

SECTION 1: APPLICANT INFORMATION		
Applicant Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
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 affiliated with an organization/faith-based group who would be willing to volunteer on this project? YES NO If YES, what group?		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SECTION 2: CO-APPLICANT INFORMATION		
Co-applicant Name:		
Relationship 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 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 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:
2) Name:	DOB:	Relationship:
3) Name:	DOB:	Relationship:
4) Name:	DOB:	Relationship:
5) Name:	DOB:	Relationship:

**Habitat for Humanity of Wood County
HOME REPAIR APPLICATION**

6) Name:	DOB:	Relationship:
7) 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.		
SECTION 6: HOUSEHOLD INCOME (MONTHLY)		
INCLUDE ALL SOURCES FOR APPLICANT, CO-APPLICANT AND ALL INDIVIDUALS LISTED IN SECTION 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		
<input type="checkbox"/> Mortgage		
<input type="checkbox"/> Homeowner's Insurance		
<input type="checkbox"/> Gas Bill		
<input type="checkbox"/> Electric Bill		
<input type="checkbox"/> Water & Sewer		
<input type="checkbox"/> Garbage Removal		
<input type="checkbox"/> Pay stubs (8 weeks)		
<input type="checkbox"/> Most recent tax return		
<input type="checkbox"/> Proof of any other income (eg. Food stamps, social security, child support, etc.)		

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.

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.
- 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 Wood County Habitat 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. 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 will be responsible to pay a down payment of (\$50 or \$100) for the repairs, followed by monthly payments at 0% interest.

As part of my "sweat equity" requirement, 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 my "sweat equity" requirement, 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.

Habitat for Humanity of Wood Co., Inc.
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