

## CREATIVE COMPASSION, INC.

**Sarah J. Halcott, Grant Administrator**

1535 Sparta HWY | PO Box 4021

Crossville, Tennessee 38557

Phone (931) 456-6654

website: [www.ccihomes.org](http://www.ccihomes.org)

email: [sarah@ccihomes.org](mailto:sarah@ccihomes.org)



November 21, 2025

RE: Home Repair Grant Application + Information about Applying

For the year 2026, our home repair program will begin accepting repair applications beginning November 21, 2026. **We must have your application, all listed documentation, and repair estimate no later than 3PM January 6, 2026.** If you submit your application and all listed documentation to our agency after this date and time, you are still encouraged to apply for future home repair funding rounds.

Please read the enclosed information carefully and fully, and remember:

- You must submit **all** requested documentation listed on the front page of the enclosed application.
- Your repair must be necessary for the home to remain safe and habitable.
- Repair estimates must be from a contractor, company, or individual who carries all proper licenses and insurance for the work they are estimating to undertake.
- Estimates must clearly communicate the description and cost of that work.
- At least 1 applicant must be listed on the Deed AND must be living in the home.
- At least 1 person in the household must be over 60 years of age or older OR must have a documentable special need (see application for details) AND this person must either be on the Deed or provide a piece of nonjunk mail showing they live at the home.
- Turning in an application does not equal funding approval.
- **Do NOT let repair work begin until you have a letter of approval from our agency.**

**This application and all documentation is due by 3PM on January 6, 2026. Applications will not be reviewed prior to this date.**

Our physical office is closed between December 23, 2025 – January 2, 2026. During this time, paper applications can be packeted together and submitted via the secure Dropbox at our office address noted below. Otherwise, applications may be submitted in person delivery, mail, email, or online:

Office Address	Email	Online Home Repair Application
1535 Sparta HWY Crossville, TN 38572	<a href="mailto:jessica@ccihomes.org">jessica@ccihomes.org</a> <a href="mailto:sarah@ccihomes.org">sarah@ccihomes.org</a>	<a href="https://ccihomes.org/apply">https://ccihomes.org/apply</a>



Dear Home Repair Applicant,

Thank you for your interest in applying for funding to help you pay for necessary home repairs or modifications. We are excited to begin this process with you and look forward to assisting you with your housing needs.

To begin, Creative will need to gather some information about you. Please fill out the attached application. **If you do not turn in ALL the following documents, we will not be able to process your application.**

To proceed, we will need the following items with your signed application:

1. Applicants: Proof of Identity (Driver's License or other current ID)
2. Applicants: Copy of the Warranty Deed for house needing repairs
3. Everyone: Proof of Income for every adult member living in the household (SS letters, most recent 2 pay stubs, child support, retirement, etc.)
4. Applicants: Most recent 2 months bank statements on all accounts, all pages
5. Applicants: Current homeowner's insurance policy
6. Applicants: Most recent mortgage statement
7. If a veteran resides in the house, please turn in a copy of the DD-214 form and a piece of mail with the veteran's name and home address.
8. Estimate of requested work from an insured, experienced professional

This application will allow us to assess your eligibility for several different repair programs that may be available at the time of your application. It is possible we will need additional information depending on what you are eligible for and what is available.

Turning in this application does not guarantee an approval of funding. This repair program is for repairs and/or modifications that keep a home healthy, safe, and accessible for its owners and their family when they otherwise could not complete or pay for the repairs on their own.

Sincerely,

Creative Compassion, Inc.

P.O. Box 4021

Crossville, TN 38557

931-456-6654

[www.ccihomes.org](http://www.ccihomes.org)

**FOR OFFICE USE ONLY**

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

Time Received: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

**Home Repair Application****1. GENERAL INFORMATION**

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

**A. Applicant Information**

1. First & Last Name \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Email \_\_\_\_\_
9. Names & Ages of Dependents \_\_\_\_\_

**B. Co-Applicant Information**

10. First & Last Name \_\_\_\_\_
11. Street Address \_\_\_\_\_
12. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
13. Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
14. Email \_\_\_\_\_
15. Names & Ages of Dependents \_\_\_\_\_

*(Do not include those already listed in the Applicant's section)***2. EMPLOYMENT & INCOME****A. Applicant Employment**

1. What is your employment status: \_\_Employed \_\_Unemployed \_\_Retired
2. Name of Current Employer \_\_\_\_\_
3. Street Address \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Employer Phone Number \_\_\_\_\_
6. Years Employed \_\_\_\_\_
7. Position / Title \_\_\_\_\_
8. Wages (check one): ☐ Salary ☐ Hourly
9. Gross Monthly Wages \_\_\_\_\_

**B. Other Applicant Income.**

Please list any non-employment income you receive or receive on behalf of a dependent.

Who is the income from?	Name of person whose income it is	Age of person income is for	Monthly amount received
			\$
			\$
			\$

**C. Co-Applicant Employment.**

10. What is your employment status: ☐ Employed ☐ Unemployed ☐ Retired
11. Name of Current Employer \_\_\_\_\_
12. Street Address \_\_\_\_\_
13. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
14. Employer Phone Number \_\_\_\_\_
15. Years Employed \_\_\_\_\_
16. Position / Title \_\_\_\_\_
17. Wages (check one): ☐ Salary ☐ Hourly
18. Gross Monthly Wages \_\_\_\_\_

**D. Other Co-Applicant Income.**

Please list any non-employment income you receive or receive on behalf of a dependent.

Who is the income from?	Name of person whose income it is	Age of person income is for	Monthly amount received
			\$
			\$
			\$

**3. REPAIR NEEDS**

Tell us in your own words what your home needs so you may continue to live in it safely.

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- a. Do you feel safe in your home?    ☐ Yes            ☐ No
- b. Do you feel comfortable in your home?    ☐ Yes            ☐ No
- c. Do you feel that your home negatively impacts your health?    ☐ Yes            ☐ No
- d. Do you think your utility bills (electric, water, gas,) are high?    ☐ Yes            ☐ No
- e. Are you experiencing any health issues related to your home?    ☐ Yes            ☐ No

f. If yes, please check all that apply:

- ☐ anxiety                      ☐ frequent falls            ☐ sanitation            ☐ water temp
- ☐ accessibility issues            ☐ mobility            ☐ strong odors
- ☐ breathing issues            ☐ noise pollution            ☐ too hot/cold
- ☐ Other \_\_\_\_\_

**(Continue to next page)**

#### **4. PROGRAM SPECIFIC INFORMATION**

- a. Do you own the property needing the repair?    ☐ Yes   ☐ No
- b. Are you currently paying a mortgage?   ☐ Yes   ☐ No
- c. Have you received an estimate from a contractor?   ☐ Yes   ☐ No
- d. What is your credit rating score? *(We do not obtain a credit report with this application.)*  
    ☐ 640 or less   ☐ 641 – 720   ☐ 721 +
- e. Have you filed for bankruptcy in the last 3 years?   ☐ Yes   ☐ No
- f. Do you own other property or real estate?    ☐ Yes   ☐ No
- g. How many people live in your household? \_\_\_\_\_
- h. How many of these are children under 18? \_\_\_\_\_
- i. Are you a grandparent who has custody over their grandchildren?   ☐ Yes   ☐ No
- j. Does anyone in the home have a documented disability?   ☐ Yes   ☐ No
- k. Is anyone in the home over the age of 60?   ☐ Yes   ☐ No
- l. Is anyone besides the Applicant and Co-Applicant receiving income?   ☐ Yes   ☐ No
- m. Is anyone living in the home a veteran of the US military?   ☐ Yes   ☐ No
- n. If you do not wish to supply the following voluntary information, please check here: \_\_\_\_\_
- Ethnicity: ☐ Hispanic or Latino   ☐ Not Hispanic or Latino
  - Race: \_\_\_\_\_
  - Sex: ☐ Female   ☐ Male   ☐ Other: \_\_\_\_\_

#### **5. SIGNATURE**

The undersigned hereby signs that this application was completed by the applicant(s) and the information presented has not been misrepresented.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*Do not forget to read & sign the next page.**



**Applicant's Certification and Authorization Form Certification**

I, the undersigned, certify the following,

I/We have applied for a housing program from Creative Compassion, Inc. In applying with Creative Compassion, Inc., I/We completed an application containing various information for the purpose of helping me with my housing needs. Such information includes income, employment, assets, credit score, debts, identifying information, etc. I/We certify that all the information within this application is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.

I/We understand and agree that Creative Compassion, Inc. reserves the right to request additional information than requested here to ensure complete eligibility for their housing program(s) as necessary, if the current application is for partial documentation processing. This may include verifying the information provided on the application with the employer and/or the financial institution.

**Authorization To Release Information**

To Whom It May Concern,

I/We have applied for a housing program with Creative Compassion, Inc. As part of the application process, Creative Compassion, Inc. may verify information contained in my/our application and in other documents required in connection with our application, either during our application review or as part of its quality control program.

I/We authorize you to provide to Creative Compassion, Inc. all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns, property ownership information, etc.

A copy of this authorization may be accepted as an original.

Your prompt reply to Creative Compassion, Inc. is appreciated.

Signed,

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Applicant

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Co-Applicant

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Date

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Date