



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 Community 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: (Cell)	Phone Number: (Cell)
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	
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. PRESENT HOUSING CONDITIONS (PROPERTY INFORMATION)

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

If a manufactured house, what year was your manufactured house built? _____

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

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

If yes, please describe, including location: _____

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 of Second Home Assessment:
___ Accepted ___ Denied	

4. HOUSING REPAIRS REQUESTED

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

5. EMPLOYMENT 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: _____

6. Benefits

Do you or anyone in your household utilize any of the following benefits?

- If NO, skip to section #7: Income Documentation.
 - If YES, check all that apply. If you have documentation that was issued from within the last 12 months, provide a copy along with your application.
-
- Low Income Home Energy Assistance Program**
 - Low Income Tax Credit Property resident**
 - Public Housing resident**
 - Refugee Cash Assistance**
 - Section 8**
 - SNAP** (Supplemental Nutrition Assistance)
 - SSI** (Supplemental Security Income)
 - TANF** (Temporary Assistance for Needy Families)
 - WIC** (Women, Infants, and Children Supplemental Nutrition)

7. INCOME DOCUMENTATION

Income eligibility for a Community Home Repair is based off of the Annual Median Income (AMI). You must qualify as a low-income household with a maximum of 80% AMI.

You will need to provide copies of the following:

- a) Benefits Letter: If anyone in your household utilizes any of the public benefits listed above, bring a copy of the benefits letter issued within the last 12 months.
- OR**
- b) Paystubs or other income documentation for all household members, which could include any of the following:
 - **At least 4 consecutive weeks** of recent income documentation for each job (paystubs, etc.). If you are paid twice a month, please provide 2 consecutive pay stubs.
 - Documentation of self-employment income (Profit and Loss Statement or Schedule C)
 - A letter from your employer, a copy of most recent federal tax return, or written and signed statements detailing at least 4 consecutive weeks of recent income.

What we need from you:

- a) Two most recent years of income tax returns (1040 or equivalent)
- b) Proof of Homeowner Insurance
- c) Mortgage statement or proof of homeownership if mortgage is paid off

Common Types of Proof of Income:

- a) Wages / Paychecks
- b) Social Security Income
- c) Alimony documentation
- d) Investment Statements

8. AUTHORIZATION AND RELEASE

I understand that by filling this application, I am authorizing Habitat for Humanity of Lincoln County (HFHLC) to evaluate my need for HFHLC's home repair program. I understand the evaluation will include personal visits, verification of income, and a sex-offender background check. I understand that HFHLC 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 HFHLC even if the application is not approved.

I understand that HFHLC 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 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: _____

9. 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

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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