

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

email: sarah@ccihomes.org



February 12, 2026

RE: Home Repair Grant Application + Information about Applying

For our second home repair funding round, we will begin accepting application submissions beginning February 13, 2026. **We must have your application and all listed documentation no later than 3PM March 17, 2026.** If you submit your application and all listed documentation to our agency after this date and time, your application may not be considered.

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.
- You must completely fill out the repair application. All applicants must sign and date it.
- Your repair request must be necessary for the home to remain safe, healthy, or improve accessibility.
- All applicants must be listed on the Deed AND must be living in the home (or suitable documentation provided demonstrating why an applicant is not living in 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 March 17, 2026. Applications will not be reviewed prior to this date.

Applications may be picked up and submitted in person, by mail or email, or online:

<u>Office Address</u>	<u>Email</u>	<u>Online Home Repair Application</u>
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1535 Sparta HWY
Crossville, TN 38572

sarah@ccihomes.org

<https://ccihomes.org/apply>

To learn more about eligibility requirements, you can visit our website at ccihomes.org and click on Home Repair Notices, or scan this code that will take you there directly.



SCAN ME



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 with, 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.

Do NOT allow repair work on your home to begin until you have an approval letter from us. You are not required to obtain your own estimate; once we have assessed your application, we will obtain an estimate from a licensed, insured, and properly experienced construction 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

**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 _____
8. Names & Ages of Dependents _____

B. Co-Applicant Information

9. First & Last Name _____
10. Street Address _____
11. City _____ State _____ Zip Code _____
12. Phone Number _____ Date of Birth _____
13. Email _____
14. 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.

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:

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> frequent falls | <input type="checkbox"/> sanitation | <input type="checkbox"/> water temp |
| <input type="checkbox"/> accessibility issues | <input type="checkbox"/> mobility | <input type="checkbox"/> strong odors | |
| <input type="checkbox"/> breathing issues | <input type="checkbox"/> noise pollution | <input type="checkbox"/> too hot/cold | |
| <input type="checkbox"/> Other | <hr/> | | |

(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,

Applicant

Co-Applicant

Date

Date