

APPLICATION FOR LOVE YOUR NEIGHBORHOOD HOME & YARD REPAIR

Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

NAME OF APPLICANT:		_ SOCIAL SECURITY #:		
ALSO KNOWN AS:		DATE OF BIRTH:		
NAME OF CO-APPLICANT:		_SOCIAL SECURITY #:		
ALSO KNOWN AS:		DATE OF BIRTH:		
ADDRESS:		So	omerset, KY	
PHONE NUMBERS - HOME:	WORK:		CELL:	
DI FASE LIST ALL CUD				
NAME:	RENT HOUSEHOLD ME DATE OF BIRTH:	AGE:		
NAME:		AGE:		

2. INCOME INFORMATION:

List all sources of current income received on a regular basis, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work.

NAME:	TYPE OF INCOME:	PLACE OF EMPLOYMENT:	INCOME START DATE:	\$ Per HOUR:	# HOURS/WK:	GROSS MONTHLY:	
	FOR OFFICE U	SE ONLY: Total Qua	lifying Monthly: \$				
		Total Qua	lifying Yearly: \$				
3. GENER	AL INFORMATI	ON:					٦
		United States reside ard, I-94 Card)	•		certificate, U	nited States	
2. How long	g have you lived in	Pulaski County? _	years	(1 year m	inimum)		
3. Have you	u declared bankrup	otcy? □ Yes □ N	o If yes, who	en was it disc	harged?		

 Who owns the home/who is listed on the deed to the home?	4. YOUR HOME:
If yes, how much do you owe?	1. Who owns the home/who is listed on the deed to the home?
If yes, with what company/organization do you have a mortgage or mortgages?	2. Do you have a mortgage or mortgages on the home?
If yes, are your mortgage payments current?	If yes, how much do you owe?
 3. Do you currently have homeowner's insurance?	If yes, with what company/organization do you have a mortgage or mortgages?
 4. Have you and your home been cited by Code Enforcement? If yes, for what have you been cited? 5. What repair projects are needed at your home? Please list in order of most needed to least needed. 	If yes, are your mortgage payments current?
If yes, for what have you been cited?5. What repair projects are needed at your home? Please list in order of most needed to least needed.	3. Do you currently have homeowner's insurance?
5. What repair projects are needed at your home? Please list in order of most needed to least needed.	4. Have you and your home been cited by Code Enforcement?
	If yes, for what have you been cited?
6 Please write a brief explanation of why you believe you need Habitat's beln with your home repairs?	
o. Thease write a other explanation of winy you believe you need frabiliat shelp with your home repairs?	6. Please write a brief explanation of why you believe you need Habitat's help with your home repairs?

I/We authorize HFHPC to disclose the above information to other organizations that may help me/us:

 $\ \ \Box \quad Yes \quad \Box \ No$

By my signature I affirm that the above information is true. I understand that providing false information will cause me to be disqualified from being selected as a Pulaski County Habitat partner family. I also give HFHPC permission to do a credit check and a check of all adult household members on the National Sex Offender Registry.

	Applicant	Date	Co-Applicant	Date
	the basis of race into a binding co because the app	e, color, religion, national origin ontract); because all or part of olicant has in good faith exerci ninisters compliance with this l	ty Act prohibits creditors from discriminating n, sex, marital status, age (provided the app the applicant's income derives from any pu sed any right under the Consumer Credit F aw concerning this creditor is the Federal T	olicant has the capacity to enter blic assistance program; or Protection Act. The federal
EQUAL HOUSIN Opportunity	G Mail Appli	cation to: Habitat for	Humanity, PO Box 1685, Some	erset, KY 42502
OFFICE	USE ONLY			

Notes: