



Habitat
for Humanity®
of Lincoln County

Habitat for Humanity of Lincoln County
PO Box 1311, Newport OR 97365
(458) 277-7601
www.habitatlincoln.org



Application For Home Repairs

Applicant: Please complete this application to determine if you qualify for Habitat for Humanity of Lincoln County's Critical Home Repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant's Name:	Co- Applicant's Name:
Phone Number: (H) _____ (C) _____	Phone Number: (H) _____ (C) _____
Email: _____	Relationship to applicant: _____
Do you speak and read English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some If No, Primary language: _____	
Are you and/or the co-applicant over 55 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you owned your home? _____	
Do you have special needs or disabilities we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. OTHER HOUSEHOLD MEMBERS

Name	Relationship	Employed	Student	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Physical Address (street, city, state, ZIP)

Mailing Address (if different than physical address.)

3. WILLINGNESS TO PARTNER

Habitat's home repair program requires you and your family to complete a certain number of "sweat-equity" hours. Your help in repairing your home is called "sweat-equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office or store, or other approved activities according to ability.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant YES NO

Co- Applicant YES NO

If you are approved for a Habitat home repair, you may be required to pay up to 30% of the cost of materials, depending on income level. Are you prepared to pay a portion of the cost of materials? YES NO

If so, what is your upper limit? \$ _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE.

Date Received:	Date Letter Sent:
More Information Requested: ___ Yes ___ No	Date of First Home Assessment:
Date Application Completed:	Date of Second Home Assessment:
___ Accepted ___ Denied	

4. PRESENT HOUSING CONDITIONS

Type of Home: Single Family House Manufactured Home Other: _____

What home repairs are you requesting? Explain all requests in detail.

5. PROPERTY INFORMATION

Do you own or rent your home? Own Rent Is this home your primary residence? Yes No

How long have you lived in the home? _____ Is there a mortgage on this home? Yes No

If there is a mortgage, are you current with your payments? Yes No

Is the home insured? Yes No

If you own a manufactured home and lease the land, what is your monthly pad rent? \$ _____/month

Do you own property other than your primary residence? Yes No

If yes, please describe, including location: _____

6. EMPLOYEMENT INFORMATION

APPLICANT		CO-APPLICANT	
Name and Mailing Address of Current Employer		Name and Mailing Address of Current Employer	
Years on this job:	Monthly (Gross) Income: \$ _____	Years on this job:	Monthly (Gross) Income: \$ _____
Type of business:	Business Phone: _____	Type of business:	Business Phone: _____
If working at current job less than one year, or have 2 current employers, complete the following information:			
Name and Mailing Address of 2nd , or Previous Employer		Name and Mailing Address of 2nd , or Previous Employer	
Years on this job:	Monthly (Gross) Income: \$ _____	Years on this job:	Monthly (Gross) Income: \$ _____
Type of business:	Business Phone: _____	Type of business:	Business Phone: _____

10. AUTHORIZATION AND RELEASE

I understand that by filling this application, I am authorizing Lincoln County Habitat for Humanity to evaluate my need for Habitat's home repair program, my willingness to be a partner family, and my ability to pay a percentage of material costs using a sliding scale based on income (payment plans may be available). I understand the evaluation will include personal visits, verification of income, and a sex-offender background check. I understand that Habitat works with partner agencies to verify information and assess need. 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 I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I understand that Habitat for Humanity 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. You will not be charged for this screening process.

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



Habitat for Humanity of Lincoln County selects families for the Home Repair Program in a way that does not discriminate on the basis of race, gender, color, age (provided the applicant is old enough to enter into a contract), handicap, religion, marital or familial status, gender identity, sexual orientation, political ideology, creed, heritage, ancestry, national origin, source of income, including because all or part of the applicant's income is derived from public assistance programs, or because the applicant has in good faith exercised any right under the federal consumer credit laws.

NOTE: If more space is needed to complete any part of this application, please use the space below or a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant, and note which question you are answering.

Applicant's Name: _____

Co-Applicant's Name: _____

11. DEMOGRAPHIC INFORMATION (OPTIONAL)

Please Read This Statement Before Completing the Box Below:

Responding to the following questions is optional and will not impact your eligibility to participate in our program. We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing or home repairs because of race, color, religion, gender, gender identity, handicap, familial status, or national origin. We collect this optional information to help ensure we are serving a diverse population. This information is also used in preparing reports for Habitat International.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/Africa American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native Black/African American Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Birthday: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> State registered domestic partnership	Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/Africa American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native Black/African American Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Birthday: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> State registered domestic partnership

OFFICE USE ONLY

This application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interview's Name (print or type)
	Interview's Signature Date
	Interview's Phone number