



2301 Romig Road  
Akron OH 44320  
330-745-7734  
[www.hfhsummitcounty.org](http://www.hfhsummitcounty.org)

## Home Repair Program Application



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 and Co-Applicant:** Please complete this application to determine if you qualify for Habitat's Critical Home Repair Program. Fill out the application as completely and accurately as possible. All information you include on this application and the application itself will be kept in a secure location and will only be shared for funding outcomes reporting purposes. **Please note: if you have been served in the last THREE YEARS by Habitat for Humanity of Summit County's Home Repair Program, you are NOT ELIGIBLE TO APPLY UNTIL THREE YEARS HAVE PASSED.**

1. APPLICANT INFORMATION							
Applicant				Co-Applicant			
Applicant's Name		Date of Birth		Co-Applicant's Name		Date of Birth	
		____ / ____ / ____				____ / ____ / ____	
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)			
Dependents and others who live with you				Age	Male	Female	
Name(s)				____	<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"/>	
____				____	<input type="checkbox"/>	<input type="checkbox"/>	
Present Address (street, city, state, ZIP code)				<input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years _____		
If Living at Present Address for Less Than Two Years, Complete the Following							
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: \_\_\_\_\_

### Supporting Documents

More Information Requested?  Yes  No

Taxes Current  Yes  No \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

Mortgage Current  Yes  No \_\_\_\_\_

Accepted  Denied

Homeowner's Insurance  Yes  No \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

Utilities  Yes  No \_\_\_\_\_

Applicant #: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for Habitat's Home Repair Program, you and your household must be willing to complete "sweat-equity" hours. Your help in repairing your home and the homes of others is called "sweat-equity," and may include required participation in the pre/post-construction and holistic assessment, making yourself available during business hours for the work to be done, cleaning up after the work day, working in the Habitat office, attending educational classes or other approved activities.

	Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	<input type="checkbox"/>	<input type="checkbox"/>
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) \_\_\_\_\_

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

Home Feature/System	Exterior and Interior Repairs and Modifications	
Property and Building Exterior	<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	<input type="checkbox"/> Adding exterior lighting at entrances (to include automatic sensors) <input type="checkbox"/> Installing new or adjusting mailbox height for easier reach
Exterior Walkways and Steps	<input type="checkbox"/> Placing temporary anti-slip tape or colored tape or paint on surfaces <input type="checkbox"/> Installing pathway lighting	<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
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 peephole 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
Interior Walls, Windows and Ceiling, Doors and Hallways	<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 <input type="checkbox"/> Adjusting door swings to reverse or remove awkwardness
Interior Flooring	<input type="checkbox"/> Repairing flooring transitions so there is zero height difference	<input type="checkbox"/> Repairing floor tile to remove uneven surfaces
Interior Stairways	<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"/> Replacing or adjusting position of bath mirror, toilet paper holder, and other accessories to meet client's needs <input type="checkbox"/> Installing curved shower rod

Bathroom/Laundry (continued)	<input type="checkbox"/> Installing clamp for hand-held shower on wall or grab bar <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 cabinet hardware, such as replacing round knobs with D-shaped handles <input type="checkbox"/> Replacing toilet with comfort-height model <input type="checkbox"/> Tub cuts to enable easy entry/conversion to shower
Kitchens	<input type="checkbox"/> Replacing cabinet hardware, such as replacing round knobs with D-shape handles	<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"/> Changing light bulbs	<input type="checkbox"/> Adding ball chain extension to ceiling fan/light <input type="checkbox"/> Installing exterior solar powered security lights
Security and Life Safety	<input type="checkbox"/> Adding security technology to entrance door <input type="checkbox"/> Installing or servicing smoke, fire and CO detectors	<input type="checkbox"/> Installing secure slide latch or chain inside any entrance door <input type="checkbox"/> Installing or replacing doorbell that can be seen or heard by client throughout the house

**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. A \$50 down payment is required at the time of acceptance of the critical home repairs ONLY. If requesting only modification in the check boxes above, a down payment may not be required.*

***The Homeowner (Applicant) could and likely will be responsible for a portion of the Critical Home Repair costs.***

*A zero interest promissory note to repay the additional costs over any grant fund that can be awarded will apply. A maximum promissory note of \$10,000 over 5 years is permitted. Any repair(s) costing more than \$10,000 will require upfront payment to Habitat. For example if your total repair project costs \$12,000 and you are awarded \$1,000 in grant funds you would be required to pay the \$50 down payment plus \$950 additional at the time of signing (before construction starts). The \$10,000 balance would be placed on a zero interest promissory note (managed by Habitat for Humanity of Summit County) with monthly payments for up to five years (60 months).*

Home Feature/System	Critical Repairs		
Building Exterior	<input type="checkbox"/> Roof repair/replacement <input type="checkbox"/> Porch repair/replacement <input type="checkbox"/> Siding repair/replacement	<input type="checkbox"/> Shutter replacement <input type="checkbox"/> Exterior paint <input type="checkbox"/> Gutter/Downspout repair/replacement	
Exterior Windows and Doors	<input type="checkbox"/> Exterior door/security screen door replacement <input type="checkbox"/> Window replacement	<input type="checkbox"/> Widening exterior doorway to accommodate a walker or wheelchair	
Exterior/Interior Stairways	<input type="checkbox"/> Installing chair lift/stair climbers		
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		
Critical Home Systems: Electrical, HVAC, Plumbing	<input type="checkbox"/> Major rewiring of home <input type="checkbox"/> Installing new furnace	<input type="checkbox"/> Installing central air conditioning	

**Asset Certification to Qualify: Please indicate which assets you have and provide documentation for each**

- Checking Accounts (6 months of bank statements for each checking account)
- Saving Accounts (2 months of bank statements for each saving account)
- Cash value of revocable trusts available to you
- Equity in rental property in your name
- Cash value of stocks, bonds, treasury bills, certificates of deposit (CD's), mutual funds, money market accounts
- Individual retirement such as 401K, 403B, Simple IRA, any retirement savings account
- Retirement and pension funds statement
- Cash value of whole life or universal life policy available to you
- Personal property held as investment such as gems, jewelry, coin collections, antique cars, etc.
- Lump sum or one time payments such as inheritances, capital gains, lottery winnings, victim restitution, insurance settlements, and other amounts paid to you
- Two years of tax returns if required to file including FEDERAL, STATE, and local City of Akron if living in city

**Homeowner/Applicant Signature**

---

**Co-Applicant (if applicable) Signature**

---

<b>5. EMPLOYMENT INFORMATION <i>(Please attach last 30 days of pay stubs/social security or pension)</i></b>			
<b>Applicant</b>		<b>Co-Applicant</b>	
Name and Address of <b>Current</b> Employer		Years on This Job	Name and Address of <b>Current</b> Employer
		Position	
Business Phone ( )		Business Phone ( )	Position
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
		Position	
Business Phone ( )		Business Phone ( )	Position
Hourly wage: \$	Hours worked per week:	Hourly wage: \$	Hours worked per week:

## 6. 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>	\$

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

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

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

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

List additional household members over 18 who receive income:

Name(s)	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## 7. 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 \$	

## 8. 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:	

## 9. 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.

## 10. 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.

**Is either the applicant, co-applicant or homeowner a US military veteran of any branch? (circle answer) YES NO**

Applicant Signature

Date

Co-Applicant Signature

Date

X \_\_\_\_\_ X \_\_\_\_\_

**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.

## 11. DEMOGRAPHIC INFORMATION

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

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, 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 home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The 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. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant																																										
<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Cuban</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Hispanic or Latino —</td> </tr> <tr> <td colspan="3">Origin: _____</td> </tr> <tr> <td colspan="3">For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td> </tr> </table> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<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.			<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Cuban</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Hispanic or Latino —</td> </tr> <tr> <td colspan="3">Origin: _____</td> </tr> <tr> <td colspan="3">For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td> </tr>   <input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to provide this information         </table>	<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"/> 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"/> 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.																																											
<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 — <i>Name of enrolled or principal tribe:</i>  <input type="checkbox"/> Asian <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Asian — race: _____</td> </tr> <tr> <td colspan="3">For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td> </tr>   <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander           <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Pacific Islander — race: _____</td> </tr> <tr> <td colspan="3">For example: Fijian, Tongan, and so on.</td> </tr>   <input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information         </table></table>	<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"/> 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.			<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i>  <input type="checkbox"/> Asian <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Asian — race: _____</td> </tr> <tr> <td colspan="3">For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td> </tr>   <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander           <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Pacific Islander — race: _____</td> </tr> <tr> <td colspan="3">For example: Fijian, Tongan, and so on.</td> </tr>   <input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information         </table></table>	<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"/> 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"/> 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"/> 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"/> 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"/> 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.																																											

To be completed only by the person conducting the interview								
Was the ethnicity of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the sex of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the race of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No								
This application was taken by: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Face-to-face interview (included electronic media w/video component)</td> <td style="width: 50%;"><input type="checkbox"/> Interviewer's name (print or type) _____</td> </tr> <tr> <td><input type="checkbox"/> By mail</td> <td><input type="checkbox"/> Interviewer's signature _____</td> </tr> <tr> <td><input type="checkbox"/> By telephone</td> <td style="text-align: right;">Interviewer's phone number _____</td> </tr> </table>	<input type="checkbox"/> Face-to-face interview (included electronic media w/video component)	<input type="checkbox"/> Interviewer's name (print or type) _____	<input type="checkbox"/> By mail	<input type="checkbox"/> Interviewer's signature _____	<input type="checkbox"/> By telephone	Interviewer's phone number _____		
<input type="checkbox"/> Face-to-face interview (included electronic media w/video component)	<input type="checkbox"/> Interviewer's name (print or type) _____							
<input type="checkbox"/> By mail	<input type="checkbox"/> Interviewer's signature _____							
<input type="checkbox"/> By telephone	Interviewer's phone number _____							
		Date _____						

**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 include past 2 months of paystubs, SSI, disability, or pension statement and any other form of income.
- Copies of 2 years recent tax returns – federal, state and City of Akron (if living in Akron)
- Proof of Homeowners insurance (copy of the declaration page is needed)
- Property taxes must be current and up to date.
- Proof of Mortgage (if one exists on the home) 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.
- Asset certification documentation (see page 4)

#### **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 as well as in the section captioned ASSET CERTIFICATION).
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). Before any other work can begin any portion of upfront payment must be paid in full and the details of the promissory note for the balance will be reviewed.
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 (minus any 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 a Habitat staff member. This 1 hour assessment will review your comfort level navigating inside and outside your home since the repairs have been completed.
9. **Please review the application section for ASSET CERTIFICATION and include all necessary documents to qualify.**