



Application for the Home Preservation Repair Program

DEAR APPLICANT: Please fill out the application as completely and accurately as possible so we can determine if you qualify for the *Home Preservation* repair program. All information you include on this application will be kept confidential.

PLEASE NOTE:

Total repair costs will not exceed \$2500. The cost to applicants for all repair programs will be calculated at 20% of the total project cost (not to exceed \$500). All program costs are to be paid within one year of the Agreement.

1. HOMEOWNERS INFORMATION		
Applicant Name:		
Date of Birth:	E-Mail Address:	
Home Phone:	Cell Phone:	
Co-Applicant Name:		
Date of Birth:	E-Mail Address:	
Home Phone:	Cell Phone:	
Address of Home:		
Number of years you have owned the home: _____		
Names, Date of Birth and Relationship of all people living in the home:		
Name	Date of Birth	Relationship

Has anyone in your household ever served in the U.S. Military? Yes No
 Name: _____ Branch: _____ Name: _____ Branch: _____

Is anyone in your household currently in the military? Yes No
 Name: _____ Branch: _____ Name: _____ Branch: _____

2. SPECIAL NEEDS:

Does anyone in the household have special needs? Yes No

If yes, please describe: _____

Is Translation needed? Yes No If yes, what language? _____

3. PROPERTY INFORMATION

What year was the house built? _____

My house is: One-story _____ One and a half _____ Two-stories _____ Duplex: _____

Is your home currently for sale? Yes No

Is your house in foreclosure or in danger of foreclosure? Yes No

Do you plan on selling your home in the next 24 months? Yes No

Have you received notice of any code violations, which have not been resolved? Yes

No If yes, please provide a copy of the code violation or a detailed explanation.

Are you still making loan payments on your home? Yes No

If yes, what is your monthly payment? _____ How much are property taxes? _____

Are you behind on your mortgage payments? Yes No If yes, how many months?

Are you behind on your property taxes? Yes No

Do you currently have homeowners insurance? Yes No

4. MONTHLY INCOME

	Applicant	Co-Applicant
Salary/Wages	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Pension & Annuities	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Other (Please explain)	\$	\$
Subtotal:	\$	\$

5. REQUESTED REPAIRS

Briefly describe the type of work needed for your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our volunteer time and donated financial resources will be made at the discretion of the Habitat for Humanity board. The work done through the Home Preservation Repairs Program focuses on repairs necessary to alleviate health, life and safety issues or code violations, and is done by volunteers who are not professionals and who do not get paid.

Do the requested repairs need to be completed within the next 30 days? Yes No

6. AUTHORIZATION, RELEASE AND HOMEOWNERS AGREEMENT

I/we, _____ certify that the information on this application is true and accurate and that I own the property at _____.

I/we confirm that any physically able persons residing in my home or visiting on the project day will work alongside the Habitat for Humanity volunteers for at least two hours. I/we confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I/we understand that the people who may work on my house are unpaid volunteers: that few, if any of them, are skilled in the building trades; and that Habitat for Humanity MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I/we hereby agree that, my assignees, their heirs, distributed, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity activities. I/we hereby release Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I/we, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damaged resulting from my participation in any Habitat for Humanity activities.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

7. CREDIT REPORT AUTHORIZATION

The undersigned certify the following:

I/We have applied for a loan from Grundy-Three Rivers Habitat for Humanity. In applying for the loan, I/we completed the loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I/we certify that all the information is true and complete. I/we made no misrepresentation in the loan application or other documents, nor did I/we omit any pertinent information.

Authorization to Release Information

I/we understand that my credit report will be obtained through First Federal Savings Bank using Factual Data. I/we hereby give my consent to release information to First Federal Savings Bank for the sole purpose of obtaining the credit report. First Federal Savings Bank will not be the loan holder. The loan will be held by Grundy-Three Rivers Habitat for Humanity.

I/we further understand that First Federal Savings Bank will exercise reasonable care in connection with any information obtained from my/out credit report and in maintaining the confidentiality of facts or information of a confidential nature and so long as First Federal has exercised such reasonable care I/we hereby absolve and release First Federal from any claims, losses or damages with may, directly or indirectly, arise out of the gathering of such facts or information.

Applicant Signature _____ Social Security # _____

Co-Applicant Signature _____ Social Security # _____

8. APPLICATION CHECKLIST

- _____ Did you complete all 7 sections of this application?
- _____ Did you **sign the application**?
- _____ Did you enclose **proof of ownership and proof of property tax payment**, such as a property tax receipt?
- _____ Did you enclose proof of **homeowners insurance**, such as a copy of homeowner's insurance policy?
- _____ Did you enclose a copy of **last year's tax return**?

FOR OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

Date Received	
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent:
Date Application Completed:	Date of Home Visit

