



**Mail completed form to:**  
 Home Preservation  
 1357 North River Street  
 Spooner, WI 54801

For Office Use Only

Date Received:
City Citation:
Referred By:
Phone #:
Application #:

## NEST Thermostat Program

Email: office@wildrivershabitat.org or Call: **715-939-1390** with any questions.

### SECTION 1 - Homeowner Information

Legal Name of Homeowner:

Date of Birth:  
SS#

List anyone else on the title of your home:

Date of Birth:

Home Address:

City:

Zip:

County:

Name of Neighborhood:

Home Phone: (     )     -     

Email:

Cell Phone: (     )     -     

Work Phone: (     )     -     

Year you moved into your home:

List the name, **birthdate** and **relationship** to homeowner of **all** people in the household (attach a list if more space is needed):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has anyone in your household ever served in the U.S. Military?    Yes    No

### SECTION 2 – Special Needs

Is anyone in the home disabled?    Yes    No     *Please list the resident name and type of disability.*

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Is interpretation needed?    Yes    No    If yes, what language: \_\_\_\_\_

### SECTION 3 - Household Income and Mortgage Information

The *total, combined income before taxes* for ALL persons in the household is: \$\_\_\_\_\_ per month

**You must attach verification of all HOUSEHOLD income and a copy of the driver's license or state ID card** for each person on the title of the home (even if they do not live there) and adult resident 18 and older, unless a full time student (provide proof of registration) and benefits for children. Please include the last 90 days of pay stubs. If you do not have pay stubs, we accept copies of the most recent income tax return, monthly social security statements, other retirement income statements, please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.



Wild Rivers Habitat for Humanity does not discriminate on the basis of race, sex, color, age, handicap, religion, marital status, sexual orientation or because all or part of the applicant's income is derived from public assistance.

Do you currently have homeowner's insurance?  Yes  No ( Proof will be required)

**SECTION 4 – Application History**

Have you applied in the past?  Yes  No What year(s)? \_\_\_\_\_

**SECTION 5 – House Information**

**HOUSE INFORMATION:** Please check your home style  Mobile Home  Traditional Home

**\*You must provide proof of home ownership and that you are current on property taxes.**

**SECTION 6 – Sharing Your Personal Information – Your answers do not affect your acceptance into the program**

If your application is a more appropriate fit with other, similar programs may we share it with them?  Yes  No

\_\_\_\_\_  
**SIGNATURE OF HOMEOWNER**

\_\_\_\_\_  
**DATE**

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Wild Rivers Habitat for Humanity your consent to share the information you provide on this application with similar organizations if Wild Rivers Habitat for Humanity is not able to assist you. **Please sign above to confirm your decision.***

**SECTION 7 – Media and Publicity – Your answers do not affect your acceptance into the program**

If Wild Rivers Habitat for Humanity selects your house, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- YES Interviews are okay  YES Visits by elected officials are okay  
 NO I do not want interviews  NO I do not want visits by elected officials

**SECTION 8 – Homeowner's Agreement**

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we have no present intention to move or offer my/our home for sale for at least three years. I/we authorize Wild Rivers Habitat for Humanity (WRHFH) to examine my/our income, residency, and any other requirements throughout the application process. I/we confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the WRHFH volunteers. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I/we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize WRHFH to investigate my/our criminal history. As an applicant I/we acknowledge WRHFH has obtained non-public and public information for the application to be processed. I/we understand that WRHFH will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability. I understand and agree that WRHFH can run a background and sex offender check on myself and everyone in the home.

\_\_\_\_\_  
**SIGNATURE OF HOMEOWNER**

\_\_\_\_\_  
**DATE**

Complete the following if you are not the homeowner, but are assisting the homeowner to complete this application.

Your name/title:

Relationship to Homeowner:

Your email:

Your daytime phone number:

Is the homeowner aware of this application?

Yes  No



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