Monday, April 20 at 4:00 p.m. Early submissions will not be accepted.

Applications must be complete, **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**. Questions? Reach out to [healthyhomes@brhabitat.org](mailto:healthyhomes@brhabitat.org).

Applications must be hand-delivered during the application period to 224 NE Thurston Ave, Bend, OR 97701 during office hours (Mon–Fri, 8 a.m.– 4 p.m.) or submitted online by scanning the QR Code (link opens 4/14 @8am). Mailbox drop-offs are not accepted.



Selection into this program is first-come, first-served based on complete, time-stamped applications that meet the eligibility requirements.

## PROGRAM ELIGIBILITY REQUIREMENTS

You must own and occupy the home as your primary residence.

You must live within the City of Bend.

Household income must be at or below 80% AMI.

Currently do not have Central Air Conditioning

Home cannot be in active foreclosure or intended for resale.

There will be an in-home inspection completed as part of the application process.

HOUSEHOLD SIZE	MAXIMUM HOUSEHOLD INCOME (80% AMI)
1	\$64,050
2	\$73,200
3	\$82,350
4	\$91,450
5	\$98,800
6	\$106,100
7	\$113,400

## REQUIRED DOCUMENT CHECKLIST (SUBMIT WITH APPLICATION)

- Driver's license or government-issued photo ID (primary applicant).
- 30 days of pay stubs for all working adults (18+) or proof of full-time student status for adult dependents.
- Benefit letters if receiving fixed income (Social Security, SSDI, VA, Pension, Retirement income, Spousal or Child Support).
- Proof of owner-occupied residence (utility or property tax bill, government issued mail, or mortgage statement).

## APPLICANT INFORMATION

Homeowner Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have a co-applicant?  Yes  No

## CO-APPLICANT INFORMATION (if applicable)

Co-Applicant Full Legal Name: \_\_\_\_\_

Co-Applicant Date of Birth: \_\_\_\_\_

## CONTACT INFORMATION

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

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

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Applicant Email (if applicable): \_\_\_\_\_

## HOUSEHOLD INFORMATION

A household is anyone who lives together and shares income and expenses, including parents/elders, children, or other dependents.

Total Number of People in Household: \_\_\_\_\_

Number of Children Under 18: \_\_\_\_\_

Number of Seniors (65+): \_\_\_\_\_

Number of Household Members experiencing a disability: \_\_\_\_\_

Active Military (self or household member)

Veteran (self or household member)

### INCOME

List the names of all household members, **including yourself**, and write the source of income for each adult. **Supporting documentation must be submitted for each income source.**

Estimated Gross Household Annual Income (\$): \_\_\_\_\_

Children in Household	Adults in Household	Source of Income
Names of anyone under 18 in your household	Names of anyone 18+ in your household	List all sources of income (Job, self-employment, SSI, VA benefits, etc.) Or write "No Income" or "full time student" for adult dependents.

### RESIDENCE DETAILS

Do you have a mortgage?  Yes  No

Do you have homeowners insurance?  Yes  No

Home Type (check one):

Traditional Single Family Home

Duplex

Condo/Townhome

Manufactured Home

Mobile Home

Year Home Was Built: \_\_\_\_\_

Do you currently have AC?  Yes  No

If yes, type:  Whole House AC  Window/Freestanding Unit

### **Information for Monitoring Purposes**

Please read this statement before completing the following questions: The following information is requested for use for reporting and tracking purposes. You are not required to furnish this information but are encouraged to do so. The law provides that we do not discriminate based on this information, nor on whether you choose to furnish it or not.

Gender:  Female  Male  Non-Binary  Prefer Not to Answer

Race (check one):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

Other

Black or African American

White

Hispanic or Latino

Don't Know / Prefer Not to Answer

Mixed Race

Ethnicity:  Hispanic  Non-Hispanic

### **APPLICANT CERTIFICATION**

I certify that all information provided is true and complete to the best of my knowledge.

I understand that incomplete applications will not be processed.

I understand that submission does not guarantee funding approval.

Applicant Signature: \_\_\_\_\_

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

Co-Applicant Signature: \_\_\_\_\_

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

**OFFICE USE ONLY**

Date/Time Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_