



Thank you for your interest in the home repair program provided by Habitat for Humanity of Washington & Dodge Counties (HFHWDC). We have included the application form and a document checklist. **Please be aware that all required documents must be received by our office for your application to be considered complete.**

Once we have received the completed application and other requested documents, your application will be reviewed based on the program criteria:

- **You currently own and occupy a home that needs repairs deemed to be within our scope of work.**
- **You are unable to afford necessary home improvements and/or unable to complete them otherwise due to age, disability, or financial circumstance.**
- **You can repay Habitat for the cost of the materials &/or labor for repairs.**
- **You are willing to partner with HFHWDC by participating in the project as much as you are able and making your home safe and available for staff or contractors.**
- **2 bids/quotes for the requested work to be completed by license and qualified contractors**

Please return your completed application form and the other required application documents to:

Habitat for Humanity of Washington & Dodge Counties
601 Schoenhaar Dr.
West Bend WI 53090
officemanager@hfhwashco.org
[\(262\) 338-0690](tel:(262)338-0690)

Applications are accepted by mail, fax, email, or in person during office hours (Monday-Friday, 9 am to 3 pm).

If you have any questions or need assistance completing the application, please contact the Habitat office at (262) 338-0690. We look forward to your partnership.

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Please keep this page

For your future informational needs

Critical Home Repair Application

SECTION 1 - Homeowner Information

Applicant Name: _____ **Age:** _____

Co-Applicant Name: _____ **Age:** _____

Primary Phone Number (____) ____-____ **Secondary Phone Number** (____) _____

Email Address: _____

Home Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

How long have you lived at above address: _____

List Names, ages, and relationships to the homeowner(s) of all persons living in the home:

Attach an additional page if more space is needed.

Name/Relationship: _____ **Age:** _____




Name/Relationship: _____ **Age:** _____

Name/Relationship: _____ **Age:** _____



HFHWDC is a locally operated, ecumenical Christian organization dedicated to revitalizing our community through affordable housing programs. HFHWDC supports the Fair Housing Act and offers programs open to all qualifying people regardless of race, color, ethnicity, creed, religion, political belief, sex, sexual orientation, marital status, or age.

What is your preferred method of communication?

Phone	Email	Mail
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use only:

Date Received: ____/____/____

Application Number: _____

Section 1b Disability Declaration

Is anyone in the home disabled or currently on Social Security disability or designated with a disability by a medical professional or government agency? Y N

If so, would you like to disclose the disability to help us better plan if any special circumstances are needed for this repair project?

Section 1c US Military Service

Have you (or your spouse) ever served, or are you currently serving, in the United States Armed Forces? (U.S. Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, or National Guard)

Yes No

If you would like to be included in possible grant funding for your project because of your service please include a copy of your discharge paperwork (DD-214, NGB-22, or other proof) with this application.

I or someone else in the home is currently on active duty with a projected conclusion date.

_____/_____/_____

I or someone else in the home is currently retired, discharged, or separated from service.

I or someone else in the home was a non-activated member of the Reserves or National Guard.

I or someone else in the home is a surviving spouse.

Section 2 Sweat Equity/Paying It Forward

HFHWDC depends on volunteer support, also called "sweat equity" to make homes safe and affordable. As part of the Habitat Repairs program, you would be expected if you are able to, to participate in "sweat equity" to some extent. We recognize that not everyone is able to participate directly in physical labor activities and may offer alternative ways to "pay it forward" to meet this expectation. Homeowner acknowledges that no compensation will be paid to Homeowner or others for performance of Sweat Equity under any circumstances, including any termination of this Agreement

Do you agree you will make every effort to participate in "sweat equity" as a requirement of the program?

Yes No

Section 3 – Household Income and Debt Information

Income Information *(Includes Wages, Social Security, SSI, Pensions, etc.)*

You must attach verification of ALL household income for each adult in the home unless a full-time student (with proof of enrollment) and or benefits for children.

Monthly income -BEFORE TAXES- for each member of the household

Household Member #1 \$ _____ Household Member #2 \$ _____

Household Member #3 \$ _____ Household Member #4 \$ _____

Total combined income BEFORE taxes for ALL persons living in the home is \$ _____

Assets Information *(Please include 401Ks, IRAs, savings, CDs, land, any other investments, etc.)*

401K, Ira, and Retirement accounts	Savings	CDs
\$ _____	\$ _____	\$ _____

Mortgage and Debts Information

Are you still paying a mortgage? Yes No **If yes**, your monthly payment is \$ _____

Auto Loan Balances	Credit Card Balances	Medical Expenses	Other Debts (Type of debt?) _____
\$ _____	\$ _____	\$ _____	\$ _____

Ability to repay 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 Habitat 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 “\$0.00” to this question may result in the 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 HFHWDC. If the project is approved, a repayment schedule will be mutually agreed upon prior to beginning the repair.

Section 4 – Requested Repairs and/or Modifications.

Briefly describe the type of work you would like done on your home.

Attach a separate piece of paper if there is not enough space to explain.

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of HFHWDC. The work done by HFHWDC focuses on items determined to be critical for the safety and independence of household members. Our staff are not professionals and may not be able to make all repairs, that could be outsourced by other businesses

Home Information: Please circle the one that closest matches your home.



1 Story



2 Stories



Mobile



Modular



Condo

Year purchased _____

Year Built _____

Area of Repair	Description of issue
<p>Accessibility modifications: <i>Wheelchair ramp, grab bars, more accessible shower stall.</i></p>	
<p>Carpentry Repairs: <i>Doors, Floors, Porches, Steps, Walls Ceilings, etc.</i></p>	
<p>Electrical Repairs: <i>Wall outlets, Light Fixtures, Electrical Panels, etc.</i></p>	
<p>Plumbing/Major Appliance Repairs: <i>Sinks, Tubs, Stools, Water Heater, Leaks, Furnaces, etc</i></p>	
<p>Doors and Windows: <i>Describe issues and how many and locations, glass, frames, weather stripping</i></p>	

For any other repairs that do not fit into one of these categories please attach additional attachments, or if you already have quotes for the work you are requesting, please attach those.

Section 5 – Privacy Information

Sharing of your personal information

If your application is a more appropriate fit with other programs at another agency, we would like to share the information with those agencies.

Do we have your permission to pass along contact information if necessary? 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 HFHWDC your consent to share the information you provide on this application with similar organizations if we are not able to assist you.

Media and Publicity: Habitat depends largely on community support to provide affordable housing services. If HFHWRA selects your house to be repaired, pictures of you and your home may be taken and shared with Habitat supporters.

Are you willing to have your likeness and picture of your home shared in print, online media, television, or radio?

Yes No

Section 6 – Authorization to Release Information

I confirm that the information on this application is accurate and that I own the property at the address given on this application. In addition, I understand that this program is intended to provide safe, decent, and affordable housing for our household, and I have no present intention to move or offer my home for sale for at least three years.

I understand that this program is designed as a hand-up, not a hand-out. As such, I will make the agreed-upon monthly repayments for the repair so that others can be helped as well. And I confirm that as far as possible, members of this household will work alongside the HFHWDC volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I authorize HFHWDC to verify any information I have provided on this application, including verification of income and/or assets, creditworthiness, criminal history, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

_____/_____/_____
Applicant Name (please print) Signature Date of Birth

_____/_____/_____
Applicant Name (please print) Signature Date of Birth

Did someone assist you filling out this application? If so, please provide their contact information below.

Name (please print) Relationship to Applicant Phone Number or Email Address

Section 7 – Application Final Checklist

- Did you complete all 6 sections of this application?
- For veterans: did you attach a copy of your discharge paperwork (DD-214, NGB-22, etc.)?
- Did you sign the authorization to release (Section 6, Page 7)?
- Did you submit proof of home ownership (such as a property deed or property tax receipt showing the homeowner's name & address)?
- Did you include proof of household income (such as two months' paystubs, current monthly Social Security statement, most recent tax return, etc.)?
- Did you attach a copy of your current homeowner's insurance?

Thank you for your interest in HFHWRA's Home Preservation Program

Applications are accepted by mail, email or in person.

Our housing office is open Monday through Friday, 9 am to 3 pm

Submit your completed form and documentation to:

Habitat for Humanity of Washington & Dodge Counties

If you have any further questions, please call us at

(262) 338-0690

Care to share additional information?

Who or what agency referred you to our program? _____

Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat for Humanity project? _____

Demographic Information

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and residential lending laws. You are not required to provide this information but are encouraged to do so.

Your Rights and How We Use This Information: You may select one or more designations below, and you can also decline to provide any information by selecting "I do not wish to provide this information". Federal law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname.

Why We Ask: To help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to enable HFHWDC to better evaluate our programs and the characteristics of the populations and communities we serve.

When legally or contractually required, this information may be provided to government regulators and other organizations that fund HFHWDC. However, information is typically provided at an aggregate level and in no case will the demographic data you provide be linked to any identifying characteristics that would fail to protect your privacy and identity.

Ethnicity (check one or more):

- Hispanic or Latino
 - Mexican Puerto Rican Cuban
 - Other Hispanic or Latino – For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
- Not Hispanic or Latino
- I do not wish to provide this information

Race (check one or more):

- American Indian or Alaska Native
- Asian
 - Asian Indian Chinese Filipino Japanese
 - Korean Hmong
 - Any Other Asians - For example Laotian, Thai, Pakistani, Cambodian, and so on.
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian Guamanian Samoan
 - Any Other Pacific Islanders - For example, Fijian, Tongan, and so on.
- White
- I do not wish to provide this information

Sex:

- Female
- Male
- Another not listed
- I do not wish to provide this information

