



OREGON STATE TENANTS ASSOCIATION  
Manufactured & Floating Home Communities



## 2020 HELPING HANDS GRANT APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARK/MARINA NAME: \_\_\_\_\_

1

PROJECT NAME (e.g. Front Step Repair, New Hot Water Heater, Gutter Maintenance):

2

DETAILED PROJECT DESCRIPTION:

3

HOW WILL THIS PROJECT IMPROVE YOUR LIFE? (e.g. front step will provide safe entrance to my home, gutter maintenance will keep me in compliance with rules):

4

TOTAL COST OF PROJECT (maximum of \$2,000):

5

FUNDS REQUESTED FROM OSTA (up to 75% of total project cost, max. of \$1,500):

6

YOUR CONTRIBUTION - Are you able to provide 25% of the total project cost by cash funds, donations, materials, or in-kind labor? (Check one): ☐ YES ☐ NO



**7** HOUSEHOLD INCOME LIMITS: Your total household income must be below 250% of the current year federal poverty guidelines. Check the applicable household size:

☐ One member, income limit \$31,900

☐ Two members, income limit \$43,100

☐ Three members, income limit \$54,300

☐ Other household size - Please enter in amount of people living in home:

Financial information must be verified by an independent party. Please submit the attached financial information worksheet.

**8** LIABILITY INSURANCE: I have Homeowners Liability Insurance: ☐ YES

**9** PROOF OF EXPENDITURES: If my project is accepted, I understand that I am required to show receipts and invoices for project materials and work performed: ☐ YES

**10** OSTA PERMISSIONS (answers below do not affect eligibility): If my project is accepted, OSTA has my permission to use and publish the following (check all that apply):

☐ My first name(s) ☐ My last name(s) ☐ My park/marina name

☐ My city ☐ Details of the project ☐ Images of the project

☐ Images of me ☐ OSTA has my permission to use all of the above under #10

**11** Tell us how you heard about the OSTA Helping Hands Program?:

*I certify that I have accurately and truthfully completed the above information and that I meet the financial eligibility requirements of the OSTA Helping Hands Program.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Please return the signed application, insurance proof, required financials, and liability waiver to:

OSTA – Helping Hands, P.O. Box 563, Gresham, OR 97030 ....or...email to [helping@oregontenants.com](mailto:helping@oregontenants.com)



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## 2020 HELPING HANDS GRANT ELIGIBILITY GUIDELINES CHECKLIST

*Check the boxes to ensure that eligibility is met.*

- ☐ 1) Applicant must be an OSTA member in good standing.
- ☐ 2) Applicant may apply no more often than once every two years.
- ☐ 3) Requests for aid must be for home modifications that aid aging in place or for repairs to protect homeowner's health or safety, or to avoid eviction.
- ☐ 4) The amount of each Helping Hand grant is limited to \$2,000 with OSTA paying 75% and the applicant paying the remaining 25%.
- ☐ 5) The total lifetime amount a household receives including the first grant and any subsequent awards may not exceed \$1,500.
- ☐ 6) Applicants must retain OSTA membership to be eligible for subsequent awards.
- ☐ 7) Applicant's total household income must be below 250% of the current year federal poverty thresholds. Our 2020 grant household income limits are as follows:
  - a. One member, income limit < \$31,900
  - b. Two members, income limit < \$43,100
  - c. Three members, income limit < \$54,300
  - d. Four members, income limit < \$65,500
  - e. Five members, income limit = \$76,700
  - f. Six members, income limit = \$87,900
  - g. For more 6+ members, to calculate the income limit, use \$87,900 as a base amount and add \$11,200 for each additional household member beyond six.

NOTE: Income is based on the most recent adjusted gross income on tax returns or social security and retirement statements. Assets like savings accounts, homes, cars, jewelry, stocks and bonds are not figured into eligibility for an OSTA Helping Hand grant. Income limits will be adjusted yearly to reflect current year federal guidelines.



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## 2020 HELPING HANDS GRANT INSTRUCTIONS

*Check the boxes to ensure that your application is complete.*

For each Helping Hand grant request, an applicant must submit the following:

- ☐ 1) A completed and signed Application
- ☐ 2) A signed Liability Waiver
- ☐ 3) Proof of Homeowners' Insurance
- ☐ 4) Financial Verification that you meet the income limits established by this program:
  - a. Copy of last year's Federal tax return (Social Security numbers may be blacked out for security purposes), or
  - b. In absence of a filed tax return, please include the following
    - 1. Any investment income earned
    - 2. W-2s (for wages earned)
    - 3. 1099-R (for retirement benefits received)
    - 4. Year-End Social Security Statement
    - 5. 1099-G (for unemployment benefits received)
- ☐ 5) Please return the Application, Liability Waiver, Proof of Homeowners' Insurance and Financial Verification, to:

Helping Hands Grant Program  
OSTA  
PO Box 563  
Gresham, OR 97030

Or, complete digital form, then sign and scan documents, and email to: [helping@oregontenants.com](mailto:helping@oregontenants.com)



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## 2020 HELPING HANDS GRANT LIABILITY WAIVER

*Read the following and sign to comply with the liability requirements of the program.*

- 1) All persons participating in the Oregon State Tenants Association (OSTA) Helping Hands Grant Program must sign this form as part of the application process to participate in this program.
- 2) I understand that by accepting this application OSTA does not guarantee or promise my participation in the Helping Hands Grant Program or any other OSTA program or activity.
- 3) If I am accepted into the program, I agree to have comprehensive Homeowners Insurance on my home during the entire time of my participation.
- 4) Further, I understand that if I participate in the OSTA Helping Hands Grant Program, I will be inviting volunteers and other workers into my home to perform work. I understand there are risks associated with this and participating in the program. These volunteers and workers may engage in minor repairs, retrofitting and upgrading of my home. These activities may result in damages, injury, loss and other risks known and unknown to me, my property and any guests.
- 5) By signing this waiver form I promise and agree to waive from all liability, release and hold harmless OSTA, its directors, officers, volunteers, contractors and all other persons assisting in the planning or carrying out of the program or any related activities, including any work performed in, on, around or for my home for any damages, injury, loss and other risks known and unknown to me, my property or any guests.
- 6) I further promise and agree not to file a lawsuit or make a claim against any of the persons listed above, even if they negligently cause me, my property or any guests damages, injury or loss.
- 7) This waiver is part of the consideration I give in order to participate in the OSTA Helping Hands Grant Program. I understand it affects my legal rights. I intend this waiver to apply to myself, my heirs, agents, assigns, representatives and anyone else with a right to bring a claim on my behalf. This liability waiver, release and promise not to sue remains in effect until revoked in writing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_