



Habitat for Humanity of Lincoln County  
 PO Box 1311, Newport OR 97365  
 (541) 574-4437  
 www.habitatlincoln.org



# Application For Critical 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

|   |   |
|---|---|
| <b>Applicant's Name:</b>  | <b>Co- Applicant's Name:</b>  |
| Social Security Number:   | Social Security Number:   |
| Phone Number: (H) _____ (C) _____   | Phone Number: (H) _____ (C) _____   |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (single, divorced, widowed) | <input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (single, divorced, widowed) |
| Do you speak and read English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some                 | If No, Primary language: _____  |
| ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |

### 2. OTHER HOUSEHOLD MEMBERS

| Name  | Relationship | Employed                 | Student                  | Age   | Date of Birth | 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: | YES   | NO    |
| Applicant   | _____ | _____ |
| Co- Applicant   | _____ | _____ |

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

|  |                                 |
|--|---------------------------------|
| Date Received:   | Date Letter Sent:               |
| More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of First Home Assessment:  |
| Date Application Completed:  | Date of Second Home Assessment: |
| <input type="checkbox"/> Accepted <input type="checkbox"/> 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.

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#### 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

If you own a manufactured home and lease the land. What is your monthly land payment?

\$ \_\_\_\_\_/month

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

If yes, please describe, including location:

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? If so, what is your upper limit?

#### 6. EMPLOYEMENT INFORMATION

| APPLICANT   |  | CO-APPLICANT  |                                     |
|---|--|---|-------------------------------------|
| Name and Mailing Address of <b>Current</b> Employer |  | Name and Mailing Address of <b>Current</b> Employer |                                     |
| Years on this job:                                  | Monthly (Gross) Income:<br>\$ _____<br>— | Years on this job:                                  | Monthly (Gross) Income:<br>\$ _____ |
| Type of business:                                   | Business Phone:<br>_____<br>—            | Type of business:                                   | Business Phone:<br>_____            |

**If working at current job less than one year, or have 2 current employers, complete the following information:**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Name and Mailing Address of 2 <sup>nd</sup> , or Previous Employer |  | Name and Mailing Address of 2 <sup>nd</sup> , or Previous Employer |                                     |
| Years on this job:   | Monthly (Gross) Income:<br>\$ _____<br>- | Years on this job:   | Monthly (Gross) Income:<br>\$ _____ |
| Type of business:  | Business Phone:<br>_____                 | Type of business:  | Business Phone:<br>_____            |

**7. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

| Gross Monthly Income                  | Applicant | Co-Applicant | Others in household (*2) | Monthly Bills (*3)  | Monthly Amount |
|---------------------------------------|-----------|--------------|--------------------------|---|----------------|
| Base Employment Income (*1) (From #6) | \$        | \$           | \$                       | Mortgage &/or Land Payment  | \$             |
| Social Security                       |           |              |                          | Property Taxes & Home Insurance (if not included in mortgage payment) |                |
| SSI                                   |           |              |                          | Utilities   |                |
| Disability (SSID)                     |           |              |                          | Car Payments  |                |
| Pension or Retirement                 |           |              |                          | Car Insurance   |                |
| TANF                                  |           |              |                          | Other Insurance   |                |
| Alimony (optional)                    |           |              |                          | Child Care  |                |
| Child Support (optional)              |           |              |                          | Average Credit Card Payment   |                |
| Other Explain: _____                  |           |              |                          | Alimony/Child Support   |                |
| Other                                 |           |              |                          | Other Loans   |                |
|                                       |           |              |                          | TV/Phone/Internet   |                |
|                                       |           |              |                          | Gasoline  |                |
| <b>Total</b>                          | <b>\$</b> | <b>\$</b>    | <b>\$</b>                | <b>Total</b>  | <b>\$</b>      |

(\*1) Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.  
(\*3) Don't duplicate Monthly Bills if categories overlap.

(\*2) List additional household members over 18 who receive income:

| Name  | Age   | Monthly income |
|-------|-------|----------------|
| _____ | _____ | \$ _____       |
| _____ | _____ | \$ _____       |
| _____ | _____ | \$ _____       |

**8. ASSETS**

**List Checking and Savings Account Below**

| APPLICANT   | CO-APPLICANT  |
|---|---|
| Name and Address of Bank, Savings & Loan, or Credit Union | Name and Address of Bank, Savings & Loan, or Credit Union |

|   |                    |   |
|---|--------------------|---|
| Account Number: _____<br>\$ _____                               | Balance _____      | Account Number: _____<br>Balance \$ _____                 |
| Name and Address of Bank, Savings & Loan, or Credit Union       |                    | Name and Address of Bank, Savings & Loan, or Credit Union |
| Account Number: _____<br>\$ _____                               | Balance _____      | Account Number: _____<br>Balance \$ _____                 |
| <b>OTHER ASSETS - Automobiles, Trailer, or Boats</b>            |                    |   |
| Vehicle Type: _____   | Amount Owed: _____ | Payoff Date: _____  |
| Vehicle Type: _____   | Amount Owed: _____ | Payoff Date: _____  |
| Vehicle Type: _____   | Amount Owed: _____ | Payoff Date: _____  |
| Other Bank Assets: Stocks, Bonds, Certificates of Deposit, etc. |                    |   |
| Asset Type: _____   | Value: _____       | Asset Type: _____<br>Value: _____                         |

| <b>9. DEBT</b>  |                               |  |                               |
|---|-------------------------------|--|-------------------------------|
| <b>To Whom Do You and the Co-applicant Owe Money (May Duplicate Monthly Amounts in Section 7)</b> |                               |  |                               |
| <b>COLUMN 1</b>   |                               | <b>COLUMN 2</b>                                      |                               |
| Home  | Monthly Payments:<br>\$ _____ | Cell Phone Contracts                                 | Monthly Payments:<br>\$ _____ |
|   | Unpaid Balance:<br>\$ _____   |  | Unpaid Balance:<br>\$ _____   |
|   | Years left to pay: _____      |  | Months left to pay: _____     |
| Car and Other Vehicle Loans   | Monthly Payments:<br>\$ _____ | Medical  | Monthly Payments:<br>\$ _____ |
|   | Unpaid Balance:<br>\$ _____   |  | Unpaid Balance:<br>\$ _____   |
|   | Years left to pay: _____      |  | Months left to pay: _____     |
| Furniture, Appliances and Television loans  | Monthly Payments:<br>\$ _____ | Other Money You Owe –<br>Name and Address of Company | Monthly Payments:<br>\$ _____ |
|   | Unpaid Balance:<br>\$ _____   |  | Unpaid Balance:<br>\$ _____   |
|   | Months left to pay: _____     |  | Months left to pay: _____     |
| Credit Card   | Monthly Payments:<br>\$ _____ | Alimony/Child Support                                | Monthly Payments:<br>\$ _____ |
|   | Unpaid Balance:<br>\$ _____   |  | Years left to pay: _____      |
|   | Months left to pay: _____     | Other  | \$ _____/Month                |
| <b>Column 1: Subtotal of Payments</b>   | \$ _____/Month                | <b>Column 2: Subtotal of Payments</b>                | \$ _____/Month                |
| <b>TOTAL Monthly Expenses:</b>  |                               | \$ _____/ Month                                      |                               |

**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   |
| <b>Race/National Origin:</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Black/Africa American<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br><input type="checkbox"/> Asian AND Caucasian<br><input type="checkbox"/> Black/African American AND Caucasian<br><input type="checkbox"/> American Indian or Alaskan Native Black/African American | <b>Race/National Origin:</b><br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Black/Africa American<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br><input type="checkbox"/> Asian AND Caucasian<br><input type="checkbox"/> Black/African American AND Caucasian<br><input type="checkbox"/> American Indian or Alaskan Native Black/African American |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  | <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  |
| <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other   | <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other   |
| <b>Birthday:</b> ____ / ____ / ____  | <b>Birthday:</b> ____ / ____ / ____  |
| <b>Marital Status:</b><br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (incl. single, divorced, widowed)<br><input type="checkbox"/> State registered domestic partnership   | <b>Marital Status:</b><br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (incl. single, divorced, widowed)<br><input type="checkbox"/> State registered domestic partnership   |

**To Be Completed Only By the Person Conducting the Interview**

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

**Attach the following list of documents to this application.**

| Applicant's Name:  | Co-applicant's Name:   |
|--|--|
| <ol style="list-style-type: none"> <li>1. IRS Tax Returns for the most recent year (Form 1040, 1040A, 1040EZ - We don't need the State Tax Return.)</li> <li>2. Copies of documents showing income you receive (most recent four pay stubs, TANF, SS, SSI, disability, and other income verification).</li> <li>3. Document Child Support and Alimony if you choose to use them as income to support your application.</li> <li>4. Copy of most recent property tax statement.</li> <li>5. Copy of mortgage statement.</li> <li>6. Two most recent bank statement(s) including investment accounts.</li> <li>7. Proof of homeowner's insurance.</li> </ol> | <ol style="list-style-type: none"> <li>1. IRS Tax Returns for the most recent year (Form 1040, 1040A, 1040EZ - We don't need the State Tax Return.)</li> <li>2. Copies of documents showing income you receive (most recent four pay stubs, TANF, SS, SSI, disability, and other income verification).</li> <li>3. Document Child Support and Alimony if you choose to use them as income to support your application.</li> <li>4. Copy of most recent property tax statement.</li> <li>5. Copy of mortgage statement.</li> <li>6. Two most recent bank statement(s) including investment accounts.</li> <li>7. Proof of homeowner's insurance.</li> </ol> |

Note: If any of these documents overlap between Applicant and Co-applicant, then just 1 copy is sufficient.