

Critical Repair Application for Homeowners with Home Insurance

With the submission of this application, please include:

The names of those who live in the house and verification of all **gross** 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.

Do you own your home AND have homeowner's insurance?

Yes No

Do you reside in Powhatan County?

Yes No

Homeowner Information

Full Name : _____

D.O.B. : _____

Address : _____

City : _____

State : _____

Zip : _____

Phone : _____

Email : _____

Social Security # : _____

Age of Home : _____

Combined Assets (Savings and Bank Balances) : _____

Total Monthly Income Including Benefits : _____

Marital Status: Single Married Divorced Widowed

Veteran Status: I am a protected veteran. I am NOT a protected veteran.

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Other Race

Education Level: Less than high school High School or equivalent Some college Associate's degree
 Bachelor's degree Postgraduate degree

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.

Please complete for each individual member of the household. (Additional forms available upon request.)

Name : **If above 18:**
D.O.B. : Combined assets (savings and bank balances):
SSN :
Relationship :
Veteran (Y/N) : Total gross monthly income including benefits
Race : (please attach proof of income):
Ethnicity :

Name : **If above 18:**
D.O.B. : Combined assets (savings and bank balances):
SSN :
Relationship :
Veteran (Y/N) : Total monthly income including benefits (please
Race : attach proof of income):
Ethnicity :

Name : **If above 18:**
D.O.B. : Combined assets (savings and bank balances):
SSN :
Relationship :
Veteran (Y/N) : Total monthly income including benefits (please
Race : attach proof of income):
Ethnicity :

Acknowledgement : With the submission of this application, you acknowledge that your application information will be placed in EMPOWOR, 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: _____

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: _____

Name :
D.O.B. :
SSN :
Relationship :
Veteran :
Race :
Ethnicity :

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