



Mail or fax completed form to:
 CHR – Critical Home Repair Program
 601 Schoenhaar Dr.
 West Bend, WI 53090 Phone: (262) 338-0690
 Fax: (262) 910-1262

SECTION 1- HOMEOWNER INFORMATION

Legal Name of Homeowner (s): _____ **Age** _____

Co-Homeowner (if applicable): _____ **Age** _____

Street Address: _____ City: _____ State: _____

Zip: _____ County: _____ Phone: (H) _____ (C) _____

List the names, ages and relationship to the homeowner of all people living in the home:
(attach a list if more space is needed)

Name & Relationship	Age	Occupation

How many years have you lived at this address: _____

Are any of the home owner’s seniors? Yes _____ No _____

Is anyone living in the who has served – or is currently serving – in the military? Yes _____ No _____

Is anyone in the home disabled? Yes _____ No _____

If yes, indicate the type (s) of disability: _____

SECTION 2- HOUSEHOLD INCOME, MORTGAGE & DEBT INFORMATION
 Asset Information (401k’s IRAs, Saving, CDS, Land, Etc.)

Monthly income – before taxes - for each member of the household over 18 years of age:

Household member #1: \$ _____ Household member #2: \$ _____

Household member #3: \$ _____ Household member #4: \$ _____

The **total, combined income before taxes** for **ALL** persons living in the home is: \$ _____ (per **year**)

- You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children. For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.**

Asset Information

Current Value of; 401K: \$ _____ Savings: \$ _____ CDS: \$ _____

Other Assets: \$ _____ Type: _____

Are you still making loan payments on your home? Yes: _____ No: _____ Amount still owed: _____

Other Debts (of main homeowners)

Auto Loan: _____ Credit Card Balance: _____ Medical Expenses: \$ _____

Other: \$ _____ Type of debt: _____

Ability to re-pay a new loan: After paying your monthly living expenses (utilities, insurance, food, phone, etc.) and any other debts (mortgage, credit cards, car payments, etc.) approximately how much per month can you afford to

pay on this new loan? * \$ _____ /month

***Please remember that HHFWDC offers affordable home repairs in keeping with our belief in “a hand up, not a handout” and you will be expected to repay the costs of any repairs performed on your home. Therefore, answering untruthfully may lead to a denial of your application. The amount that you indicate available for repayment is NOT necessarily the same amount as the monthly repayment cost for any repairs performed by HHFWDC. If the project is approved, a repayment schedule will be mutually agreed upon prior to beginning the repair.**

SECTION 3- HOMEOWNER’S AGREEMENT

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Name: _____ Phone number: _____ Relationship to Homeowner _____

Is the homeowner aware of this application? YES _____ NO _____

SECTION 4- APPLICATION HISTORY

Have you applied to CHR in the past? YES _____ NO _____ If yes what year (s)? _____

SECTION 5- SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with other, similar programs may we share it with them?

YES _____ NO _____

- *Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give CHR your consent to share the information you provide on this application with similar organizations if CHR is not able to assist you.*

SECTION 6- MEDIA AND PUBLICITY

Where did you learn about Critical Home Repair Program (CHR)?

TV Radio Newspaper Flyer Friend Neighbor Neighborhood

If **CHR** selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

YES: _____ Interviews are okay YES: _____ Picture are OKAY

NO: _____ I do not want interviews NO: _____ I do not want Pictures taken of myself or home (circle one or both)

SECTION 7- COMMUNITY INVOLVEMENT

Are you a part or involved in any community groups (Ex: churches, community organizations, etc.)?

YES _____ NO _____ If Yes, please list them: _____

SECTION 8- HOUSE INFORMATION

HOUSE INFORMATION

Place a “X” next to the type of home you own.

Mobile Home: _____ Condo: _____ Duplex: _____ Single Family: _____

Year Purchased: _____ Year Built: _____ **Approximate Square Feet:** _____

SECTION 9- REQUESTED REPAIRS

Briefly describe the type of work you would like done on your home (exterior and/or interior). The work done by CHR will focus on you obtaining warmth, safety and independence.

SECTION 10- APPLICATION COMPLETION CHECKLIST

- Did you sign the application?
- Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Do you currently have homeowner’s insurance & include copy? Yes No
- Are you current on your homeowner’s insurance premiums? Yes No (Please send copy of premium payment.)
- Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. **All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.**

I certify that the information on this application is accurate and that I own the property at the address given on this application. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the CHR volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I authorize and instruct Habitat for Humanity Washington & Dodge Counties. (hereafter HFHWDC) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHWDC. I understand and agree that HFHWDC intends to use the credit report to evaluate my financial readiness for Home Repair services. I understand that according to my ability, I will be required to repay a 0% interest loan to pay for the home repair unless otherwise stated in the homeowner agreement. I also allow HFHWDC to perform a SORI and background check (Sex Offender Registry Information) on the applicant and co-applicant, along with all persons over the age of 18 living in the home.

I understand that by filing this application, I am authorizing HFHWDC to evaluate my need for home repairs and my ability to repay a no-interest loan. I understand that the evaluation will include a home assessment and income 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 be eligible to receive Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by HFHWDC even if the application is not approved.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

_____ Date _____

_____ Date _____

SIGNATURE OF HOMEOWNER (s)



Authorization for a Criminal Background Check

I have applied for Habitat for Humanity of Washington and Dodge Counties (HFHW&DC) Critical Home Repair Program. As part of the process, HFHW&DC will perform a Criminal and Sexual Offender Background Check on any individual eighteen years or older.

Volunteer or paid staff will perform the check.

A copy of this authorization may be accepted as an original.

Signature

Print Name (First Name, Middle Initial, Last Name)

Address

Phone Number

Email Address

Date of Birth

Today's Date

**Habitat for Humanity of Washington and Dodge Counties WI
601 Schoenhaar Dr.
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Revised 1/2019



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