



## Repair Program Application

We may receive federal assistance for this program. The following information is required by the Department of Housing & Urban Development (HUD) for each individual receiving repair assistance. Your information will remain confidential and is for qualification and record-keeping purposes only.

### Household Information

Name of Primary Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Homeowner #1 (*Head of Household*): \_\_\_\_\_

Contact Info: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Number of Years at this Address: \_\_\_\_\_

Married   
  Separated   
  Unmarried   
 Veteran  Yes   
  No

Homeowner #2 (*if more than one*): \_\_\_\_\_

Contact Info: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Number of Years at this Address: \_\_\_\_\_

Married   
  Separated   
  Unmarried   
 Veteran  Yes   
  No

Additional Household Members (*relationship is to head of household*):

Name	Relationship	Age	Male	Female
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Special Needs

Does anyone in the home have a disability?  Yes  No

If yes, indicate the type of disability: \_\_\_\_\_

### Property Information

mobile home   
  single family   
  townhouse   
  condo   
  other: \_\_\_\_\_

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_  Own  Rent

Name(s) on deed or title of property: \_\_\_\_\_

Property Ins. Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

*Please note that repairs cannot be performed on any property that is not insured.*

Do you expect to move within the next year?  Yes  No

Please complete if any adult in the household owns any other real estate:

Address of Property	Type	Value	Rental Income
_____	_____	_____	_____

Do you have a property manager or an HOA?  Yes  No

### Household Income and Financial Information

Gross Monthly Wages	Applicant	Co-Applicant	Other Resident	Other Resident
Estimated Monthly Wages				
(SSI)				
Social Security Disability (SSDI)				
SNAP (Food Stamps)				
for Needy Families)				
VA Benefits (Veterans Affairs)				
Child Support Income				
Alimony Income				
Retirement (401k, Pension)				
Other:				
Other:				

### Monthly Expenses

Monthly Expense	Monthly Payment (Applicant)	Monthly Payment (Co-Applicant)
Lot Rental		
Homeowner's Insurance		
Electricity		
Water/Sewer		
Natural Gas		
Child Support		
Alimony		

### Monthly Debt Payments

Debt Type	Minimum Monthly		Balance		Minimum Monthly		Balance Remaining	
Mortgage								
Car/Auto Loan								
Medical Debt								
Student Loans								
Credit Card Payment #1								
Credit Card Payment #2								
Credit Card Payment #3								
Other								
Other								

\*If you have additional debt please attach the following information on a separate sheet of paper: Type of debt, minimum monthly payment and remaining balance.

Additional Debt Information

If you have a mortgage loan are you current on payments? If no, explain below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have items in collection? If yes, total in collections: \$	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any judgements or leins? If yes, total amount: \$	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you declared bankruptcy in the past 7 years? If yes, fill out info below:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date Discharged:	Type:			

**Community Involvement**

Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat repair project? If yes, please provide their contact information including name or primary contact and phone/email.

\*Providing this information has no impact on selection or denial of your project.

**Requested Repairs**

Please describe the repairs you are requesting next to the area of repair, otherwise leave section blank.

*Habitat for Humanity of Franklin County may be unable to complete all of the repairs requested and prioritize repairs to complete based on homeowner affordability and the repairs effect on the safety, accessibility and preservation of the home*

Area of Repair	Description
Accessibility Modifications: Examples: Wheelchair ramp, bathroom grab bars, handrails, etc.	
Interior Repairs: Describe problems with flooring, walls and ceilings, etc.	
Doors and Windows: Describe any repairs to locks, glass, frames, weather-stripping, etc.	
Roofing Repairs: Identify where the roof leaks. How many years has it been since the roof was replaced?	
Exterior Repairs: Describe repairs required, including siding, skirting, painting, steps, etc.	
Electrical/Plumbing/Appliances: Identify all wall outlets, light fixtures, sink or toilet leaks, stove, refrigerator, hot water heater repairs	
Other: Identify other repairs requested but not listed above.	

Please share how these repairs will help improve your quality of life and/or the quality of the home:

### Media and Publicity

Habitat for Humanity often works with corporate and/or church sponsors. These sponsors provide funds and/or volunteers for our projects. In celebration, some sponsors may wish to publicize the event and/or information about the family.

I/We consent to having information released about our family to sponsors and for internal Habitat for Humanity publications including, but not limited to the organization's newsletters and website. This may include but is not limited to, photographs and interviews as well as in-home visits from elected officials.

\_\_\_\_\_  
Signature of Homeowner #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner #2

\_\_\_\_\_  
Date

### Information for Government and Funding Monitoring Purposes

The following information is requested by the federal government and other funders in order to track the demographics of persons served. The law provides that we may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not.

I do not wish to furnish this information.

Homeowner #1	Homeowner #2	Race/National Origin
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Asian
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Asian AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Black/African American AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____
		Ethnicity
<input type="checkbox"/>	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hispanic
		Sex
<input type="checkbox"/>	<input type="checkbox"/>	Male
<input type="checkbox"/>	<input type="checkbox"/>	Female

## Records Check

This portion of the application is to further assist Habitat for Humanity of Franklin County in evaluating your eligibility for the repair program. The information provided through this portion of the application process will be kept confidential and reviewed only by the Executive Director of Habitat for Humanity of Franklin County.

Please complete the following for each household member over eighteen years of age:

Full Name	Birth Date	SS#	Have you been convicted of a crime in the last 3 yrs? If so include description, date & location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Authorization and Release

I understand that the information provided on this form may be used to conduct a criminal background investigation and credit check. By signing below I am submitting to such inquiries. 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. By signing I am submitting to such an inquiry.

I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and even if I have already been selected to receive a repair I may be disqualified from the program.

The staff at Habitat for Humanity wishes to have a positive, rewarding experience with each applicant. To that end, we consider this process to be upheld with mutual respect. If at any time the relationship established becomes one of contention or disrespect Habitat reserves the right to close the file, at any time and its sole discretion. In the event of such termination, the monies paid by the applicant hereunder shall be non-refundable.

\_\_\_\_\_  
Homeowner #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner #2 Signature

\_\_\_\_\_  
Date