

TUESDAY TOOLMEN APPLICATION

Updated 07/10/2020

Client Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

County: _____ Home Phone #: _____ Cell Phone #: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Do you own your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Are you current on your house payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Are you current on your property taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Note: If you do not own your home, your Landlord will be asked to approve Tuesday Toolmen request.

Landlord Name: _____

Landlord Phone #: _____

Landlord Email: _____

What is your household income?	Household Size	Check ONE of the following income levels below. (Effective Date: July 1, 2020)			
Note: Income levels are listed by household size. Anyone in the household over 18 years old that is working should be included in your calculation.	1	\$0 - \$16,850 <input type="checkbox"/>	\$16,851 - \$33,720 <input type="checkbox"/>	\$33,721 - \$44,950 <input type="checkbox"/>	\$44,951 – More <input type="checkbox"/>
	2	\$0 - \$19,250 <input type="checkbox"/>	\$19,251 - \$38,520 <input type="checkbox"/>	\$38,521 - \$51,350 <input type="checkbox"/>	\$51,351 – More <input type="checkbox"/>
	3	\$0 - \$21,650 <input type="checkbox"/>	\$21,651 - \$43,320 <input type="checkbox"/>	\$43,321 - \$57,750 <input type="checkbox"/>	\$57,751 – More <input type="checkbox"/>
	4	\$0 - \$24,050 <input type="checkbox"/>	\$24,051 - \$48,120 <input type="checkbox"/>	\$48,121 - \$64,150 <input type="checkbox"/>	\$64,151 – More <input type="checkbox"/>
	5	\$0 - \$26,000 <input type="checkbox"/>	\$26,101 - \$52,020 <input type="checkbox"/>	\$52,021 - \$69,300 <input type="checkbox"/>	\$69,301 – More <input type="checkbox"/>

Homeowner Demographics: Check **ALL** that apply below.

<input type="checkbox"/> Female	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Asian Pacific
<input type="checkbox"/> Male	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Veteran
<input type="checkbox"/> Single	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Married	<input type="checkbox"/> Native American	<input type="checkbox"/> Other: _____



Eligibility: Answer questions **A** and **B** and submit supporting documentation for **A** and **C**.

A – AGE		B - DISABILITY
I am 62 years old or older. <input type="checkbox"/> YES <input type="checkbox"/> NO		I am severely disabled. <input type="checkbox"/> YES <input type="checkbox"/> NO
Submit ONE of the following documents. <input type="checkbox"/> State Issued ID <input type="checkbox"/> Driver's License <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Birth Certificate Note: Copies can be made at CAHP office.	OR	Check ONE of the following definitions. <input type="checkbox"/> Use a wheelchair or another special aid for 6 months or longer; <input type="checkbox"/> Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking); <input type="checkbox"/> Need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework or using the telephone; <input type="checkbox"/> Are prevented from working at a job or doing housework; <input type="checkbox"/> Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; <input type="checkbox"/> Are under 65 years of age and are covered by Medicare or receive Supplemental Security Income .
C – ADDRESS VERIFICATION		
Submit ONE of the following documents. <input type="checkbox"/> Utility Bill or credit card bill issued within the last 90 days. <input type="checkbox"/> Account statement from a bank or other financial institution issued within the last 90 days. <input type="checkbox"/> Mortgage, lease or rental agreement (Lease and rental agreements must include landlords telephone number) <input type="checkbox"/> Life, health, auto or home insurance policy. <input type="checkbox"/> Michigan title and registration. (The registration must show current residential address.) <input type="checkbox"/> Other documents containing your name and address may be accepted with CAHP approval. Note: Michigan P.O. boxes are not an acceptable address.		

Description of House Repairs Requested: *(List most important first)*

Release of Liability Agreement:

I hereby accept the services of the Capital Area Housing Partnership's Tuesday Toolmen program to provide construction/technical assistance and advice in connection with the repairs/rehabilitations services on the property listed below. I further understand any outdoor work is dependent on the weather and may need to be rescheduled due to inclement weather conditions or possible storms.

I give permission for Capital Area Housing Partnership's Tuesday Toolmen program to secure specific documents, such as property title, contractor bids and other documents that are necessary to process my application.

I also agree to hold harmless the Capital Area Housing Partnership's Tuesday Toolmen employees and volunteers in connections with acts performed by them which would reasonably be associated with my request for assistance. On behalf of my heirs, successors, representatives and assigns, release the Capital Area Housing Partnership's Tuesday Toolmen from any and all liability or release of information.

I further ☐ **AGREE** ☐ **DO NOT AGREE** to allow any photos/video taken of me at Tuesday Toolmen events to be used for Tuesday Toolmen purposes.

SIGNATURE: _____ **DATE:** _____

CAHP Staff Use Only

Date Received:		Staff Received:		City of Lansing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Denied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Denial:			