Homeowner Repair Application

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Years You Lived in the Home::	
Marital Status (Circle One): Married Divorced Separated Never Married Widowed		
1st Mortgage Company:	Monthly Payments $:	
2nd Mortgage Company:	Monthly Payments $:	

Employment Information

Current employer:	Occupation:	
Employer address:	How long?	
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Monthly (Gross) Wages:	

Co-Applicant Information, if Applicable

Name:	Occupation:	
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Marital Status (Circle One): Married Divorced Separated Never Married Widowed		

Co-Applicant Employment Information

Current employer:	Occupation:	
Employer address:	How long?	
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Monthly (Gross) Wages:	

Other Household Members

Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:

Other Income Information: (Please list ALL – Child Support, Social Security, SSI, etc.)

Source of Income:	Monthly Income $: SSN:
Source of Income:	Monthly Income $: SSN:
Source of Income:	Monthly Income $: SSN:
Source of Income:	Monthly Income $: SSN:

Homeowner Repair Application

What Are the Types of Repairs that You Need?

- ☐ Porch Repair
- ☐ Exterior Door Repair and Replacement
- ☐ Roof, Gutter, & Chimney Repair
- ☐ Broken Window Repair
- ☐ Code Violations
- ☐ Plumbing Hazards
- ☐ Electrical Hazards
- ☐ HVAC Repair
- ☐ Foundation Repair
- ☐ Structural Repair
- ☐ Tree Hazards
- ☐ Smoke Alarms
- ☐ Carbon Monoxide Detectors
- ☐ Wheel Chair Ramp

Check All That Apply:

- ☐ I have served in the U.S. military.
- ☐ Someone other than myself living in my house has served in the U.S. military.
- ☐ My property is owner-occupied.
- ☐ I am current on my property taxes.
- ☐ I am current on my water bill.
- ☐ I, or someone in my house, is on the sexual offenders list.

Willingness to Partner

To be considered for a Habitat Critical Home Repair project, you and your family must be willing to complete between **6** and **18** hours of "sweat-equity." Duties may include helping with construction, working in the Habitat office, working at the ReStore or other approved activities.

☐ **Yes, I (and co-applicant, if applicable) will complete the required sweat equity hours.**

Please return this application with copies of the following documents:

- ☐ **Last 4 consecutive paycheck stubs or Form 1099 if you are self-employed**
  - Provide the last 5 paycheck stubs if paid weekly
- ☐ **12 month child support history** (payers and payees if applicable)
- ☐ **Recent Social Security Award Letter** (if applicable)
- ☐ **3 months of most recent Bank Statements**
- ☐ **Copy of most recent WE Energies Bill**
- ☐ **Copy of most recent Mortgage Statement(s)**
- ☐ **Copy of deed for property** (if there is not a mortgage on the property)
- ☐ **Copy of most recent Home Equity or Home Equity Line of Credit Statement(s)** (if applicable)
- ☐ **Copy of most recent property tax bill and water bill**
- ☐ **Copy of current homeowner's insurance declaration page**
- ☐ **Photocopy of your social security card** (for all persons in the household)
- ☐ **Photocopy of your Driver's License or State ID**
- ☐ **Military Discharge status certification DD214** (if applicable)
- ☐ **$5 Check or Money Order payable to Habitat for Humanity of Lake Martin Area** (non-refundable)

If you are self-employed and/or have a rental property, please submit the following:

- ☐ **2021 W-2s and Federal & State tax returns along w/Schedule C**
- ☐ **2020 W-2s and Federal & State tax returns along w/Schedule C**
- ☐ **2019 W-2s and Federal & State tax returns along w/Schedule C**
- ☐ **Last 3 Months of Profit & Loss Statement**
- ☐ **Copy of lease agreement with tenant(s)**

AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Lake Martin Area (HFHLMA) to evaluate my actual need for a Habitat Critical Home Repair project, my ability to repay the no-interest loan and other expenses for homeownership, and my willingness to be a partner family. I certify that all information provided is true and complete to the best of my knowledge and understand that HFHLMA will use this information to evaluate my eligibility based on credit checks, income 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 in the event if I have already been selected to receive a Habitat Critical Home Repair project, I may be disqualified from the program. The original or a copy of this application will be retained by HFHLMA even if the application is not approved. I also understand that HFHLMA screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of this application to a criminal background check.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Home Repair Application Applicant Information

Please Read This Statement Before Completing the Box Below:

The following information is requested by the federal government for loans related to housing, in order to monitor the lender's compliance with 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 lender 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:

□ I do not wish to furnish this information

Race/National Origin:

- □ American Indian or Alaskan Native
- □ Native Hawaiian or Other Pacific Islander
- □ Black/African American
- □ Black/African American AND Caucasian
- □ Caucasian
- □ Asian
- □ American Indian or Alaskan Native AND
- □ Caucasian
- □ Asian AND Caucasian
- □ American Indian or Alaskan Native AND Black/African American
- □ Other (specify):

Ethnicity:

- □ Hispanic
- □ Non-Hispanic

Sex:

- □ Female
- □ Male
- □ Other (Transgender, Non-conforming…)
- □ Prefer not to respond

Birth Date: ____/____/____

Marital Status:

- □ Married
- □ Separated
- □ Unmarried (incl. single, divorced, widowed)
- □ Domestic Partnership

Date: _____

Co-Applicant:

□ I do not wish to furnish this information

Race/National Origin:

- □ American Indian or Alaskan Native
- □ Native Hawaiian or Other Pacific Islander
- □ Black/African American
- □ Caucasian
- □ Asian
- □ American Indian or Alaskan Native AND
- □ Caucasian
- □ Asian AND Caucasian
- □ Black/African American AND Caucasian
- □ American Indian or Alaskan Native AND Black/African American
- □ Other (specify):

Ethnicity:

- □ Hispanic
- □ Non-Hispanic

Sex:

- □ Female
- □ Male
- □ Other (Transgender, Non-conforming…)
- □ Prefer not to respond

Birth Date: ____/____/____

Marital Status:

- □ Married
- □ Separated
- □ Unmarried (incl. single, divorced, widowed)
- □ Domestic Partnership

Date: _____

Home Repair Application Applicant Information

Return Completed Application To:
Habitat for Humanity of Lake Martin Area
ATTN: HFHLMA Family Selection Committee
P.O. Box 1973
Alexander City, AL 35010

Or Via Email:
families@hfhlma.org
256.749.4236

Home Repair Application Applicant Information

Critical Home Repair Loan Authorization Form

By completing this authorization, I understand I will authorize Habitat for Humanity of Lake Martin Area to evaluate my need for home repair, my ability to repay a loan, and my willingness to be a partner family in the Critical Home Repair (CHR) program. I understand that the information requested is for the purposes of advising and assisting me as a potential receiver of a home repair loan.

I hereby authorize Habitat for Humanity of Lake Martin Area to verify my employment, bank accounts, and assets that are needed to process my loan application. I further authorize Habitat for Humanity of Lake Martin Area to order a credit report and verify other credit information, including past/present mortgages, utility history, and property taxes. I also authorize Habitat for Humanity of Lake Martin Area to review my financial information with any agencies or organizations I may be working with to assist me in evaluating progress for achieving and maintaining my homeownership goals and qualifying me for home repair loan financing. It is also understood that a photocopy or facsimile of this form will serve as authorization.

The information Habitat for Humanity of Lake Martin Area obtains is only to be used in the processing of my application for a home repair loan. By signing this form I authorize Habitat for Humanity of Lake Martin Area to receive documentation related to eligibility including any assistance applied towards the maintenance of my home. I authorize Habitat for Humanity of Lake Martin Area to receive documentation in the event I become delinquent with the mortgage that Habitat for Humanity of Lake Martin Area secures. I agree to participate in all Habitat for Humanity of Lake Martin Area's data collection research needs.

Please Print Clearly

Applicant First Name / Middle Initial / Last Name & Suffix

Co-Applicant First Name / Middle Initial / Last Name & Suffix

Current Address City/State/Zip Code

Home Phone Number

Alternate Phone Number (Work, Cell)

Date of Birth: / /

Social Security Number

Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**