
CORNERSTONE WEST CDC/WEST SIDE GROWS TOGETHER

710 N. Lincoln St. Wilmington, DE 19805
302-658-4171 ext 198

Aging and Staging Homeowner Repair Program



SUPPORTING DOCUMENT CHECKLIST

Please be sure to mail **copies** of the following documentation to Cornerstone West CDC/West Side Grows Together. If you have any questions concerning the information requested, please contact Starr Wilson at (302) 658-4171 ext:198 or swilson@westsidegrows.org. We only accept **complete applications, and all documents must be mailed, hand-delivered, or emailed.**

Proof of Ownership:

- _____ Mortgage statement or Deed (check with your attorney or county clerk)
- _____ Copy of current Homeowner's Insurance Declaration page
- _____ Copy of current Property taxes (county & city) (New Castle County billing 302-323-2600 if you have any problems)
- _____ Copy of Utility Bill (electric or water)

Proof of Income:

- _____ Most recent Federal Taxes (2021/2022) or **two** recent pay stubs (2)
- _____ Copy of Driver's License/Photo ID/Green Card – for **all** persons living in the home over the age of 18 years old

(You do not have to provide this information, but if you do not provide your supporting documents for certification of eligibility, your application as a prospective recipient may be delayed or rejected.)

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Aging and Staging Homeowner Repair Program Application

Aging and Staging Homeowner Repair Program offers repairs for the elderly and or disabled population in the qualified Census Tracts include: 22 & 23. In addition, you must be a resident of Delaware. You must own your home and be 55 years of age or older.

Homeowner Name(s): _____	Age(s): _____	Date of Birth(s): _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number(s): _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
Email Address(s): _____	Has your household been negatively affected by Covid-19?	<input type="checkbox"/> NO <input type="checkbox"/> YES

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Household Members

(If applicable, if none put N/A)

Name:	Age:	Relationship:
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		

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PROGRAM QUALIFICATIONS

___ If you own more than one property, your application will require additional review & approval from Cornerstone West CDC/West Side Grows Together.

___ You must reside in the home (currently living in the home that you are requesting repairs for). You **cannot** be a renter for the home that you are requesting repairs for

___ Must agree to a home inspection and pictures of the property

___ The home must be in one of the City of Wilmington's qualified census tracts. Please see the map on page 7.

(Qualified Census Tracts include: 22 & 23)

___ You cannot be in the process of foreclosure

___ If you are past due on any county, property, or city taxes, it will require additional review and approval from Cornerstone West CDC/West Side Grows Together.

___ You must have homeowner's insurance

___ Aging and Staging Homeowner Repair Program offers repairs for the elderly and or disabled population in the qualified Census Tracts, including 22 & 23. You must be a resident of the City of Wilmington, Delaware. You must own your home and be 55 years of age or older.

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Disclosure and Authorization to Share Personal Information with Cornerstone WEST CDC/West Side Grows Together and other supporting home assist agencies.

I understand and hereby authorize Cornerstone WEST CDC/West Side Grows Together and its designated representatives to examine and share personal contact information.

I hereby further authorize that a photocopy of this authorization may be considered valid as an original.

By signing this form, I acknowledge and agree that I have received this form, that I have no questions, and that I understand its contents.

Homeowner Signature(s):

Homeowner Signature(s):

Homeowner Name (Print)

Homeowner Name (Print)

Date

Date

(You do not have to provide this information, but if you do not provide your supporting documents for certification of eligibility, your application as a prospective recipient may be delayed or rejected.)

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HOMEOWNER REPAIR REQUEST

Please fill out the following form to give us an idea of the amount of repair work needed. *Please note that these are only suggestions, and the scope of work will be determined after reviewing your Home Inspection Report.*

Example: Basement back door will not lock - door closes partially, but it does not lock.

1.)

2.)

3.)

4.)

5.)

6.)

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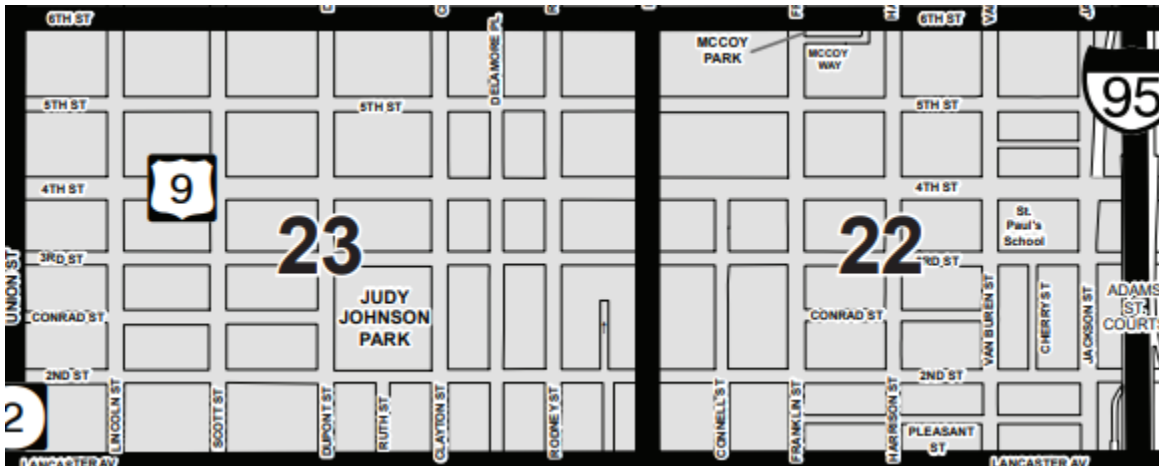
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West Side Analysis Area/Census Tracts

22, 23



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Aging and Staging Homeowner Repair Program



Dear Applicant,

Thank you for applying for the Aging and Staging Homeowner Repair Program. Please review all documents required for a complete application. Your application is subjected to be rejected if all documentation is not submitted at once.

The Scope of Work

- Accept applications for Homeowner Repair Program
- Conduct phone interviews with prospective applicants
- Home Inspection conducted and completed by Reliable Home Inspection Service. They will call on the number provided to schedule your inspection.
- Photographic Release: The applicant does hereby grant and convey unto Cornerstone West CDC/West Side Grows Together program all rights, title, and interest in all photographic images and video or audio recordings made by Cornerstone West CDC/West Side Grows Together during the Applicant's activities with Cornerstone West CDC/West Side Grows Together, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- Homeowners selected are required to remain in the home for two (2) years after completion of work.
- Scope of work is subject up to \$15,000.00 maximum.

If additional services and work need to be performed, the prospective applicant will be referred to other supporting home assist agencies.

Limited funds are available, and applicants are selected first-come, first-serve basis.

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Notes:

1.)

2.)

3.)

4.)

5.)

Disclaimer:

Applying for this homeowner repair program does not guarantee that you may qualify for this program. We do not charge any fees to participate in this program. Partners in our network will provide an evaluation of your home at no cost to the homeowner. You agree to be contacted by Cornerstone West CDC/West Side Grows Together via email or the telephone number provided by submitting your application.

If you have any questions regarding the content of this application, please contact Starr Wilson at swilson@westsidegrows.org or (302) 658-4171 ext:198.

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