



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 home repair under our Neighborhood Repair Ministry Program. Please fill out the application as completely and accurately as possible. We cannot process an incomplete application. All information on this application will be kept confidential. The completed application can be mailed to Habitat For Humanity Hill County, P.O. Box 206, Hillsboro, TX 76645. If you need speak with someone about the application please call David Teel at 254 582-3070.

APPLICANT INFORMATION

Applicant			C0-Applicant		
Applicant's Name			Co-Applicant's Name		
Social Security Number	Home Phone	Age	Social Security Number	Home Phone	Age
Married	Separated	Unmarried	Married	Separated	Unmarried

Dependents (who live with you who are not co-applicants)

Name	Age			Name	Age		
_____	____	Male	Female	_____	____	Male	Female
_____	____	Male	Female	_____	____	Male	Female
_____	____	Male	Female	_____	____	Male	Female

Present Address (street, state, ZIP code) Own Rent Number of Years _____

HOUSING CONDITION AND REQUESTED REPAIRS

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

Other rooms in your home: Kitchen Bathroom Living Room Dining Room Other (please describe)

LRK (Land Record Key) as it appears on your tax bill: _____

Please describe, in detail, the repairs that you are requesting to be done to your home:

FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No Date Letter Sent: _____

Date Application Completed: _____ Date of Home Visit: _____

Accepted Denied: _____ Date Accepted or Denied: _____

EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Name and address of Current Employer	Name and address of Current Employer
Years on the Job: Monthly Wages:	Years on the Job: Monthly Wages:
Type of Business Business Phone	Type of Business Business Phone
If Working at Current Job Less than One Year, Complete the Following Information	If Working at Current Job Less than One Year, Complete the Following Information
Name and address of Last Employer	Name and address of Last Employer
Years on the Job: Monthly Wages:	Years on the Job: Monthly Wages:
Type of Business Business Phone	Type of Business Business Phone

MONTHLY INCOME AND COMBINED MONTHLY BILLS

	Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$		\$	\$	Mortgage Payment	\$
AFDC / TANF	\$		\$	\$	Utilities	\$
Food Stamps	\$		\$	\$	Car Payment	\$
Social Security	\$		\$	\$	Insurance	\$
SSI	\$		\$	\$	Child Care	\$
Disability	\$		\$	\$	School Lunch	\$
Alimony	\$		\$	\$	Average Credit Card Payment	\$
Child Support	\$		\$	\$	Student Loans	\$
Other	\$		\$	\$	Alimony / Child Support	\$
TOTAL	\$		\$	\$	TOTAL	\$

SELF EMPLOYED APPLICANTS

Self employed applicants may be required to provide additional documentation such as Tax returns and Financial statements.

ADDITIONAL HOUSEHOLD MEMBERS WHO RECEIVE INCOME

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DEBT

To Whom Do You and Co-Applicant Owe Money?

Car	\$ _____	Cell Phone Contracts	\$ _____
Furniture, Appliances and Televisions	\$ _____	Name and Address of Company	\$ _____
Credit Card	\$ _____	Alimony / Child Support	\$ _____
Medical	\$ _____	Job Related Expenses	\$ _____
Other	\$ _____	Child Care, Union Dues, etc;	\$ _____
Column 1: Subtotal of Payments	\$ _____	Column 1: Subtotal of Payments	\$ _____

DECLARATIONS

Please circle the Answer to the Following Questions for You and the Co-applicant

	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No
c. Have you had property foreclosed on in the past 7 years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No

AUTHORIZATION AND RELEASE

I understand that by filing this application I am acknowledging my willingness to complete any Community Service obligation that will be required if my home repairs work request is approved. In addition, I am authorizing habitat for Humanity to evaluate my need for home repairs I have requested and my ability to repay any no interest obligation that might be involved. I understand that the evaluation may 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 truthfully, my application may be denied and I may be disqualified from the repair 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 screens all potential staff, board members, and applicant families on the sex registry. By completing this application I am submitting to such an inquiry.

Applicant Signature:

Date:

Co-Applicant Signature:

Date: