



Critical Home Repair Application

Dear Applicant: We need you to complete this application to help determine if you qualify for Habitat for Humanity of Grays Harbor's Critical 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.

Applicant Information

Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Years at address: _____

Do you own the home where work is to be done? YES or NO

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____

Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)

Is anyone in your household a veteran? Yes No Name: _____

Have you ever applied to Habitat for Humanity of Grays Harbor? _____ If yes, when? _____

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

Number of persons living in your home (including applicant): _____

Mortgage Information

Are you making loan payments on your home? YES or NO

If yes, what is your monthly payment? \$ _____ per month.

Are your loan payments current? YES or NO

Do you currently have homeowner's insurance? YES or NO

Requested Repairs

Please check the types of repairs or modifications you are requesting for your home.

_____ Ramp access to primary entrance

_____ Hand Rail to primary entrance

_____ Grab bars in bathroom

_____ Roof repair

_____ Floor repair

_____ Plumbing

_____ Electrical

_____ Other

Personal Statement

Please write a *brief* explanation of why you are in need of Critical Home Repair services.

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home.
You must provide proof of all household income.

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, etc...)

I certify that the income reported above represents 100 percent of the total monthly income for my household:

 Applicant Signature

 Date

Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them?

YES

NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

Applicant Agreement

I hereby authorize and instruct Habitat for Humanity of Grays Harbor, Inc. (hereafter HFHGH) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHGH. I understand and agree that HFHGH intends to use the credit report for the purpose of evaluating my financial readiness for Critical Home Repair services.

I understand that by filing this application, I am authorizing HFHGH to evaluate my need for critical home repairs, my ability to repay a no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. 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 be eligible to receive Critical Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by HFHGH even if the application is not approved.

Applicant Name (Print)

Applicant Signature

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

Name

Date

Contact Number

Organization

Send completed application along with supporting documentation to:

**Habitat for Humanity of Grays Harbor
Attn: Critical Home Repair
PO Box 271
Aberdeen WA 98520**

**Or drop off at:
3005 Simpson Avenue
Hoquiam WA 98550**