



Habitat for Humanity of Island County
 290 SE Pioneer Way | P.O. Box 2279
 Oak Harbor, WA 98277
 (360)679-9444

Application for Home Repairs



We are pledged to the letter and spirit of 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 because of race, color, religion, sex, handicap, familial status, or national origin.

APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant Name: _____	Co-Applicant Name : _____
Birthdate: ____/____/____ (mm/dd/yyyy) Age: _____	Birthdate: ____/____/____ (mm/dd/yyyy) Age: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Applicant's Gross Monthly Income from all sources: \$ _____	Co-Applicant's Gross Monthly Income from all sources: \$ _____
Total of monthly bills: \$ _____	Total of monthly bills: \$ _____
Source/s of Income: _____	Source/s of Income: _____

Other Household Members

Name (First,Last)	Birthdate	Relation to Applicant/s
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPERTY INFORMATION

House Condo Duplex Manufactured Home Other (explain) _____

Address of the home needing repairs: _____ **Year Built:** _____

Are you the Home Owner? Yes No Do you own or lease the land under your home? Own Lease

Veteran Status: Did you (or your deceased spouse) or anyone in your household serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve and National Guard) Yes No

If YES, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving Spouse

AUTHORIZATION AND RELEASE

I understand that by filling out this application, I am authorizing Habitat for Humanity to evaluate my need for participation in the repair program and my willingness to partner with Habitat. I further understand that by completing this application, I am submitting myself and all persons listed on the first page to a criminal background check.

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

FOR OFFICE USE ONLY - DO NO WRITE IN THIS SPACE

Date Received: _____

Date Approved/Denied: _____

By: _____

PROPERTY REPAIR NEEDS

Please check items you are in need of assistance with repairs and rate your priority on a scale of 1-5 (1 being not urgent, and 5 being urgent):

- | | | | |
|---|-----------|--|-----------|
| <input type="checkbox"/> Roof Repair or Replacement | 1 2 3 4 5 | <input type="checkbox"/> Exterior Siding Repair or Replacement | 1 2 3 4 5 |
| <input type="checkbox"/> Exterior Painting | 1 2 3 4 5 | <input type="checkbox"/> Yard Waste/Rubbish Removal | 1 2 3 4 5 |
| <input type="checkbox"/> Heating System Repair | 1 2 3 4 5 | <input type="checkbox"/> Plumbing | 1 2 3 4 5 |
| <input type="checkbox"/> Water Heater Replacement | 1 2 3 4 5 | <input type="checkbox"/> Flooring Repair/Replacement | 1 2 3 4 5 |
| <input type="checkbox"/> Drywall Repairs | 1 2 3 4 5 | <input type="checkbox"/> Electrical | 1 2 3 4 5 |
| <input type="checkbox"/> Front porch, railing, ramp, etc. | 1 2 3 4 5 | <input type="checkbox"/> Back porch, railing, ramp, etc. | 1 2 3 4 5 |
| <input type="checkbox"/> Bathroom Repair or Modification | 1 2 3 4 5 | <input type="checkbox"/> Kitchen Repair or Modification | 1 2 3 4 5 |
| <input type="checkbox"/> Other (please explain): _____ | | | |

AUTHORIZATIONS

- *I agree to consent to a Washington State Patrol criminal background check, and Habitat for Humanity liability waivers if I am selected into the program.
- *I agree to perform "Sweat Equity" by volunteering with Habitat for Humanity of Island County, consistent with my physical abilities.
- *I agree to a modest repayment of a portion of the repair costs, consistent with my financial abilities.
- I agree to allow Habitat for Humanity to assist me in applying for a loan or grant through the USDA Rural Development Center if I meet the criteria for such products.

(* Required for acceptance into Habitat for Humanity Critical Home Repair Program)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The Following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, 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 particular type of loan applied for.)

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:	Race:
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Applicant's Signature	Co-Applicant's Signature
Date	Date
X _____	X _____