

# APPLICATION

## *for Home Repairs*



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity home repair under our Neighborhood Revitalization Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. There is a \$50 down payment required if approved for the program.

| 1. APPLICANT INFORMATION   |                |            |   |                       |            |  |
|--|----------------|------------|---|-----------------------|------------|--|
| Applicant  |                |            | Co-applicant  |                       |            |  |
| Applicant's Name   | Date of Birth  |            | Co-applicant's Name   | Date of Birth         |            |  |
| _____  | ____/____/____ |            | _____   | ____/____/____        |            |  |
| Social Security Number   | Age            | Home Phone | Social Security Number                                      | Age                   | Home Phone |  |
| ____-____-____<br>__   |                | (    )     | ____-____-____<br>__  |                       | (    )     |  |
| Married   Separated   Unmarried (single, divorced, widowed)                  |                |            | Married   Separated   Unmarried (single, divorced, widowed) |                       |            |  |
| Dependents and others who live with you                                      |                |            |   |                       |            |  |
| Name   | Age            |            | Male  | Female                |            |  |
| _____  | _____          |            | _____   | _____                 |            |  |
| _____  | _____          |            | _____   | _____                 |            |  |
| _____  | _____          |            | _____   | _____                 |            |  |
| _____  | _____          |            | _____   | _____                 |            |  |
| Present Address (street, city, state, ZIP code)                              |                |            |   |                       |            |  |
|  |                |            | Own   Rent  | Number of Years _____ |            |  |
| If Living at Present Address for Less Than Two Years, Complete the Following |                |            |   |                       |            |  |
| Last Address (street, city, state, ZIP code)                                 |                |            |   |                       |            |  |
|  |                |            | Own   Rent  | Number of Years _____ |            |  |

**2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received:  
\_\_\_\_\_  
More Information Requested? Yes No  
Date Application Completed:  
\_\_\_\_\_  
Accepted Denied  
Date Letter Sent:  
\_\_\_\_\_

Date of Home Visit:  
\_\_\_\_\_  
Date Verifications Received:  
Landlord: \_\_\_\_\_ Employment: \_\_\_\_\_  
Date of Orientation:  
\_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home repair, you and your family must be willing to complete a certain number of “sweat-equity” hours. Your help in repairing your home and the homes of others is called “sweat-equity,” and may include cleaning the lot, painting, helping with construction, working in the Habitat office, attending educational classes or other approved activities.

Yes No

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant:  
Co-applicant:

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe)

\_\_\_\_\_

\_\_\_\_\_

Parcel Number (PN) as it appears on your tax bill: \_\_\_\_\_

In the space below, describe, in detail, the repairs that you are requesting to be done to your home (all repairs must be exterior repairs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. MONTHLY INCOME AND COMBINED MONTHLY BILLS (Please attach last 2 months of utility bills)**

| Gross Monthly Income | Applicant | Co-Applicant | Others in Household | Monthly Bills            | Monthly Amount |
|----------------------|-----------|--------------|---------------------|--------------------------|----------------|
| Employment Income    | \$        | \$           | \$                  | Mortgage                 | \$             |
| TANF                 |           |              |                     | Utilities                |                |
| Food Stamps          |           |              |                     | Car Payments             |                |
| Social Security      |           |              |                     | Insurance                |                |
| SSI                  |           |              |                     | Child Care               |                |
| Disability           |           |              |                     | School Lunch             |                |
| Alimony              |           |              |                     | Avg. Credit Card Payment |                |
| Child Support        |           |              |                     | Student Loans            |                |
| Other                |           |              |                     | Alimony/Child Support    |                |
| <b>Total</b>         | \$        | \$           | \$                  | <b>Total</b>             | \$             |

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|   |   |       |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
|---|---|-------|--|-----|----------------|--|--|-------|-------|-------|----------|--|--|-------|-------|-------|----------|--|--|-------|-------|-------|----------|--|--|
| <p>\$ _____ Monthly</p> <p>\$ _____ Annually</p> <p>D/I: _____%</p> | <p>List additional household members over 18 who receive income:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Name</td> <td style="width: 10%;"></td> <td style="width: 20%;">Age</td> </tr> <tr> <td>Monthly Income</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td></td> </tr> </table> | Name  |  | Age | Monthly Income |  |  | _____ | _____ | _____ | \$ _____ |  |  | _____ | _____ | _____ | \$ _____ |  |  | _____ | _____ | _____ | \$ _____ |  |  |
| Name  |   | Age   |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| Monthly Income  |   |       |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| _____   | _____   | _____ |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| \$ _____  |   |       |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| _____   | _____   | _____ |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| \$ _____  |   |       |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| _____   | _____   | _____ |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |
| \$ _____  |   |       |  |     |                |  |  |       |       |       |          |  |  |       |       |       |          |  |  |       |       |       |          |  |  |

**7. ASSETS**

List Checking and Savings Accounts Below

|  |   |
|--|---|
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                |

**8. DEBT**

To Whom Do You and the Co-applicant Owe Money?

| Car | Monthly Payment | Unpaid Balance | Credit Card | Monthly Payment | Unpaid |
|-----|-----------------|----------------|-------------|-----------------|--------|
|     | \$              | \$             |             | Balance         | \$     |
|     |                 |                |             | \$              | \$     |

|                                      |                       |                      |         |                                  |              |
|--------------------------------------|-----------------------|----------------------|---------|----------------------------------|--------------|
|                                      | Mos. left to pay:     |                      |         | Mos. left to pay:                |              |
| Furniture, Appliances, & Televisions | Monthly Payment<br>\$ | Unpaid Balance<br>\$ | Medical | Monthly Payment<br>Balance<br>\$ | Unpaid<br>\$ |
|                                      | Mos. left to pay:     |                      |         | Mos. left to pay:                |              |
| Cell Phone Contracts                 | Monthly Payment<br>\$ | Unpaid Balance<br>\$ | Other   | Monthly Payment<br>Balance<br>\$ | Unpaid<br>\$ |
|                                      | Mos. left to pay:     |                      |         | Mos. left to pay:                |              |

## 9. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

| Co-applicant   | Applicant |    |     |
|--|-----------|----|-----|
| a. Do you have any debt because of a court decision against you?<br>No | Yes       | No | Yes |
| b. Have you been declared bankrupt within the past seven years?<br>No  | Yes       | No | Yes |
| c. Have you had property foreclosed on in the past seven years?<br>No  | Yes       | No | Yes |
| d. Are you currently involved in a lawsuit?<br>No                      | Yes       | No | Yes |
| e. Are you paying alimony or child support?<br>No                      | Yes       | No | Yes |
| f. Are you a U.S. citizen or permanent resident?<br>No                 | Yes       | No | Yes |

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

## 10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the repair program, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered questions truthfully, my application may be denied, and that even if I have already been selected to receive repairs, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature  
Date

Date

Co-applicant Signature

X \_\_\_\_\_

X \_\_\_\_\_

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.