



Application for DuPage Habitat for Humanity *Home Repair Program*

Dear Applicant: We need you to complete this application to determine if you qualify for *Home Repair Program*. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

DuPage Habitat will only review your application when all of the information is complete. Please return the application by _____. Please provide **copies** of the needed documents with your application; we will not accept originals.

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

1. HOMEOWNER INFORMATION

Present address:	Number of Years _____
If at Present Address less than two years, include previous address:	Number of Years _____

Applicant

Name:	
Date of Birth:	E-mail Address:
Home Phone:	Cell Phone:

Names, Date of Birth, and Relationship to homeowner of all people living in the home:

Name	Date of Birth	Relationship

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received:	
More Information Requested? Yes___ No___	Date Letter Sent:
Date Application Completed:	Date of Home Visit:

2. SPECIAL NEEDS

Is anyone in the home disabled? Yes _____ No _____
 If yes, please indicate the type of disability below (check all that apply)

Use of Walker, Cane or Crutches _____ Wheelchair Bound _____ Blind _____

Hearing Impaired _____ Loss of Limb _____ Mental Disabilities _____

Other: _____

Is Translation needed? Yes _____ No _____ If yes, what language: _____

3. PROPERTY INFORMATION

Are you still making payments on your home? Yes _____ No _____

If yes, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

What Year was the house built? _____

Have you received notice of any code violations which have not been resolved? If yes, please explain.

4. MONTHLY INCOME AND COMBINED MONTHLY BILLS OF EVERYONE OVER AGE 18 IN HOUSEHOLD

Gross Monthly Income	Applicant	Others in Household	Monthly Bills ₁	Monthly Amount
Base Employment Income	\$	\$	Mortgage	\$
AFDC/TANF	\$	\$	Utilities (Electricity, Gas, Water)	\$
Food Stamps	\$	\$	Car Payments	\$
Social Security	\$	\$	Insurance	\$
SSI	\$	\$	Child Care	\$
Disability	\$	\$	School Lunch	\$
Alimony	\$	\$	Average Credit Card Payment	\$
Child Support	\$	\$	Student Loans	\$
Other: _____	\$	\$	Alimony/Child Support	\$
Total	\$	\$	Homeowner's Insurance	\$
₁ Please attach copies of last month's bills.			Property Taxes	\$
			Medical	\$
			Other: _____	\$
			Total	\$

5. WILLINGNESS TO PARTNER

To be considered for *Home Repair Program*, you and your family must be willing to complete "sweat-equity". Your help in working on your home is called "sweat-equity," and includes being present and active (if able) in the day(s) events, working side by side with volunteers.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Yes No

6. REQUESTED REPAIRS

Briefly describe the type of 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 listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of *Home Repair Committee*. The work done by *Home Repair Program* will focus on improvement, warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs.** Please Print Clearly

Painting/Siding: List any exterior painting/staining, residing/blue board requests.

Safety/Accessibility: Inadequate or missing: lighting, holes, hazards, railings, porches, steps, ramps, etc.

Doors and Windows: Describe repairs requested, including locks, glass, frames, weather-stripping, etc.

Roof: Leaking, missing shingles/tiles, soffit, fascia board, etc.

Other: Identify other exterior repairs requested but not listed above.

7. PERSONAL STATEMENT

Please write a brief explanation of why you feel you should be selected and how it will help you.

8. AUTHORIZATION, RELEASE AND HOMEOWNER'S AGREEMENT

I, _____ certify that the information on this application is true and accurate and that I own the property at _____ .

I confirm that any physically able persons residing in my home or visiting on the project day will work alongside the *Home Repair Program* volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I 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 *Home Repair Program* MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby agree that I, my assignees, their heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of DuPage Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in DuPage Habitat for Humanity activities. I hereby release DuPage Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any DuPage Habitat for Humanity activities.

Applicant Signature

Date

X _____

Application Checklist

- Are you returning the application to DuPage Habitat by date listed above?
- Did you complete all 8 sections of this application?
- Did you **sign the application?** (Section 8)
- Did you enclose a copy of the deed on your home or other **proof of ownership**, such as a property tax receipt or copy of last mortgage payment?
- Did you enclose proof of **homeowner's insurance**, such as a copy of homeowner's insurance policy or a copy of latest homeowner's insurance bill?
- Did you enclose a copy of **last year's tax return?** (Free copies of tax transcripts may be ordered by calling the IRS at 1-800-829-1040. Allow two weeks for delivery)
- Did you provide your last 2 **bank statements** for proof of income? (include the name and mailing address of bank and your account numbers)
- Proof of child support or other public assistance.
- Proof of expenses, if applicable