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| Section 1: Applicant Information |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Do you own your home? YES NO | Monthly payment: | Year purchased? |
| Previous address: |
| City: | State: | 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: |
| Relationship to Applicant: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | 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: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | Relationship: |
| 1. Name:
 | DOB: | 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. |

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| section 8: home repair needs |
| Please list home repairs needed. Attach a separate sheet of paper if there is not enough space to list all repairs. |
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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, a 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 or $100) 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. Exemptions must be discussed with the HRM 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. Last eight consecutive weeks of pay stubs for each applicant and every family member working in the home
2. Documentation of all other household income (e.g. social security, disability, food stamps and child support)

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