

PAGE COUNTY HABITAT FOR HUMANITY

Home Repair and Rehabilitation Program Request for Service Form

Dear Applicant:

Please keep this page for your records.

Thank you for your interest in our Home Repair and Rehabilitation Program. To apply, please fill out the application and provide all of the following documentation:

Refer to the requirements outlined on the following page to confirm your eligibility before proceeding.

Fill out this form and complete each section in its entirety. Sign and date all forms.

Attach copies of all of the following documentation (do not include originals).

- Photo IDs for all Applicants
- Copy of Certificate of Title for your home
- Recent utility bill
- Proof of Homeowner's Insurance Policy
- For every person in your household 18 years or older, most recent income tax return complete with all schedules, W-2s and 1099s
- For every person in your household 18 or older:
 - Copies of your last three most recent consecutive pay stubs for all employment income including on call or seasonal/temporary/informal work
 - Benefit letters of financial support (SSI, CalWORKS, Cash Aid, unemployment, retirement, SSD, or other similar benefits)
 - Self-employment income: last 3 years tax returns complete with schedule "C" and all applicable schedules and 1099s For Tenants in the house:
 - Provide rental agreement with signatures of homeowner and resident

Please drop off completed applications at the address listed below:

Page County Habitat for Humanity
2 Amiss Ave
Luray, VA 22835

Or Mail

Page County Habitat for Humanity
P.O. Box 613
Luray, VA 22835

If you have any questions about completing your application, please contact Habitat at (540)743-7879) or by email PageCountyHFH@gmail.com

We are looking forward to your participation in our Home Repair Program!

What Are the Requirements for Receiving Service?

- Own your home
- Live in your home
- Earn no more than the maximum income levels below:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income	\$16,800	\$19,200	\$21,600	\$23,950	\$25,900	\$27,800	\$29,700	\$31,650
High Income	\$33,600	\$38,400	\$43,200	\$47,900	\$51,800	\$55,600	\$59,400	\$63,300

- Be a Willing Partner

Recipients of Habitat's repair services must contribute to their project's success by being a good partner in the following ways:

- **Availability** – Answer and return phone calls, and return forms requiring your signature in a timely manner. Make a reasonable effort to be available for visits and repair work.
- **Patience** – Habitat for Humanity is a nonprofit organization dedicated to helping those in need. Please exercise patience, and show kindness when dealing with our staff and volunteers.
- **Participation** – All able-bodied residents in your home are expected to work with Habitat's staff and volunteers to complete repairs.

Our Process

1. Return this form to Habitat with the required documents outlined on page one.
2. Once we have received this form, someone from Habitat will call you within 10 business days to review your application with you, to help us form an even better picture of your needs.
3. If all required documentation is not received within 45 days, your request will be denied due to inactivity. You are welcome to reapply.
4. Habitat or a partner contactor may contact you to set up a time to visit your home. Habitat will then make a determination as to which repairs can be performed for you.
5. Habitat will send you a letter explaining which of your home repair and rehabilitation needs we are able to assist you with, and outlining next steps.

SECTION 2: HOMEOWNER PRIORITIES

What are your top 4 priorities for repair or help?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SECTION 3. CONTACT INFORMATION

Who prepared this request? _____ Relationship to Homeowner: _____ Phone: _____

Preferred language? _____ If English is NOT your preferred language, is there an English speaker residing in the home? YES / NO (please list English speaker as the primary contact below)

Who is primary contact?

Homeowner Family Member/Friend/Neighbor Social Worker/Case Manger Other: _____

If the primary contact is someone other than the homeowner, please provide their contact info below:

Name: _____ **Relationship:** _____ **Phone #** _____ **Home/Mobile/Work**

Address (if different from homeowner): _____

Email: _____

SECTION 4: ADDITIONAL HOMEOWNER INFORMATION

Employer: _____ Phone # _____

Have you applied for or received free or low cost repairs from another organization since July 1? Y / N

If yes, what organization? _____ Approximate Date of Service: _____

How did you hear about Habitat for Humanity? _____

Do you own other property than the one that needs home repairs? Y / N

Do you own your own home? Y / N Name(s) of additional title holder(s): _____

How many years have you lived in your home? _____ What year was your home built? _____

Are you current on your property taxes? Y / N

Home Type: Single-Family Mobile (if mobile, Single-wide; Double-wide; Triple-wide)

How many Bedroom(s) _____ Bathroom(s) _____ Park Name: _____

If yours is a mobile home, is it registered with? DMV HCD Are you current on HCD fees? Y / N

Do you have homeowner's insurance? Y / N

Do you have any outstanding loans on your property? Y / N If Yes, total amount owed \$ _____

Do you plan to sell your home in the near future? Y / N If so, when? _____

Does anyone in your household not file tax returns? Please explain:

Have you been cited for any housing code violations? Y / N If yes, please explain:

SECTION 5. Homeowners Assets & Questions

ASSETS Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. Provide the most recent statement for all assets	
Name on Account(s):	
Name of Bank, Credit Union, Retirement Account, etc.	
Account number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Retirement	
Balance\$	

Name on Account(s):	
Name of Bank, Credit Union, Retirement Account, etc.	
Account number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Retirement	
Balance\$	

Name on Account(s):	
Name of Bank, Credit Union, Retirement Account, etc.	
Account number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Retirement	
Balance\$	

Name on Account(s):	
Name of Bank, Credit Union, Retirement Account, etc.	
Account number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Retirement	
Balance\$	

Name on Account(s):	
Name of Bank, Credit Union, Retirement Account, etc.	
Account number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Retirement	

Balance\$

DECLARATIONS Please check the box that best answers the following questions for Applicant 1 and Applicant 2. Answering “yes” to these questions does not automatically disqualify you. If you answer “yes” to any questions a-I, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances

Please Check the Box That Best Answers the Following Questions:	Applicant 1		Applicant 2	
	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
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 declared bankruptcy within the past 7 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 last 7 years?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
D. Are you presently delinquent or in default on any loan, mortgage, financial obligation, bond, loan guarantee, or Federal debt?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
E. Are there any liens filed against you?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
F. Are you currently involved in a lawsuit?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
G. Have you ever been convicted of a felony?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
H. Have your bank accounts or wages ever been garnished?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No

SECTION 6. INFORMATION FOR GOVERNMENT FUNDING PURPOSES

Please read this statement before completing the boxes below: The following information is requested by the Federal Government for grants and loans related to the purchase of homes in order to monitor the funder’s compliance with the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a funder may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant 1	Applicant 2
Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White Asian & White Black or African American & White American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino	Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White Asian & White Black or African American & White American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino

__ Non-Hispanic or Latino	__ Non-Hispanic or Latino
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APPLICANT(S) AUTHORIZATION AND RELEASE

I understand that by completing this application, I am authorizing Page County Habitat for Humanity (PCHFH) to evaluate my actual need for repairs of my home and, if applicable, my ability to repay the home repair loan.

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 the questions truthfully, my application may be denied and that even if I have already been selected for home repairs on my home I may be disqualified from the program. I also understand that PCHFH reserves the right to screen all potential applicant households on the National Sex Offender Public Registry, and that by completing this application, I am submitting myself and all persons listed on page 1 of the application to such an inquiry. I further understand that by completing this application I am submitting myself and all persons listed on page 1 of the application to a National Sex Offender Public Registry and Anti-Money Laundering check.

Anti-Money Laundering policy: We will check the Office of Foreign Asset Control (U.S. Treasury Department).

PCHFH will retain the original or a copy of this application even if the application is not approved.

Applicant 1 Signature	Date	Applicant 2 Signature	Date
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Additional household member over 18- years-old Additional household member over 18-years-old

Signature	Date	Signature	Date
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