

Critical Home Repairs
Application

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.



Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity Newark's Critical Repairs Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant

Co-Applicant

FIRST name: _____

FIRST name: _____

LAST name: _____

LAST name: _____

Email _____

Email _____

Social Security Number _____ Home Phone _____ Date of Birth _____

Social Security Number _____ Home Phone _____ Date of Birth _____

Married Separated Unmarried (Incl. Single, divorced, widowed)

Married Separated Unmarried (Incl. Single, divorced, widowed)

Dependents (people who live with you not listed by co-applicant)

Dependents (people who live with you not listed by applicant)

Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Present Address (street, city, state, zip code) Own Rent

Present Address (street, city, state, zip code) Own Rent

Number of years _____

Number of years _____

If Living at Present Address for Less Than Two Years Complete the Following

Last Address (street, city, state, zip code) Own Rent

Last Address (street, city, state, zip code) Own Rent

Number of years _____

Number of years _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____

Date Letter Sent: _____

More information requested? Yes No

Date of Home Visit: _____

Date Application Completed: _____

Date Letter Sent: _____

Accepted Denied

Critical Repairs

- Roof repair
- Ramps or porch construction
- Drywall repair or replacement
- Plumbing repairs

Weatherization

- Air sealing
- Duct sealing
- Insulating attics
- Replacing, and servicing, or HVAC units with Energy Star certified units

Home Preservation

- Painting
- Patching
- Minor repair
- Landscaping / gardening
- Replacement of exterior building
- Fence installation or replacement

7. REQUEST FOR REPAIR

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 Habitat for Humanity Newark. The repairs requested must fall under Critical Repairs, Weatherization, and Home Preservation scope of work.

Area that needs repair	Work you wish to have completed

8. DECLARATIONS

Please Check the Box That Best Answer the Following Questions For You and the Co-Applicant.

	Applicant		Co-Applicant	
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question a through e, however, please explain on a separate sheet of paper.

9. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Critical Home Repairs Program, my ability to demonstrate responsible homeownership, and my willingness to be a partner family. I understand that the evaluation will include personal visits, and a property title search. I have answered all the questions on this application 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 Critical Home Repairs, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity Newark, Inc. even if the application is not approved.

Applicant Signature

Date

Co-Applicant Signature

Date

X _____

X _____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper attached to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.

Additional Remarks:
