

Application for Critical & Healthy Home Repair Program

APPLICANT INFORMATION

Name of Homeowner _____

Name of Co-Homeowner _____

Address: _____ City: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____

Email: _____

HOUSEHOLD INFORMATION (please list everyone who resides at this address, including minors).

List all sources of current monthly income for ALL HOUSEHOLD MEMBERS, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, TANF, or income earned from seasonal work.

NAME & AGE OF HOUSEHOLD MEMBER	SOURCE OF INCOME (if Applicable)	AMOUNT PER MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Monthly \$ _____

HOUSE/BUILDING INFORMATION

What year did you purchase your home? _____ Age of Home/Year Built: _____

Do you have a mortgage? YES: _____ NO: _____

If yes, what is the monthly payment, including tax and insurance: \$ _____

Do you have homeowner's insurance? YES: _____ NO: _____

Have you received insurance claim money for any of the repairs you are requesting assistance for or have you filed an insurance claim?

YES: _____ NO: _____

If yes, please explain: _____

Does your home have working smoke detectors? YES: _____ NO: _____

EXPLAIN THE REPAIR WORK NEEDED AT YOUR HOME:

AUTHORIZATION, RELEASE OF INFORMATION & SIGNATURE

I/We, the undersigned, understand and authorize Habitat for Humanity of Greater Portland to perform an in-depth study to determine my/our need, ability to pay, and willingness to partner. The selection process may include: personal home visits, verification of information such as income and current living situation, and a check of all adult household members on the National Sex Offender Registry.

I/We understand that by filing this application, I/we are authorizing Habitat for Humanity of Greater Portland to evaluate my/our need for home repairs. I/we understand my/our application can be denied if Habitat for Humanity of Greater Portland determines it cannot perform the needed repair work for any reason.

I/We further certify that the information contained in this application is true and complete to the best of my/our knowledge. I/We understand that if I/we give false information or withhold information or if there are any changes in the information set forth in this application, my/our application will be denied.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____



NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C.

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW.

We are requesting the following information to monitor our compliance with the federal Equal Opportunity Credit Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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 (applicant may select more than one racial designation)	Race (applicant may select more than one racial designation)
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Sex	Sex
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Veteran	Veteran
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mail Completed Application to:

Habitat for Humanity
Att: Molly Brake
659 Warren Avenue
Portland, ME 04103