



Date of Orientation attended: \_\_\_\_\_

Date Recd: \_\_\_\_\_

Deadline for turning in application: \_\_\_\_\_

## Application for Lincoln County MO Habitat for Humanity A Brush With Kindness Home Repair Program Part 1

**Dear Applicant: Please fill out this application as completely as possible. We will use this application to help determine if you qualify for the Habitat for Humanity Home Repair Program. All information will remain confidential.**

Have you ever applied to Habitat for Humanity? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### 1: Applicant Information

Applicant	Co-Applicant
Name _____	Name _____
Social Security Number: _____ - _____ - _____	Social Security Number: _____ - _____ - _____
Date of Birth _____	Date of Birth _____
E-mail address _____	E-mail address _____
Cell Ph. _____ Work Ph. _____	Cell Ph. _____ Work Ph. _____

### 2: Household Information

Address _____	City _____
Home Telephone Number: _____	Years at Address _____
Do you have pets? _____ If yes, what kind and how many? _____	

Names, ages and relationship to homeowner of <u>all</u> people living in the home:			
Name	Relationship	Age	Monthly Income
Total: \$			_____





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### 5: Household Expense Information

Are you still making payments on your home? \_\_\_\_\_ If yes, what is your payment? \$ \_\_\_\_\_ per month

#### MONTHLY EXPENSES - APPLICANT

(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity .....	_____
Auto Insurance.....	_____	Gas .....	_____
Gasoline.....	_____	Water.....	_____
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	_____
Food.....	_____	Property Taxes .....	_____
Child Support .....	_____	Other.....	_____

#### MONTHLY EXPENSES - CO-APPLICANT

(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity .....	n/a
Auto Insurance.....	_____	Gas .....	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes .....	n/a
Child Support .....	_____	Other.....	_____

#### MONTHLY EXPENSES - OVER 21 RESIDENT

(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity .....	n/a
Auto Insurance.....	_____	Gas .....	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes .....	n/a
Child Support .....	_____	Other.....	_____

#### MONTHLY EXPENSES - OVER 21 RESIDENT

(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	_____	Electricity .....	n/a
Auto Insurance.....	_____	Gas .....	n/a
Gasoline.....	_____	Water.....	n/a
Medical (co-pays, medication).....	_____	Homeowners Insurance.....	n/a
Food.....	_____	Property Taxes .....	n/a
Child Support .....	_____	Other.....	_____



Date of Part 1: \_\_\_\_\_

Date Stamp Here: \_\_\_\_\_

## Application for Lincoln County MO Habitat for Humanity A Brush With Kindness Home Repair Program Part 2

### 6: Household Income Information

**MONTHLY INCOME - APPLICANT**    NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

Employment..... _____	SSI..... _____
Food Stamps..... _____	Social Security..... _____
SSDI ..... _____	Pension/Retirement..... _____
Child Support ..... _____	Other ..... _____

**MONTHLY INCOME - CO-APPLICANT**    NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS CO-APPLICANT INCOME

Employment..... _____	SSI..... _____
Food Stamps..... _____	Social Security..... _____
SSDI ..... _____	Pension/Retirement..... _____
Child Support ..... _____	Other ..... _____

**MONTHLY INCOME**    NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS RESIDENT INCOME

Employment..... _____	SSI..... _____
Food Stamps..... _____	Social Security..... _____
SSDI ..... _____	Pension/Retirement..... _____
Child Support ..... _____	Other ..... _____

**MONTHLY INCOME**    NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS RESIDENT INCOME

Employment..... _____	SSI..... _____
Food Stamps..... _____	Social Security..... _____
SSDI ..... _____	Pension/Retirement..... _____
Child Support ..... _____	Other ..... _____



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### 7: Employment Information

<b>Name:</b>	<b>Circle one:</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Over 21 resident</b>
Name of Company: _____	Date Started: _____			
Job Title: _____	Supervisors Name: _____			
Base Pay: \$ _____				
Per: _____	Hour	Week	Every two weeks	Twice a month    Month
Frequency of pay: _____		Weekly	Every two weeks	Twice a month    Monthly
Do you work year round?	Yes	No	If no, please explain: _____	

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Over 21 Resident</b>
Name of Company: _____	Date Started: _____		
Job Title: _____	Supervisors Name: _____		
Base Pay: \$ _____			
Per: _____	Hour	Week	Every two weeks    Twice a month    Month
Frequency of pay: _____		Weekly	Every two weeks    Twice a month    Monthly
Do you work year round?	Yes	No	If no, please explain: _____

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Over 21 Resident</b>
Name of Company: _____	Date Started: _____		
Job Title: _____	Supervisors Name: _____		
Base Pay: \$ _____			
Per: _____	Hour	Week	Every two weeks    Twice a month    Month
Frequency of pay: _____		Weekly	Every two weeks    Twice a month    Monthly
Do you work year round?	Yes	No	If no, please explain: _____

### 8: Special Needs

Does anyone in the home have special needs or limitations that would prevent them from making the home repairs on their own? \_\_\_\_\_

If yes, please describe needs in your own words:

Bankruptcy? Yes (yr) \_\_\_\_\_ No

Translation needed? \_\_\_\_\_ If yes, what language? \_\_\_\_\_



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### 9: Applicant Agreement

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; and that I have no present intention to move or offer my home for sale for at least 5 years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the LCMOHFH volunteers. I confirm that except for the conditions above, the exterior of my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades; and that LCMOHFH MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release LCMOHFH and all associated with it from any and all liability whatsoever.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date

Complete the following if you are not the Applicant but you are assisting the Applicant in completing this application.

_____	_____	_____
Printed Name	Signature	Daytime telephone number

Are all homeowners aware of this application?      yes      no

### 10: Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES                      NO

Unless we have your explicit permission, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Lincoln County MO Habitat for Humanity.