

## APPLICATION for Home Repairs

2301 Romig Road Akron, OH 44320 330-745-7734 www.hfhsummitcounty.org



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, sexual orientation, gender identity or national origin.

**Dear Applicant:** We need you to complete this application to determine if you qualify for a Habitat for Humanity home repair under our Neighborhood Revitalization Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION										
A	oplicant		Co-applicant							
Applicant's Name		Date of Birth	Co-applicant	's Name		Date of Birth				
		//				//				
Social Security Number	Age	Home Phone	Social Securit	ty Number	Age	Home Phone				
		( )				( )				
🗌 Married 🗌 Separated 🗌	Unmarrie	d (single, divorced, widowed)	Married	Separated	Unmarrie	ed (single, divorced, widowed)				
Dependents and others who live Name	e with you		Age	Male	Fe	emale				
Present Address (street, city, sta	ate, ZIP cod	e) 🗌 Own 🗌 Re	nt	Number of Years _	·····					
	If Living at	Present Address for Less	「han Two Years	, Complete the Foll	owing					
Last Address (street, city, state,	ZIP code)	🗌 Own 🗌 Re	nt	Number of Years _						

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE						
Date Received:	Supporting Documents Taxes Current    Yes    No Mortgage Current    Yes    No Homeowner's Insurance    Yes    No Utilities    Yes    No					

3. WILLINGNESS TO PARTNER						
To be considered for a Habitat home repair, you and your family must be willing to complete a certain hours. Your help in repairing your home and the homes of others is called "sweat-equity," and may in painting, helping with construction, working in the Habitat office, attending educational classes or ot	nclude cleaning the	e lot,				
Yes       No         I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:       Applicant: <ul> <li>Co-applicant:</li> <li>Co-applic</li></ul>						
4. PRESENT HOUSING CONDITIONS						
Number of bedrooms (please circle) 1 2 3 4 5 Other rooms in the place where you are currently living:						
□ Kitchen □ Bathroom □ Living Room □ Dining Room □ Other (please describe)						

Parcel Number (PN) as it appears on your tax bill: \_\_\_\_\_

Please select from the following Exterior/Interior Home Repairs and Modifications that you are requesting to be done to your home:

Feature or System	Exterior/Interior Home Repairs and Modification
Site	<ul> <li>Adding or replacing address</li> <li>Power-washing slippery exterior</li> <li>number so it is visible from the street for emergency vehicles</li> </ul>
Building Exterior	<ul> <li>Adding exterior lighting at entrances (to include automatic sensors)</li> <li>Adding exterior lighting at entrances (to include automatic between the sensors)</li> <li>Replace gutters and downspouts installing new or adjusting mailbox height to make it easier to reach</li> </ul>
Exterior Walkways and Steps	<ul> <li>Installing temporary/modular ramps (placed on top of the ground) for accessibility for individuals with a disability</li> <li>Placing temporary anti-slip tape or colored tape or paint on surfaces</li> <li>Repairing cracked, broken, or uneven pathways/steps (pavement, brick, etc.)</li> <li>Installing handrails on both sides of steps and/or pathways</li> </ul>
Exterior Windows and Doors	<ul> <li>Replacing door lock with one that is easier to operate</li> <li>Replacing doorknobs with lever-style handles</li> <li>Adding or adjusting peephole or viewing panel to correct height for client</li> <li>Eliminating trip hazards at entry threshold</li> <li>Fixing broken window pane(s), storm window(s) or damaged entry door</li> <li>Adding storm windows or storm doors</li> <li>Replace exterior doors</li> </ul>
Interior Walls, Windows and Ceiling	<ul> <li>Adjusting or replacing hardware </li> <li>Patching, mending, or fixing holes or cracks in drywall/plaster curtains to make them easier to use</li> </ul>
Interior Doors and Hallways	Adjusting door swings to reverse or remove awkwardness

Flooring	Repairing flooring transitions so there is zero height difference between them Repairing floor tile to remove	Installing linoleum/vinyl flooring to remove uneven surfaces that pose extensive slipping or tripping hazards
	uneven surfaces	Carpet removal
Interior Stairways (Circulation)	Installing railings	Applying adhesive strips with
	Replacing broken stair treads or balusters	nonslip surface
Bathroom/Laundry	Installing grab bars Adding nonskid strips to shower floor or bathtub Installing a hand-held or adjustable showerhead Installing clamp for hand-held shower on wall or grab bar Tub cuts to enable easy entry/conversion to shower Installing curved shower rod Installing easy-to-use lever handles rather than knobs or turn handles for the sink, bathtub and shower faucets feature Replacing toilet with comfort- height model	Replacing or adjusting position of bathroom mirror, toilet paper holder, and other accessories to meet client's needs Replacing cabinet hardware, such as replacing round knobs with D-shaped handles Securing rugs with rubber carpet mesh or double-sided rug tape Replacing broken medicine cabinet Installing pedestal or wall hung sink for wheelchair accessibility Insulating exposed pipes beneath the sink to protect against touching a hot pipe
Kitchens	Replacing cabinet hardware, such as replacing round knobs with D-shape handles Removing or replacing interior of existing cabinetry for easier access (e.g. pull-out drawers and shelves)	Replace faucets with lever-, touch-, or sensor-style faucet Installing easy-to-use ABC-rated fire extinguisher in an easy-to- reach place
Electrical/Lighting	Adding stick-on motion sensor lighting Installing exterior solar powered security lights Changing light bulbs Adding light switches at top and bottom of stairs for safety	Replacing light switches with safety and accessibility features such as glow in the dark, rocker- style switches, or other easy-to- function switches Adding ball chain extension to ceiling fan/light
HVAC/Plumbing Systems	Replacing thermostat with one that has accessibility features Installing pressure-balanced, temperature-regulated sink faucets in kitchen and bath	Setting home's water heater or replacing its thermostat, to ensure hot water is at or below 120°F to avoid scalding
Security	Adding security technology to entrance door	Installing secure slide latch or chain inside entrance door

Life Safety	Installing GFCI outlet	Installing or replacing doorbell that
	Repairing electrical outlets	can be seen or heard by client
	Installing or servicing smoke,	throughout the house
	fire and CO detectors	Cleaning surface mold

## Please select from the following Critical Home Repairs that you are requesting to be done to your home:

Please note: Habitat's ability to complete the following Critical Home Repairs is dependent on staff capacity, grant funding and weather. Requesting any of the following Critical Home Repairs below is NOT a guarantee we will be able to complete them should you qualify for our program. Additional costs for repayment could apply to these repairs.

Feature or System	Critical Home Repairs
Site	General landscaping clean up
Building Exterior	□ Roof repair/replacement □ Replace shutters
	Porch repair/replacement Exterior paint
	Siding repair/replacement
Exterior Windows and Doors	□ Replacement of exterior doors □ Widening exterior doorway to
	□ Replacement of windows accommodate a walker or
	wheelchair
Interior Doors and Hallways	□ Widening interior doorways to accommodate a walker or wheelchair
Flooring	□ Installation of new floor if the existing has extensive slipping or tripping
	hazards resulting from deterioration or damage
Interior Stairways (Circulation)	Installing chair lift/stair climbers
Electrical	Major rewiring of home
HVAC/Plumbing Systems	□ Installing new furnace □ Installing central air conditioning

5. EMPLOYMENT INFOR	MATION	(Please attach la	ast 30 days of pay stubs/social security or pension)				
Appl	icant		Co-applicant				
Name and Address of Current Employer		Years on This Job	Name and Address of Current Emp	Years on This Job			
		Position	Position				
Business Phone ( )			Business Phone ( )				
Hourly wage: \$	Hours work	ked per week:	Hourly wage: \$ Hours worked per week:				
If Worki	ng at Currei	nt Job Less Than One	Year, Complete the Following Inf	ormation			
Name and Address of Last Employe	er	Years on This Job	Name and Address of Last Employe	Years on This Job			
		Position	-		Position		
Business Phone ( )			Business Phone ( )				
Hourly wage: \$	wage: \$ Hours worked per week:		Hourly wage: \$	Hours work	ed per week:		

6. MONTHLY IN	COME AN	ID COMB	INED MONTHLY BI	LLS <b>(Please atta</b>	ch last 2 mon	ths of util	ity bills)
Gross Monthly Income	Appli	cant	Co-Applicant	Others in Household	Monthly	Bills	Monthly Amount
Employment Income	\$		\$	\$	Mortgage	\$	
TANF					Utilities		
Food Stamps					Car Payments		
Social Security					Insurance		
SSI					Child Care		
Disability					School Lunch		
Alimony					Avg. Credit Carc	l Payment	
Child Support					Student Loans		
Other					Alimony/Child S	Support	
Total	\$		\$	\$	Total		\$
FOR OFFICE USE ON	ILY – DO NO	OT WRITE	IN THIS SPACE	List additional house	nold members ove	er 18 who rec	eive income:
\$	N	Ionthly		Name		Age	Monthly Income
Ŷ	10	lontiny					\$
\$	A	nnually					Ś
							¢
D/I:%	,						₹
			7. AS	SETS			
		I	ist Checking and Sav	vings Accounts Belov	v		
Name and Address of Bank	, Savings & I	oan, or Cr	edit Union:	Name and Address of	Bank, Savings & I	Loan or Credi	t Union:
Account Number:		Bala	nce \$	Account Number:		Balance	e \$
				EBT			
				Co-applicant Owe M	loney?		
Car		Monthly Payment	•	Credit Card		Monthly Payment	Unpaid Balance
		\$	\$			\$	\$
		Mos. left	to pay:			Mos. left t	о рау:
Furniture, Appliances, & Te	levisions	Monthly	•	Medical		Monthly	Unpaid
		Payment				Payment	Balance
		\$ Mas laft	\$			\$	\$
		Mos. left				Mos. left t	
Cell Phone Contracts		Monthly Payment	-	Other		Monthly Payment	Unpaid Balance
		\$	\$			\$	\$
		Mos. left	to pay:			Mos. left t	о рау:

Any other details about your requested repairs that we should know:

9. DECLARATIONS								
Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.								
			Appl	icant	Co-ap	plicant		
a. Do you have any debt because of a court de	ecision against yo	ou?	🗌 Yes	🗌 No	🗌 Yes	🗌 No		
b. Have you been declared bankrupt within th	e past seven yea	irs?	🗌 Yes	🗌 No	🗌 Yes	🗌 No		
c. Have you had property foreclosed on in the	past seven year	s?	🗌 Yes	🗌 No	🗌 Yes	🗌 No		
d. Are you currently involved in a lawsuit?			🗌 Yes	🗌 No	🗌 Yes	🗌 No		
e. Are you paying alimony or child support?			🗌 Yes	🗌 No	🗌 Yes	🗌 No		
f. Are you a U.S. citizen or permanent residen	t?		🗌 Yes	🗌 No	🗌 Yes	🗌 No		
If you answered "yes" to any question <b>a</b> throug	h <b>e</b> , or "no" to q	uestion <b>f</b> , please explain on a separa	ate piece of p	oaper.				
	10. AUTH(	DRIZATION AND RELEASE						
program, my ability to repay the no-interest loan and other expenses of homeownership and 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 questions truthfully, my application may be denied, and that even if I have already been selected to receive repairs, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.								
Is either the applicant, co-applicant or hom	neowner a US r	nilitary veteran of any branch?	(circle ans	swer)	YES	NO		
Applicant Signature	Date	Co-applicant Signature			Date			
x		_ x						
PLEASE NOTE: If more space is needed to c	omplete any p	art of this application, please us	e a separate	e sheet of	paper an	d attach it		

to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.