MINOR HOME REPAIR APPLICATION

 Griffin Area Habitat for Humanity (GAHH) does minor home repairs in the

Griffin/Spalding area for disabled individuals and others on a limited income. Our

repairs are limited to things like installing grab bars in bathrooms if the walls are

structurally sound; building wheel-chair ramps, yard clean up, and other small repairs.

We cannot do large projects like roofing repairs or replacement or ones that require the

work of a licensed plumber, electrician or heating and air contractor.

Please read this application and all the attachments and fill it out completely.

We cannot consider applications that are not complete and signed.

HOMEOWNER: First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT WORK NEEDS TO BE DONE? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

WHY DO YOU NEED HELP DOING THIS WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST OTHER PEOPLE LIVING IN YOUR HOUSEHOLD: (continue on the back if needed)

 NAME RELATIONSHIP AGE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR MONTHLY INCOME BEFORE TAXES ARE TAKEN OUT?

WAGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PENSION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD SUPPORT \_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_\_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_

 Page 1 (Rev 7/2021)

DO OTHER MEMBERS OF YOUR HOUSEHOLD HAVE INCOME FROM THE

SOURCES ABOVE?

 OTHER HOUSEHOLD MEMBERS MONTHLY INCOME TOTAL- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR TOTAL YEARLY INCOME? (Add your income from all sources together

with the income from household members who live with you and multiply by 12.)

 TOTAL YEARLY HOUSEHOLD INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Yearly Household Income cannot be more that the totals below based on the size of household.\*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# of people in household** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Very Low Income Limit****(50%)** | **$30,200** | **$34,500** | **$38,800** | **$43,100** | **$46,550** | **$50,000** | **$53,450** | **$56,900** |

\*Based on 2021 HUD geographic area definitions

Please read the following carefully because signing the application means you understand and agree to all these terms.

1. I am making application to Griffin Area Habitat for Humanity (GAHH) for minor repairs on my home. They have my permission to inspect my property and evaluate the repairs I have said I need. If the repairs are too large they will tell me that. If these are minor repairs, they will provide me a list of materials and an estimated cost of materials for these repairs. I understand the GAHH will not supply the materials needed for my repairs and I will have to buy them. Before work has begun, GAHH will give me a written description of the work to be done which I will sign and they will sign.
2. The information I have provided regarding the members of my household and monthly income is accurate. I am the owner of the home where I am requesting repair work and will be listed as the owner on county tax records or I will explain why not. I am not renting this home. GAHH may verify any income information I provide.
3. If GAHH agrees to do this work and I agree for the work to be done, I grant permission for GAHH volunteers to be on or in my property to perform the work we have agreed to. I do not hold GAHH liable for any legal or financial claims arising from this work.
4. Any building permits required will be my responsibility to get. GAHH cannot perform any work that requires a licensed plumbing, electrical or HVAC professional and will not do any roof replacement or repairs.
5. The information in this application will be used to determine if I am eligible for this program.

I, the undersigned, do swear that the information in this application is true and correct.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Page 2 (Rev 7/2021)