



Home Repair Application

Submit Completed Form To:
HFH SEI
931 Lanier Drive
Madison, IN 47250
(812) 274-0492
office@habitatmadisonindiana.org

SECTION 1 – Homeowner Information

Applicant Name: _____ Age: _____

Co-Applicant Name: _____ Age: _____

Primary Phone No: (____) _____ Secondary Phone No: (____) _____

Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

County: _____ How many years have you lived at this address: _____

List the names, ages, and relationship to the homeowner of all the people living in the home: *

**You may attach an additional page if more space is needed*

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Is there anyone in the household who has served – or is currently serving—in the military?

Please Circle: Yes No

Is there anyone in the home who is currently disabled?

Please Circle: Yes No

If yes, please specify:

Is translation needed?

Please Circle: Yes No

If so, what language?



SECTION 2 – Household Income & Debt Information

Income Information (includes wages, Social Security/SSI, pension, etc.)

You must attach verification of all HOUSEHOLD income for each adult in the home, unless a full-time student (with proof of registration) and/or benefits for children. See checklist in Section 7 for more information.

Is the applicant over 65? YES NO

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: \$ _____

Total combined income before taxes for ALL persons living in the home is \$ _____ per year.

Asset Information (include 401ks, IRAs, savings, CDs, land, etc.)

Current value of:

401K and/or IRA accounts: \$ _____ Savings: \$ _____

Other assets: \$ _____

If “other” please describe:

Mortgage

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

Other Debts

Auto Loan: \$ _____ Credit Card(s) Balance: \$ _____

Medical Expenses: \$ _____ Other: \$ _____

If “other” please describe:

***Ability to Pay:** After paying your monthly living expenses (utilities, insurance, food, phone, etc.) and any other debts (mortgage, credit cards, car payments, etc.) can you afford to pay back a minimum of \$100.00 per month on a zero-interest loan for materials? ** YES NO

Down Payment: Are you able to make a \$200.00 down payment if your project is approved? YES NO

**Please remember that Habitat offers affordable home repairs in keeping with our belief in “a hand up, not a handout” and that you will be expected to repay the costs of any repairs performed on your home. Therefore, answering ‘NO’ to this question may result in the denial of your application.*

***The minimum amount indicated for repayment is NOT necessarily the same amount as the monthly repayment cost for any repairs performed by HFHJCI. If the project is approved, a repayment schedule will be mutually agreed upon prior to beginning the repair.*

SECTION 3 – Community Involvement

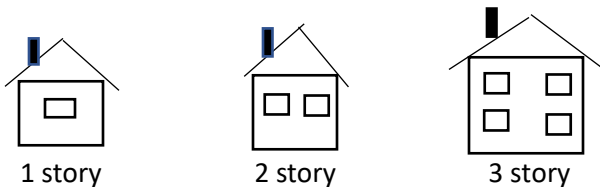
Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat repair project? * If yes, please provide the primary contact and phone/email:

**Providing this information has no impact on selection or denial of your project.*

SECTION 4 – Requested Repairs

House Information

Place a large "X" over the house (below), which most resembles the size of your house.



1 story

2 story

3 story

Year Purchased: _____ Year Built: _____

House exterior

Please Circle All That Apply:

SIDING **ROOFING**

Vinyl	Shingle
Aluminum	Metal
Brick	Slate
Shake	Other
Other	

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 list all repairs.

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 Habitat for Humanity of Jefferson County, IN (HFHJCI). The work done by HFHJCI focuses on items determined to be critical for the safety and independence of household members. Our volunteers are not professionals and may not be able to make all repairs.

Area of Repair	Description
ADA Accessibility Modifications: such as wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
Preservation: Indicate areas in need of repair. Exterior paint, landscaping, etc.	
Critical Repairs (Exterior): Siding, porch issues, doors, windows, etc.	
Roofing Repairs: Identify where roof leaks.	
Exterior Painting: List any exterior painting requirements.	
Critical Repairs (Interior): Flooring, drywall, simple electrical and plumbing repairs, etc.	
Weatherization: Indicate area of concern. Air sealing, ventilation, etc.	
Other:	

SECTION 5 – Privacy Information

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 HFHJCI you consent to share the information you provide on this application with similar organizations, if we are not able to assist you.

MEDIA AND PUBLICITY

Where did you learn about the Habitat Repair Program?

Habitat depends largely on community support to provide affordable housing services. If HFHJCI selects your house to be repaired, pictures of you and your home may be taken and shared with Habitat supporters. Are you will to be interviewed by media reporters?

YES, interviews are okay NO, I don't not want interviews

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 and that 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 HFHJCI volunteers. I confirm that, except for the conditions listed about, my home is a safe place for volunteers.

I authorize HFHJCI to verify any information that I have provided on this application, including verification of income and/or assets, credit worthiness, 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** **Social Security No.**

Co-Applicant Name (please print) **Signature** **Date of Birth** **Social Security No.**

Did someone assist you with this application? If so, please provide their contact information:

Name (please print) **Relationship to Applicant** **Phone Number**

Before submitting your application, please use the checklist on this page.

SECTION 7 – Applicant Checklist

- Did you complete all 6 sections of this application?
- Did you sign the authorization to release (Section 6, Page 4)?
- Did you submit proof of homeownership (*such as property deed or property tax receipt showing homeowner's name and 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 Habitat's Home Repair Program!

Applications are accepted by US mail or email.

Our office is open Tuesday through Friday from 9:00AM to 5:00PM.

Submit your completed form & documentation to:

Habitat for Humanity of Southeast Indiana

931 Lanier Drive

Madison, IN 47250

office@habitatmadisonindiana.org

Any questions? Please call our office at (812) 265-9697 or call (812) 274-0492