

Habitat for Humanity of Wood County HOME REPAIR APPLICATION



Applicant Name: Date of birth: SSN: Phone:	SECTION 1: APPLICANT INFORMATION				
Current address	Applicant Name:				
City:	Date of birth:	SSN:	Phone:		
Do you own your home? YES NO Monthly payment: Year purchased? Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE) Are you a veteran or active member of the US military? YES NO Military Branch: Are you a fillated with an organization/faith-based group who would be willing to volunteer on this project? YES NO If YES, what group? SECTION 2: CO-APPLICANT INFORMATION Co-applicant Name: Belationship to Applicant: Date of birth: SSN: Phone: Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE) Are you a veteran or active member of the US military? YES NO Military Branch: SECTION 3: APPLICANT EMPLOYMENTINFORMATION Current employer: Employer address: City: State: ZIP Code: Position: How long? Phone: Employer address: City: State: ZIP Code: Position: How long? Phone: SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION Current employer: Employer address: City: State: ZIP Code: Position: How long? Phone: SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION Current employer: Employer address: City: State: ZIP Code: Position: How long? Phone: SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION Current employer: Employer address: City: State: ZIP Code: Position: How long? Phone: SECTION 5: DEPENDENTS Flease list individuals who live in the Applicant household: 1) Name: DOB: Relationship: DOB: Relationship: 3) Name: DOB: Relationship:	Current address:				
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5) Name: DOB: Relationship:	5) Name:	DOB:	Relationship:		
6) Name: DOB: Relationship:	6) Name:	DOB:	Relationship:		
7) Name: DOB: Relationship:	7) Name:	DOB:	Relationship:		
8) Name: DOB: Relationship:	8) 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.		r active member of the US military, or	if a spouse of a veteran or active		



Habitat for Humanity of Wood County HOME REPAIR APPLICATION



SECTION 6: HOUSEHOLD INCOME (MONTHLY)				
INCLUDE ALL SOURCES FOR APPLICANT, CO-A	PPLICANT AND ALL ADULT	INDIVIDUALS (18+) LISTED IN SECTON 5.			
	APPLICANT	CO-APPLICANT (if applicable)			
Employment	\$	\$			
Social Security Income	\$	\$			
Social Security Disability	\$	\$			
Food Stamps	\$	\$			
Retirement/VA	\$	\$			
Child Support	\$	\$			
Alimony	\$	\$			
AFDC/TANF	\$	\$			
Other	\$	\$			
Total	\$	\$			
SECTION 7: HOUSEHOLD EXPENSES	(MONTHLY)				
Mortgage	\$				
Property Tax	\$				
Homeowner's Insurance	\$				
Gas Bill	\$				
Electric Bill	\$				
Child Support paid	\$				
Water & Sewer	\$				
Garbage Removal	\$				
Total	\$				
SECTION 8: REQUIRED DOCUMENTATION					
PLEASE PROVIDE THE MOST RECENT COPY OF EACH STATEMENT. NOTE THAT MISSING DOCUMENTATION WILL PREVENT AN APPLICATION FROM BEING REVIEWED.					
THE APPLICATION IS CONSIDERED INCOMPLETE IF THIS DOCUMENTATION IS NOT INCLUDED					
☐ Mortgage (1 year/broken down by month)					
☐ Homeowner's Insurance					
☐ Gas Bill (last 3 consecutive	ve months)				
☐ Electric Bill (last 3 consec	cutive months)				
☐ Pay stubs (8 weeks)					
\square Federal Tax returns (last	two consecutive ye	ears; first 2 pages; signed)			
Proof of any other income	e (e.g. Food stamp	s, social security, child support, etc.)			



Habitat for Humanity of Wood County HOME REPAIR APPLICATION



SECTION 9: HOME REPAIR NEEDS				
PLEASE LIST HOME REPAIRS NEEDED. ATTACH A SEPARATE SHEET OF PAPER IF THERE IS NOT ENOUGH SPACE TO L	IST ALL REPAIRS.			
SECTION 10: AUTHORIZATION AND RELEASE				
I understand that by completing this application, I am authorizing Habitat for Humanity of (HFHWC) to:	Wood County, Ohio			
1) Evaluate my actual need for a home repair.				
2) Evaluate my ability to repay the 0% interest loan.				
3) Evaluate my willingness to be a partner family.				
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. The original or a copy of this application will be retained by HFHWC even if the application is not approved.				
I understand that I am committing to live in the home for at least two years after completi	on of the project.			
I authorize HFHWC to obtain a credit report on each applicant. 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 HFHWC any and all information HFHWC 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 will be responsible to pay a down payment of ($\$50$ or $\$100$) for the remonthly payments at 0% interest.	epairs, followed by			
As part of my "sweat equity" requirement, I will be present for the duration of the home re be discussed with the construction manager before work begins. As part of my "sweat equi ensure that the exterior and interior areas to be repaired will be clean of trash and objects with the repairs.	ty" requirement, I will			
I will provide drinking water and allow volunteers to use my bathroom. I will also grant per to help with the home repairs.	rmission for volunteers			
Signature of applicant	Date			
Signature of co-applicant, if joint account	Date			

Habitat for Humanity of Wood County, Ohio Inc. 200 N. Summit St. Bowling Green, OH 43402 Phone: 419.353.5430

ALLOW 30 DAYS FOR YOUR APPLICATION TO BE PROCESSED.