Homage
Well-being as we age

MINOR HOME REPAIR PROGRAM
1715 100th Pl SE
Everett, WA 98208
PHONE: (425) 265-2222

IMPORTANT: You must be registered with our program before any repair service may be provided.

Don't wait for an emergency… Please send in your application today.

APPLICATION FOR REPAIR ASSISTANCE

First Name:	Last Name:	
Address:	City:	Zip:
Mailing Address: (If different)	City:	Zip:
Telephone #: ( ) -	Cell Phone #: ( ) -	
***MUST** send proof of age.* Birthdate: / / Age:	***MUST** provide proof of disability, if younger than 62.* Disabled? ☐ Yes ☐ No	
Gender: ☐ Male ☐ Female ☐ Non-binary	Are you a Veteran: ☐ Yes ☐ No	Branch of Service: ☐ Army ☐ Air Force ☐ Coast Guard ☐ Marines ☐ Navy ☐ Other
Email Address:		

Number of people living in your home: _____

You *MUST* include proof of income for *each* household member.

Household Member Name	Relationship / DOB	Household Member Name	Relationship / DOB
Is there a child 6 years or younger living in this home?	☐ Yes ☐ No		

HOUSEHOLD MONTHLY INCOME

Social Security(s): *(send **current** award proof)*	$	**If you have a job – Gross Wages YTD:** *(send proof)*	$
Supplemental / Disability SS: *(send **current** award proof)*	$	**Rent from roommate:** *(send proof)*	$
IRA/Annuity Income: *(send proof)*	$	**Interest Earned:** *(send proof)*	$
Pension(s) or Retirement(s): *(send proof)*	$	**Other Source:** *(send proof)*	$

TOTAL Income From All Sources: $

Please contact our office if you have a household member with zero income. 425-265-2222

PLEASE TURN OVER

Revised 7/2026

HOME INFORMATION

Type of residence: ☐ House ☐ Mobile Home ☐ Condo	Ownership: ☐ Own ☐ Buying
Is your home listed for sale? ☐ YES ☐ NO	*PLEASE NOTE:* You are required to notify Minor Home Repair <u>immediately</u> upon listing your home for sale.
How many bathrooms do you have in your home?	_____
How long do you plan to live in your home?	

Emergency Contact Name (<u>not</u> living with you):	**Emergency Contact's Phone Number:**

PLEASE NOTE: You are <u>required</u> to notify Minor Home Repair immediately to report any changes in the total household income or any change to the number of people living in the home.

PLEASE READ CAREFULLY:	
In consideration of any Minor Home Repair service rendered pursuant to this application, the undersigned hereby waives any claim for damages to persons and/or property arising from such services, and further understands and agrees that no warranty, express or implied, is made as to the quality of material or workmanship. By my signature, I hereby agree that Minor Home Repair may contact any persons and/or private or governmental entity necessary to verify the information contained herein. Further, I affirm, under penalty of law, that the information given above is true and accurate to the best of my knowledge. I realize that willful falsification by me may render me ineligible for Minor Home Repair services and may subject me to penalties as provided in Washington State Law. (RCW 74.08.005)	
Signature	**Date**

Signature and date are <u>required</u> to process your application.

Incomplete forms and/or without income verifications will be returned to you.

EQUAL HOUSING OPPORTUNITY

ASSUMPTION OF RISK AGREEMENT

This Assumption of Risk Agreement (this "Agreement") is executed this ___ day of _____, 20___, by the undersigned ("Client") in favor Senior Services of Snohomish County, dba Homage Senior Services, a Washington nonprofit corporation ("Nonprofit").

Recitals

A. Nonprofit is an organization serving seniors, people with disabilities, and those who care for them in Snohomish County. Nonprofit provides a range of services to its client, including, but not limited to, services relating to food and nutrition; health and wellness; home repair; social services; and transportation (collectively the "Services").

B. Client desires to receive Services administered by Nonprofit. Client understands that participation in these Services may require physical interaction with employees and volunteers of Nonprofit, including providing access to their homes, the receipt of goods, and interactions with transportation personnel and third parties.

C. Client has been advised that certain risks present themselves upon participation in the Services, which may include risks to their health or welfare.

Agreement

The Client freely, voluntarily, and without duress executes this Agreement under the following terms:

1. **Disclosure of Risks**. Client recognizes that there are many risks associated in their participation in the Services that may be hazardous to them, including, but not limited to, personal injury, property damage, illness, and exposure to disease. Client understands there may be other risks that are not known or not reasonably foreseeable by Nonprofit, Client, or any other person, and that it is not possible to specifically list each individual risk.

2. **Assumption of Risks**. Client hereby expressly assume all risks, which could occur, by reason of their participation in the Services. Client subjectively understands the risks of their participation, and knowing and appreciating these risks, Client freely chooses to participate and assumes all risks due to their participation in the Services.

3. **Waiver and Release**. Client does hereby release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Client's participation in the Services.

   Client understands that this Agreement discharges Nonprofit from any liability or claim that Client may have against Nonprofit with respect to any bodily injury, personal injury, illness, death, property damage, or exposure to disease that may result from the participation in the Services, whether caused by the negligence of Nonprofit or its officers, directors, employees, or agents or otherwise. Client also understands that Nonprofit does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

Client:

_____ _____

Signature Print Name

Snohomish County
Office of Housing and Community Development

Effective January 1, 2003 the racial and ethnic origin of clients must be collected and reported in the format below. Race and ethnicity are not the same. Both must be filled in.

*Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race.

RACE		ETHNICITY
Clients Served	***Total Race***	****Hispanic or Latino?*** *(if the answer is yes, indicate the number of persons)*
American Indian or Alaskan Native A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.		
Asian Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-Continent; for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.		
Black or African American Origins in any of the black racial groups of Africa.		
Native Hawaiian or Other Pacific Islander Origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
White Origins in any of the original peoples of Europe, the Middle East or North America.		
American Indian or Alaskan Native *and* White		
Asian *and* White		
Black or African American *and* White		
American Indian or Alaskan Native *and* Black or African American		
Balance of Individuals reporting more than one race		
Total Clients Served:		

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Name: _____

HOME REPAIR and HOME MODIFICATION PROGRAM QUALIFICATIONS

INDICATE WHICH PROGRAM YOU ARE APPLYING FOR
YOU MAY QUALIFY FOR BOTH PROGRAMS

❑ *The Home Repair Program is for Homeowners Only*

To qualify, you must be able to check off the following questions. If you cannot check off the complete list for the program you choose, you do not qualify.

- ❑ I am 62 or older, or between the ages of 18 and 61 and permanently disabled
- ❑ My name is listed on the house title, and I am the primary resident
- ❑ I meet the income guidelines
- ❑ I agree to an In-Home Assessment
- ❑ **I Meet All of the Guidelines and Qualify for the Home Repair Program**

Proof of age, disability (if applicable), and all household income is required to be submitted with the application. If any information is missing, it will be necessary to return the application to you.

❑ *The Home Modification Program is for Homeowners and Renters*

To qualify, you must be able to check off the following questions. If you cannot check off the complete list for the program you choose, you do not qualify.

- ❑ I am 62 or older
- ❑ My name is on the house deed or rental agreement
- ❑ I meet the income guidelines shown below
- ❑ I agree to an in-home Licensed Occupational Therapist assessment
- ❑ I have or can obtain landlord approval to make safety and/or accessibility modifications (if applicable)
- ❑ Renters must include copy of lease (name on lease must match name on application)
- ❑ **I Meet All of the Guidelines and Qualify for the Home Modification Program**

Proof of age and all household income is required to be submitted with the application. If any information is missing, it will be necessary to return the application to you.

Home Repair Income Guidelines

Snohomish County (Excluding City of Everett & City of Marysville)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
Gross Monthly Income	$4,796	$5,483	$6,167	$6,850	$7,400

City of Everett & City of Marysville

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
Gross Monthly Income	$5,754	$6,579	$7,400	$8,221	$8,879

Paperwork to prove eligibility must be submitted with application.

- ❑ Copy of driver's license or state ID
- ❑ Copy of proof of permanent disability (if under the age of 62)
- ❑ Copy of most recent bank statement(s) (all pages, unredacted)
- ❑ 2026 Social Security Award letter(s) (if applicable)
- ❑ Proof of other income for applicant
- ❑ Proof of income for household members over the age of 18

Home Modification Income Guidelines

Snohomish County

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
Gross Monthly Income	$6,808	$7,779	$8,750	$9,721	$10,500

Paperwork to prove eligibility must be submitted with application.

- ❑ Copy of driver's license or state ID
- ❑ Copy of most recent bank statement(s) (all pages, unredacted)
- ❑ Copy of 2026 Social Security Award letter(s) (if applicable)
- ❑ Proof of other income for applicant
- ❑ Proof of income for household members over the age of 18

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Incomplete Applications will be returned

HOME REPAIR APPLICANTS

Instructions for Verifying Age or Disability Status and Income

Instructions for verifying age

Proof of name MUST match application and home title

1. **Proof of age (62+):** Submit a copy of your Driver's License or State Issued ID Card.

2. **Proof of disability status (between the ages of 18 and 61):**
   a. Submit a copy of your Driver's License or State Issued ID Card, *and*
   b. Submit a copy of your Social Security Disability Award letter, or
   c. Submit a copy of the Certification of Disability Status form completed and signed by a licensed medical professional.

Instructions for verifying income

Official bank statements are required for every bank account. Each statement must include account details, bank information, interest income, the statement period, and a detailed list of deposits, withdrawals, and payments with dates. These statements are used to verify deposits and confirm Social Security income. Bank statements must not contain any redactions. We cannot accept internet summary printouts, as we are unable to verify their validity or ensure they have not been altered.

SOCIAL SECURITY, SSI, VA, RR, RETIREMENT/PENSIONS, ANNUITIES, ETC.:

1. **Direct deposits into a commercial bank or credit union:**
   a. Provide a current bank statement, *and*
   b. Provide a copy of the award letter (if applicable).

*** Social Security and SSI Only** – To request a copy of your current award letter, visit your local office, download the letter from your online account, or call 1-800-772-1213.

2. **Payments by check:**
    a. Provide a current bank statement, *and*
    b. Provide a copy of the check/check stub to validate the benefit letter, or
    c. Provide a copy of an award letter from any of the above sources.

WAGES:

a. Provide a current bank statement, *and*
b. Provide three (3) months most recent paystubs. If the paystubs do not provide sufficient information to calculate annual income, we will be required to contact the employer directly.
c.

INTEREST:

a. Provide a current bank statement, *and*
b. Provide a copy of the bank statement showing the year-to-date interest you have received, a copy of your 1099, or ask a bank official to prepare a memo stating the amount of interest earned for the past quarter.

WORKER'S COMPENSIONS: Provide a copy of the check or obtain a statement from the Department of Labor and Industries. *A current bank statement is required.*

SELF-EMPLOYMENT (INCLUDING LYFT, UBER, EBAY, ROVER, ETC.): Provide two (2) months of most recent bank statements, the previous year's tax return, *and* a Self-Employment Verification form. *A current bank statement is required.*

UNEMPLOYMENT COMPENSATION: Provide a copy of the check, or stub, if available or obtain a statement from the Washington State Employment Service. *A current bank statement is required.*

RENTAL INCOME: Provide a signed lease agreement for each tenant showing the amount that will be paid to you each month or copies of the past 3 months' receipts. *A current bank statement is required.*

INTEREST OR DIVIDENDS FROM ALL SOURCES: Provide a statement from the source of this income which shows the amount paid. *A current bank statement is required.*

ZERO INCOME: An explanation as to how expenses are being paid will be required. Gifts received from others on a regular basis must be included as income. A signed Statement of Zero Income, a previous year's income tax return *and a current bank statement is required.*

MONTHLY ASSISTANCE: Any assistance received from others on a monthly or regular basis must be reported as income*. Provide a clear explanation of this income.*