



**Habitat for Humanity**<sup>®</sup>

Office Use/ Date  
received:

## Critical Repair Application for Homeowners with Home Insurance

Do you own your home AND YES NO  
have homeowner's insurance?

**List Home Repair That Needs Assessment and Why It is a Critical Need**

**Briefly describe the type of work you would like performed on your home. The final decision on what work can be done with the available financial resources will be made by HFH-P.**

**With the submission of this application, please include:**

You must share the names of those who live in house and attach verification of all household income for those 18 and older residing in the house, For example, recent income tax return, social security benefit statement(s), bank statement, or other retirement income, etc. See page 3

**Homeowner Information**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Best Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Age of Home : \_\_\_\_\_

Education

Level:

Please itemize your monthly bills below:

Mortgage:

Utilities

Credit card payments:

Car payment:

Homeowner's insurance:

Car insurance:

Child care:

Loans:

Other:

Total:

**Additional questions**

Is the homeowner or anyone in the home disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who? \_\_\_\_\_ If yes, indicate the type of disability below (Circle all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches    Wheelchair Bound    Blind    Hearing Impaired    Loss of Limb    Other (please describe):

**Disclaimer and Signature**

*I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my home for a Habitat critical home repair. I understand that the evaluation will include on-site visits. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to that check.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement Form**

**With the submission of this application, you acknowledge that your application information will be placed in CMTools, which is a shared database by the following agencies:**

1. The Coalition of Churches
2. Free Clinic of Powhatan
3. Community Life Church
4. Habitat for Humanity
5. Powhatan Community Action Agency Advisory Board
6. Powhatan YMCA
7. TRIAD
8. Fast Feet Academy

Your information could be shared between any of the above-mentioned organizations from the date application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist**

You must attach verification of monthly household income for those 18 and older residing in the house. For example, an income tax return, social security benefit. statement(s), bank statement, etc. Please complete next pages.

**Complete for all household members including yourself below**

Individual's name:

Birth Date:

SSN:

Relationship:

Veteran (yes or no):

Race:

Ethnicity:

**If above 18:**

Combined assets (savings and bank balances)::

MONTHLY INCOME

TANF:

SNAP:

Monthly Social Security:

Monthly SSI:

Monthly Disability:

Monthly Alimony:

Monthly Child Support:

Monthly Pension/Retirement:

Monthly Employment Gross Wages:

Other:

**Individual's Monthly Income Total:**

**Complete for all household members**

Individual's name:

Birth Date:

SSN:

Relationship:

Veteran (yes or no):

Race:

Ethnicity:

**If above 18:**

Combined assets (savings and bank balances)::

MONTHLY INCOME

TANF:

SNAP:

Monthly Social Security:

Monthly SSI:

Monthly Disability:

Monthly Alimony:

Monthly Child Support:

Monthly Pension:

Monthly Employment Gross Wages:

Other:

**Individual's Monthly Income Total:**

**Complete for all household members**

Individual's name:  
Birth Date:  
SSN:  
Relationship:  
Veteran (yes or no):  
Race:  
Ethnicity:

**If above 18:**

Combined assets (savings and bank balances):

**MONTHLY INCOME**

TANF:  
SNAP:  
Monthly Social Security:  
Monthly SSI:  
Monthly Disability:  
Monthly Alimony:  
Monthly Child Support:  
Monthly Pension:  
Monthly Employment Gross Wages:  
Other:

**Individual's Monthly Income Total:**

**Complete for all household members including yourself below**

Individual's name:  
Birth Date:  
SSN:  
Relationship:  
Veteran (yes or no):  
Race:  
Ethnicity:

**If above 18:**

Combined assets (savings and bank balances):

**MONTHLY INCOME**

TANF:  
SNAP:  
Monthly Social Security:  
Monthly SSI:  
Monthly Disability:  
Monthly Alimony:  
Monthly Child Support:  
Monthly Pension:  
Monthly Employment Gross Wages:  
Other:

**Individual's Monthly Income Total:**

