Habitat for Humanity® of Wood County Ohio

Habitat for Humanity of Wood County
HOME REPAIR APPLICATION

Section 1: Applicant Information		
Name: (first) (middle) (last)		
Date of birth: Age:	SSN:	Phone:
Current address:		Mobile home? YES NO
City:	State:	ZIP code:
Do you own your home? YES NO	Monthly payment:	Year purchased?
Email:		
City:	State: County:	Zip code:
Are you a U.S. citizen or permanent resident? YES NO		
Ethnicity: ☐ Hispanic or Latino ☐ NOT Hispanic or Latino		
Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other		
Are you a veteran or active member of the US military? YES NO		Military Branch:
Are you affiliated with an organization/faith-based group who would be willing to volunteer on this project? ☐ YES ☐ NO If YES, what group?		
Section 2: Applicant Employment Information		
City:	State:	Zip code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	Zip code:
Position:	How long?	Phone:
Section 3: CO-Applicant Information		
Name: (first) (middle) (last)		
Relationship to Applicant:		
Date of birth: Age:	SSN:	Phone:
Current address:		Email:
City:	State: County:	Zip code:
Are you a U.S. citizen or permanent resident? YES NO		
Ethnicity: ☐ Hispanic or Latino ☐ NOT Hispanic or Latino		
Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other		
Are you a veteran or active member of the US military? YES NO		
Are you affiliated with an organization/faith-based group who would be willing to volunteer on this project? ☐ YES ☐ NO If YES, what group?		
Section 4: CO-Applicant Employment Information		
Current employer:		
Employer address:		
City:	State:	Zip code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	Zip code:
Position:	How long?	Phone:

SECTION 5: DEPENDENTS			
Please list individuals who live in the applicant household that are not listed under co-applicant.:			
1) Name:	DOB:	Age:	Relationship:
2) Name:	DOB:	Age:	Relationship:
3) Name:	DOB:	Age:	Relationship:
4) Name:	DOB:	Age:	Relationship:
5) Name:	DOB:	Age:	Relationship:
6) Name:	DOB:	Age:	Relationship:
7) Name:	DOB:	Age:	Relationship:
8) Name:	DOB:	Age:	Relationship:
Please circle any name(s) if a veteran or active member of the US military, or if a spouse of a veteran or active member of the US military.			

SECTION 8: HOME REPAIR NEEDS
PLEASE LIST HOME REPAIRS NEEDED.

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SECTION 9: AUTHORIZATION AND RELEASE

I understand that by completing this application, I am authorizing Habitat for Humanity of Wood County to:

1) evaluate my actual need for a home repair.
2) evaluate my ability to repay the 0% interest loan. (if applicable)
3) evaluate my willingness to be a partner family. (if applicable)

I understand that the evaluation will include personal visits, background check, credit check and employment verification. 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 that even if I have already been selected to receive a home repair, I may be disqualified from the program. Wood County Habitat will retain the original or a copy of this application even if the application is not approved.

I understand that I am committing to live in the home for at least two years after completion of the project.

I authorize Wood County Habitat to obtain a credit report on each applicant, if applicable. This information may be used to establish credit worthiness to fulfill the debt obligation. I give permission for other agencies providing services to me/my family to release to Wood County Habitat any and all information Wood County Habitat may request as necessary in processing and determining the amount/type of home repair assistance I will receive. I understand the information will be held in confidence and will be used for the sole purpose of facilitating home repairs.

I acknowledge that I may be responsible to pay a down payment of $50 for the repairs, followed by monthly payments at 0% interest.

As part of our agreement, I will be present for the duration of the home repair. Exceptions must be discussed with the Home Repair Coordinator or construction manager before work begins. As part of our agreement, I will ensure that the exterior and interior areas to be repaired will be clean of trash and objects that may interfere with the repairs.

I WILL PROVIDE DRINKING WATER AND ALLOW VOLUNTEERS TO USE MY BATHROOM. I WILL ALSO GRANT PERMISSION FOR VOLUNTEERS TO HELP WITH THE HOME REPAIRS.

Signature of applicant	Date
Signature of co-applicant, if joint account	Date

ALLOW 30-90 DAYS FOR YOUR APPLICATION TO BE PROCESSED.

In order for us to process your application, you will need to submit the following supporting documentation:

1. Picture ID (front and back) of every adult living in the home
2. Last 8 consecutive weeks of pay stubs for every adult working in the home
3. Recent bank statements: 6 months checking & 2 months savings for every adult living in the home
4. Documentation of all other household income (e.g. social security, disability, food stamps and child support)
5. Completion of the Assets Certification Form

Mail your application and documents to:	Bring your application and documents in person to:
HFHWC Home Repair P.O. Box 235 Bowling Green, Ohio 43402	326 Industrial Parkway, Unit 1 Bowling Green, Ohio 43402

Assets Certification Form

Please indicate which assets you have and provide documentation for each. Thanks for your time and effort in completing this form. (Indicate which assets you have by checking lines below):

Cash held in Checking accounts (6 month average balance) _____

Cash held in Savings accounts as well as safe deposit boxes.
(2 month average balance) _____

Cash value of revocable trusts available to you. _____

Equity in rental property or other capital investments. _____

Cash value of stocks, bonds, treasury bills, certificates
of deposits, mutual funds, and money market accounts. _____

Individual retirement, 401K, and Keogh accounts (even
though withdrawal would result in a penalty) available to you _____

Retirement and pension funds _____

Cash value of whole life & universal life insurance policies
available to the individual before death _____

Personal property held as an investment such as
gems, jewelry, coin collections, antique cars, etc. _____

Lump sum or one time receipts, such as inheritances,
capital gains, lottery winnings, victim restitution, insurance
settlements and other amounts not intended as periodic payments. _____

Mortgages or deeds of trust held by an applicant (rental income) _____

_____
Signature Date

_____
Signature Date