

Home Repair Inquiry Form

First Name

Last Name

Street Address of Home

City

State

Zip Code

Current Mailing Address if different from permanent (Street, City, Zip Code)

Phone Number

Email

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

What year was your home built? _____

Is your home currently insured?

(if no, you are not eligible)

☐ Yes

☐ No

What is your primary source of heating? _____

What is your primary source of electricity? _____

Has HFHLC worked on your home before?

☐ Yes

☐ No

If HFHLC has worked on your home before, when was the approximate date of work?
(please mark n/a if HFHLC has not worked on your home before)

This program has a maximum annual income allowed for program participation that is based on household size.

Does your household have a total gross household income below the levels listed in the chart below?

- ☐ Yes
- ☐ No (if no, you are not eligible for the program)

Household Income Chart								
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
MAXIMUM ANNUAL INCOME ALLOWED (GROSS)	\$45,300	\$51,800	\$58,250	\$64,700	\$69,900	\$75,100	\$80,250	\$85,450

*There is no minimum income needed to qualify
**HFHLC does not consider assets
***Updated per HUD guidelines as of 2024

Briefly describe your home’s needs:

When the time comes, the CHRP application can be completed two different ways. Please review each selection below and choose the option that you prefer.

- ☐ ONLINE – Choose this option if you prefer to complete our program application digitally.
- ☐ PHYSICAL – A hard-copy of the application will be mailed to you directly. Application and supporting documents must then be submitted back to Habitat via mail.

Optional Fields

Due to specialized funding sources, we like to offer the optional opportunity for homeowners to identify themselves or members of their household, as one or more of the following:

- ☐ Currently serving in any branch of the military
- ☐ Veteran with general or honorable discharge
- ☐ Disabled and in need of accessibility modifications
- ☐ Over the age of 65 and interested in aging in place
- ☐ Not Applicable
- ☐ Prefer not to say

I affirm that I have read and understand all the information about Habitat for Humanity of Lincoln County's Community Home Repair Program located on preceding pages.

- ☐ Yes
- ☐ No

I understand that this program inquiry form is not the same as a program application, and that Habitat for Humanity of Lincoln County will mail me a program application directly as soon as there is funding applicable to my home's needs available.

- ☐ Yes
- ☐ No