For Office Use Only

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| --- |
| Date Received: |
| Permit Number: |
| Referred By: |
| Phone No.: |
| Application No.: |

510 SE 11th Street

Grand Rapids, MN 55744

Phone: 218-999-9001

“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.”

**Application for *HOME PRESERVATION PROGRAM***

Dear Applicant: Please fill out this application as completely as possible. We will use this application to help determine if you qualify for the Habitat for Humanity Home Repair Program. **All information will remain confidential.**

Have you ever applied to A Brush with Kindness?

**1: Applicant Information**

If yes, when?

**Applicant Co-Applicant**

Name:

Name:

Social Security Number: - -

Social Security Number: - -

Date of Birth:

Date of Birth:

Email Address:

Email Address:

Cell Ph.: Work Ph.:

Cell Ph.: Work Ph.:

Are you a veteran of the US Armed Forces?

*Please provide proof of general/honorable discharge.*

Are you a veteran of the US Armed Forces?

*Please provide proof of general/honorable discharge.*

**2: Household Information**

Address:

City:

Home Telephone Number:

Years at Address:

Do you have pets? If yes, what kind and how many?

Is your home currently insured?

*Please provide proof of current homeowners Insurance*

Are your real estate taxes paid/current?

Property Legal Description: *Enclose a copy of the deed to your home or other proof of home ownership such as a property tax receipt. All documents submitted must show the name and address of the applicant.*

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| Names, ages, and relationship to homeowner of **all** people living in the home: | | | | |
| Name | Relationship | Age | US Veteran? | Monthly Income |
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|  | | | | Total: $ |

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| **3: House Information/Exterior** | | | |
| **House Information**  Place a large “X” over the house below, which most resembles the size of your house.  1 story 1.5 story 2 story 2.5 story  Year Purchased: Year Built: Last Painted: Square Feet: Number of Bedrooms: | | **House**  Siding Trim wood wood  brick vinyl shakes metal stucco  painted stucco asbestos/slate aluminum vinyl | **Garage**  Siding Trim wood wood  brick vinyl shakes metal stucco  painted stucco asbestos/slate aluminum vinyl |
| **4: Requested Repairs** | | | |
| Briefly describe all the work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items you list will be considered for repair, but the final decision on what work can be done will be made by the staff of ICHFH. The work done will focus on warmth, safety and independence. Our volunteers are not professionals and may not be able to make all the repairs. | | | |
| Area that needs repair | Work you wish to have completed by Habitat | | |
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| **5: Personal Statement** | | | |
| Please write a brief explanation of why you feel you should be selected and how it will help you. | | | |

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| **6: Partnering** | | | |
| If accepted, in what ways can you or your family help, in partnership with volunteers from Habitat for Humanity?  If approved, are you willing to work on your own house or a Habitat house on Saturdays unless special circumstances arise?  yes no  If you cannot work on the weekend, please explain: | | | |
| **7: Household Expense Information** | | | |
| Are you still making payments on your home? Yes No If yes, what is your payment? $ /month | | | |
| MONTHLY EXPENSES - APPLICANT  (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES) | | | |
| Auto Loan.................................................... Auto Insurance............................................. Gasoline....................................................... Medical (co-pays, medication).................... Food............................................................. Child Support...............................................  Credit Cards................................................. |  | Electricity.......................... Gas.................................... Water................................. Homeowners Insurance.... Property Taxes................... Other.................................. |  |
| MONTHLY EXPENSES - CO-APPLICANT  (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES) | | | |
| Auto Loan.................................................... Auto Insurance............................................. Gasoline....................................................... Medical (co-pays, medication).................... Food............................................................. Child Support...............................................  Credit Cards................................................. |  | Electricity.......................... Gas.................................... Water................................. Homeowners Insurance.... Property Taxes................... Other.................................. |  |
| MONTHLY EXPENSES - OTHER RESIDENT OVER 18  (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES) | | | |
| Auto Loan.................................................... Auto Insurance............................................. Gasoline....................................................... Medical (co-pays, medication).................... Food............................................................. Child Support...............................................  Credit Cards................................................. |  | Electricity.......................... Gas.................................... Water................................. Homeowners Insurance.... Property Taxes................... Other.................................. |  |
| MONTHLY EXPENSES - OTHER RESIDENT OVER 18  (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES) | | | |
| Auto Loan.................................................... Auto Insurance............................................. Gasoline....................................................... Medical (co-pays, medication).................... Food............................................................. Child Support...............................................  Credit Cards................................................. |  | Electricity.......................... Gas.................................... Water................................. Homeowners Insurance.... Property Taxes................... Other.................................. |  |

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| **8: Household Income Information** | | |
| MONTHLY INCOME-APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME | | |
| Employment................................................. Food Stamps................................................. SSDI.............................................................  Child Support............................................... | SSI............................................. Social Security........................... Pension/Retirement...................  Other.......................................... |  |
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| MONTHLY INCOME-CO-APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME | | |
| Employment................................................. Food Stamps................................................. SSDI.............................................................  Child Support............................................... | SSI............................................. Social Security........................... Pension/Retirement...................  Other.......................................... |  |
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| MONTHLY INCOME NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME | | |
| Employment................................................. Food Stamps................................................. SSDI.............................................................  Child Support............................................... | SSI............................................. Social Security........................... Pension/Retirement...................  Other.......................................... |  |
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| MONTHLY INCOME NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME | | |
| Employment................................................. Food Stamps................................................. SSDI.............................................................  Child Support............................................... | SSI............................................. Social Security........................... Pension/Retirement...................  Other.......................................... |  |
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| **You must attach verification of all HOUSEHOLD income** for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children. For example, the most recent income tax return, monthly Social Security statement, other retirement income statements, employment check stubs for one month. Please note on attached statements if the income is annual, monthly, twice-monthly or weekly. | | |
| **9: Household Voter Registration Information** | | |
| Is the Applicant registered to vote in Itasca County?  Is the Co-Applicant registered to vote in Itasca County?  Are the other residents over 18 registered to vote in Itasca County? | | |

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| **10: Employment Information** | |
| Name: | Circle One: Applicant Co-Applicant Resident Over 18 |
| Name of Company: Date Started: Job Title: Supervisors Name: Base Pay: $  Per: (circle one) Hour Week Salary  Frequency of Pay: (circle one) Weekly Every two weeks Twice a month Monthly  Do you work year round? Yes No If no, please explain: | |
| Name: | Circle One: Applicant Co-Applicant Resident Over 18 |
| Name of Company: Date Started: Job Title: Supervisors Name: Base Pay: $  Per: (circle one) Hour Week Salary  Frequency of Pay: (circle one) Weekly Every two weeks Twice a month Monthly  Do you work year round? Yes No If no, please explain: | |
| Name: Circle One: Applicant Co-Applicant Resident Over 18 | |
| Name of Company: Date Started: Job Title: Supervisors Name: Base Pay: $  Per: (circle one) Hour Week Salary  Frequency of Pay: (circle one) Weekly Every two weeks Twice a month Monthly  Do you work year round? Yes No If no, please explain: | |
| **11: Special Needs** | |
| Does anyone in the home have special needs or limitations that would prevent them from making the repairs on their own? | |
| If yes, please describe needs in your own words: | |
| Bankruptcy? Applicant Yes (yr) No  Co-Applicant Yes (yr) No | |
| Translation Needed? If yes, what language? | |
| **12: Permission to Refer** | |
| If your needs can be met more appropriately by another program other than Habitat for Humanity, may we share your application with them? (circle one)  YES NO  Unless we have your explicit permission, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Itasca County Habitat for Humanity. | |

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| **13: Homeowner’s Agreement** | | |
| Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application. | | |
| Your name: | Your daytime phone number: | Is the homeowner aware of this application?  Yes No |
| **MEDIA AND PUBLICITY** | | |
| Itasca County Habitat for Humanity often works with corporate and/or church sponsors. These sponsors  provide funds for our projects. Additionally, they provide some of the volunteers to help complete the work on the home. In celebration, some sponsors may wish to publicize the event and/or information about the family in different newsletters, newspapers, radio stations, television, etc.  I/we consent to having information released about our family to sponsors and for internal and external Habitat for Humanity publications including, but not limited to, the organization’s newsletters, and website. This may include, but not limited to photographs and interviews as well as in-home visits from elected officials.  SIGNATURE OF HOMEOWNER DATE SIGNATURE OF HOMEOWNER DATE | | |
| Where did you learn about Itasca County Habitat for Humanity and its Home Preservation Program?  TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization  ReStore Website  Other (please describe): | | |
| **HOMEOWNER’S AGREEMENT** | | |
| I/We, certify that the information on this application is true and accurate and that  I/We own the property at . I/We have no present intention to move  or offer my home for sale for at least three years. I/We confirm that, except for the conditions listed on this application, the home is a safe place for volunteers.  I/We understand that the people who may work on my house are unpaid volunteers; that few, if any of them,  are skilled in the building trades; and that A Brush with Kindness MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOME. I/We hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Itasca County Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that are used in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Itasca County Habitat for Humanity activities. I hereby release Itasca County Habitat for Humanity of any injury or damages resulting from my participation in any Itasca County Habitat for Humanity activities.  SIGNATURE OF HOMEOWNER DATE SIGNATURE OF HOMEOWNER DATE | | |

**Application Checklist**

Did you complete all 13 sections of this application?

**Did you sign the application? (SECTION 13)**

**Did you enclose a copy of the deed on your home or other proof of ownership,** such as a property tax receipt? All documents submitted must show the name and address of the applicant.

Do you currently have homeowner’s insurance? Yes No

Are you current on your homeowner’s insurance premiums? Yes No

Provide a copy of your Homeowners Insurance Policy. Provide proof of Monthly Expenses listed in Section 7. **Did you include a statement verifying income?**

Your income tax return for the last year

Your last 2 paycheck stubs or other proof of income

Your last 2 bank statements (including the name and mailing address of bank and your account numbers)

Proof of child support or other public assistance

***All adults*** *over the age of 18 must submit income documentation (or prove current student status)*

*showing name and address.*

**If you are a US Veteran please provide proof of honorable/general discharge.**

Itasca County Habitat for Humanity seeks to improve homes and communities through the use of volunteers. If you are involved in your community, please describe below.

SIGNATURE OF HOMEOWNER DATE

SIGNATURE OF HOMEOWNER DATE