Habitat for Humanity® of Summit County

2301 Romig Road
Akron, OH 44320
330-745-7734 ext. 213
www.hfhsummitcounty.org

Neighborhood Network Safety Kit Program Application

Dear Applicant: Please complete this application to determine if you qualify for Habitat's City of Cuyahoga Falls-funded Safety Kit Program. Fill out the application as completely and accurately as possible. All information you include on this application and the application itself will be kept in a secure location and will only be shared with the City of Cuyahoga Falls for funding outcomes reporting purposes.

1. HEAD OF HOUSEHOLD/APPLICANT AND HOUSEHOLD INFORMATION

Head of Household/Applicant Name: _____
(first) (last)

Household Address:

_____
(street) (apt. number) (city/state) (ZIP code)

Do you ☐ **Own** or ☐ **Rent** the address listed above? Please check ONLY one.

Applicant Contact Information:

_____
(phone) (email)

Number of adults and children living in the household: _____ _____
(Adults) (Children)

Estimated Gross Monthly HOUSEHOLD Income (list *total* MONTHLY income from paystubs, SSI, Disability, Pensions, 1099, etc. FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER)

_____
total gross monthly income income type(s)

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

Application Received on/by: _____
HFHSC Staff Contact: _____
More Information Requested? ☐ Yes ☐ No
Information Needed: _____
Date Application Completed: _____

Application Reviewed on/by: _____
☐ Accepted ☐ Denied
Reason for Denial: _____
Safety Kit #_____ Delivered ☐ Yes ☐ No
Added to COA Monthly Report ☐ Yes ☐ No

3. REQUIRED DEMOGRAPHIC INFORMATION

Please fill out the following demographic information. Completion of this section is required so we can comply with our funder's reporting requirements. Your responses to this section WILL NOT impact your application review but refusal to complete this section WILL result in your application being denied. Thank you for your understanding.

	Race (please select one per household member)										**Ethnicity (please select one per household member)**	
	White	Black/African American	Asian	American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native & White	Asian & White	Black/African American & White	American Indian/Alaskan & Black/African American	Other Multi-racial	Non-Hispanic	Hispanic/Latino
Head of Household/Applicant												
Household Member #2												
Household Member #3												
Household Member #4												
Household Member #5												
Household Member #6												

	Gender (please select one per household member)	
	Male	**Female**
Head of Household/Applicant		
Household Member #2		
Household Member #3		
Household Member #4		
Household Member #5		
Household Member #6		

	Additional Head of Household Information (Yes or No)
Single	
62 Years or Older	

4. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Safety Kit Program. 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 a Safety Kit, 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 understand that Habitat for Humanity of Summit County and the Neighborhood Network program of Habitat for Humanity of Summit County are offering free Safety Kits for the property I own or rent. Habitat for Humanity of Summit County assumes NO RESPONSIBILITY for damage or distress caused from the contents of the Safety Kit on the property that I own or rent. I agree to release, indemnify, and hold harmless Habitat for Humanity of Summit County, and its employees and volunteers from all losses, claims, demands, and liabilities arising out of the use or storage of the Safety Kit contents on the property that I own or rent.

Applicant Printed Name, Signature and Date:

X_____

(Printed Name) (Signature) (Date)