

# APPLICATION

## *for Home Repairs*



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

Applicant			Co-applicant		
<b>Applicant's Name</b>		<b>Date of Birth</b>	<b>Co-applicant's Name</b>		<b>Date of Birth</b>
		___/___/___			___/___/___
Social Security Number	Age	Home Phone	Social Security Number	Age	Home Phone
___-___-___		( )	___-___-___		( )
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
<b>Dependents and others who live with you</b>					
Name		Age	Male	Female	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent   Number of Years _____					
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>					
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent   Number of Years _____					

### 2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_  
 More Information Requested? ☐ Yes ☐ No  
 Date Application Completed: \_\_\_\_\_  
☐ Accepted   ☐ Denied  
 Date Letter Sent: \_\_\_\_\_  
 Applicant # \_\_\_\_\_

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 number of “sweat-equity” hours. Your help in repairing your home and the homes of others is called “sweat-equity,” and may include cleaning the lot, painting, helping with construction, working in the Habitat office, attending educational classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Life Safety	<input type="checkbox"/> Installing GFCI outlet <input type="checkbox"/> Repairing electrical outlets <input type="checkbox"/> Installing or servicing smoke, fire and CO detectors	<input type="checkbox"/> Installing or replacing doorbell that can be seen or heard by client throughout the house <input type="checkbox"/> Cleaning surface mold
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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	<input type="checkbox"/> General landscaping clean up
Building Exterior	<input type="checkbox"/> Roof repair/replacement <input type="checkbox"/> Porch repair/replacement <input type="checkbox"/> Siding repair/replacement
Exterior Windows and Doors	<input type="checkbox"/> Replace shutters <input type="checkbox"/> Exterior paint <input type="checkbox"/> Replacement of exterior doors <input type="checkbox"/> Widening exterior doorway to accommodate a walker or wheelchair <input type="checkbox"/> Replacement of windows
Interior Doors and Hallways	<input type="checkbox"/> Widening interior doorways to accommodate a walker or wheelchair
Flooring	<input type="checkbox"/> Installation of new floor if the existing has extensive slipping or tripping hazards resulting from deterioration or damage
Interior Stairways (Circulation)	<input type="checkbox"/> Installing chair lift/stair climbers
Electrical	<input type="checkbox"/> Major rewiring of home
HVAC/Plumbing Systems	<input type="checkbox"/> Installing new furnace <input type="checkbox"/> Installing central air conditioning

## 5. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
☐ Currently retired, discharged, or separated from service  
☐ Only period of service was as a non-activated member of the Reserve or National Guard  
☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
☐ Currently retired, discharged, or separated from service  
☐ Only period of service was as a non-activated member of the Reserve or National Guard

## 6. EMPLOYMENT INFORMATION *(Please attach last 30 days of pay stubs/social security or pension)*

Applicant		Co-applicant	
Name and Address of <b>Current</b> Employer	Years on This Job	Name and Address of <b>Current</b> Employer	Years on This Job
	Position		Position
Business Phone (    )		Business Phone (    )	
Hourly wage: \$	Hours worked per week:	Hourly wage: \$	Hours worked per week:
<b>If Working at Current Job Less Than One Year, Complete the Following Information</b>			
Name and Address of <b>Last</b> Employer	Years on This Job	Name and Address of <b>Last</b> Employer	Years on This Job
	Position		Position
Business Phone (    )		Business Phone (    )	
Hourly wage: \$	Hours worked per week:	Hourly wage: \$	Hours worked per week:

## 7. MONTHLY INCOME AND COMBINED MONTHLY BILLS *(Please attach last 2 months of utility bills)*

Gross Monthly Income	Applicant	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 Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
<b>Total</b>	\$	\$	\$	<b>Total</b>	\$

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List additional household members over 18 who receive income:

\$ \_\_\_\_\_ Monthly

Name Age Monthly Income

\$ \_\_\_\_\_ Annually

\_\_\_\_\_ \$ \_\_\_\_\_

D/I: \_\_\_\_\_%

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## 8. ASSETS

### List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

## 9. DEBT

### To Whom Do You and the Co-applicant Owe Money?

Car	Monthly Payment \$	Unpaid Balance \$	Credit Card	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances, & Televisions	Monthly Payment \$	Unpaid Balance \$	Medical	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Cell Phone Contracts	Monthly Payment \$	Unpaid Balance \$	Other	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	

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

## 10. DEMOGRAPHIC INFORMATION

### PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — Name of enrolled or principal tribe: _____  <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — Name of enrolled or principal tribe: _____  <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

### To be completed only by the person conducting the interview

This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

## 11 DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper.

## 12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the repair 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.

X \_\_\_\_\_ X \_\_\_\_\_  
Date Date

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "**A**" for Applicant or "**C**" for Co-applicant.

**Income Guidelines (HUD) – 2025 - Based on the Summit County Area Median Income (AMI) of \$100,300:**People in Household 1 Person 2 Person 3 Person 4 Person 5 Person 6 Person 7 Person 8 Person**30% Income limits** \$21,100 \$24,100 \$27,100 \$30,100 \$32,550 \$34,950 \$37,350 \$39,750  
(minimum per year)**80% income limits** \$56,200 \$64,200 \$72,250 \$80,250 \$86,700 \$93,100 \$99,550 \$105,950  
(maximum per year)**To complete your Home Repair application, please make copies of the following supporting documents and include them in your final application packet:**

- ☐ Proof of your income. Acceptable forms would be past 2 months of paystubs, SSI, Disability, or pension statement and any other form of income.
- ☐ Copy of most recent tax return
- ☐ Proof of Homeowners insurance (copy of the declarations page is needed)
- ☐ Property taxes must be current and up to date.
- ☐ Proof of Mortgage (if one exists on the home) and that it is current and not in danger of foreclosure.
- ☐ Proof of current utility bills, past two (2) months' bills for water, gas, and electric. No shut-off notices.

**Habitat for Humanity of Summit County Home Repair Program Process**

1. Submit a completed application for home repairs with all required documents (a list of required documents can be found above).
2. If your application is approved, you will receive a notification letter outlining the next steps. If your application is not approved, you will receive a notification letter which will include the reason for denial.
3. If approved, you will receive a call to set up a Home Repair Assessment which will be completed in your home by a Habitat Construction staff member. This 1 hour assessment will review the repairs & modifications you have requested in your application. Please keep in mind we may not be able to accommodate all your repair requests.
4. **Only applicants over the age of 60:** If approved, you will receive a call to set up a Holistic Assessment which will be completed in your home by a licensed Physical or Occupational Therapist. This 1-2 hour assessment will review your comfort level navigating inside and outside your home. There is no cost to you.
5. After the initial home repair assessment, the Habitat Construction staff member will contact you to discuss the Scope of Work, the costs associated with the repairs and share with you any grant programs we may have to assist in paying for the repairs. At this time you will be asked to sign off on paperwork for us to order materials and make a \$50 down payment (we accept check or money order)
6. Once the materials arrive in our warehouse, a Habitat Construction staff member will contact you to schedule your project and begin the home repairs/modifications.
7. Once the home repairs and modifications are complete, Habitat Construction staff will submit all final paperwork to their supervisor who will prepare a promissory note (if there is not enough grant funding) and meet with you again to sign the final paperwork and bring you copies of all receipts and warranties. Promissory notes are 0% interest to cover the costs of materials and payable on a monthly basis.
8. **Only applicants over the age of 60:** You will receive a call to set up a Homeowner Post Assessment which will be completed in your home by Habitat's Aging in Place Coordinator. This 1 hour assessment will review your comfort level navigating inside and outside your home since the repairs have been completed.