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| **1. Applicant Information** | |
| **Applicant’s Name:** | **Co- Applicant’s Name:** |
| Phone Number: (H) (C) | Phone Number: (H) (C) |
|  | Relationship to applicant: |
| Do you speak and read English? 🞎 Yes 🞎 No 🞎Some If No, Primary language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you and/or the co-applicant over 55 years of age? 🞎 Yes 🞎 No  Are you a veteran? 🞎 Yes 🞎 No  Do you have special needs or disabilities we should be aware of? 🞎 Yes 🞎 No | |
| **2. Other Household Members** | |
| **Name Relationship Employed Student Age Male** **Female**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_ 🞎 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_ 🞎 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_ 🞎 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_ 🞎 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_ 🞎 🞎 | |
| Physical Address (street, city, state, ZIP) | |
| Mailing Address (If different than physical address.) | |
| **3. WILLINGNESS TO PARTNER** | |
| Habitat’s home repair program requires you and your family to complete a certain number of “sweat-equity” hours. Your help in repairing your home is called “sweat-equity,” and may include clearing the lot, painting, helping with construction, working in the Habitat office or store, or other approved activities according to ability. | |
| I AM WILLING TO COMPETE THE REQUIRED SWEAT-EQUITY HOURS:  Applicant 🞎 YES 🞎 NO  Co- Applicant 🞎 YES 🞎 NO | |
| If you are approved for a Habitat home repair, you may be required to pay up to 30% of the cost of materials, depending on income level. Are you prepared to pay a portion of the cost of materials? 🞎 YES 🞎 NO  If so, what is your upper limit? $\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **for office use only – do not write in this space.** | |
| Date Received: | Date Letter Sent: |
| More Information Requested: \_\_\_\_Yes \_\_\_\_No | Date of First Home Assessment: |
| Date Application Completed: | Date of Second Home Assessment: |
| \_\_\_\_Accepted \_\_\_\_Denied |  |

Habitat for Humanity of Lincoln County

PO Box 1311, Newport OR 97365

(458) 277-7601

www.habitatlincoln.org

**Applicant:** Please complete this application to determine if you qualify for Habitat for Humanity of Lincoln County’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.

**Application**

For Home Repairs

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| **4. PRESENT HOUSING CONDITIONS** | | | |
| Type of Home: 🞎 Single Family House 🞎 Manufactured Home 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What home repairs are you requesting? Explain all requests in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **5. PROPERTY INFORMATION** | | | |
| Do you own or rent your home? 🞎 Own 🞎 Rent Is this home your primary residence? 🞎Yes 🞎 No  How long have you lived in the home? \_\_\_\_\_\_\_\_ Is there a mortgage on this home? 🞎Yes 🞎 No  If there is a mortgage, are you current with your payments? 🞎Yes 🞎 No  Is the home insured? 🞎Yes 🞎 No  If you own a manufactured home and lease the land, what is your monthly pad rent? $\_\_\_\_\_\_\_\_\_\_/month  Do you own property other than your primary residence? \_\_\_\_Yes \_\_\_\_No  If yes, please describe, including location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **6. EMPLOYEMENT INFORMATION** | | | |
| **APPLICANT** | | **CO-APPLICANT** | |
| Name and Mailing Address of **Current** Employer | | Name and Mailing Address of **Current** Employer | |
| Years on this job: | Monthly (Gross) Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Years on this job: | Monthly (Gross) Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of business: | Business Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type of business: | Business Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If working at current job less than one year, or have 2 current employers, complete the following information:** | | | |
| Name and Mailing Address of **2nd**, or **Previous** Employer | | Name and Mailing Address of **2nd**, or **Previous** Employer | |
| Years on this job: | Monthly (Gross) Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Years on this job: | Monthly (Gross) Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of business: | Business Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type of business: | Business Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **10. AUTHORIZATION AND RELEASE** | |
| I understand that by filling this application, I am authorizing Lincoln County Habitat for Humanity to evaluate my need for Habitat’s home repair program, my willingness to be a partner family, and my ability to pay a percentage of material costs using a sliding scale based on income (payment plans may be available). I understand the evaluation will include personal visits, verification of income, and a sex-offender background check. I understand that Habitat works with partner agencies to verify information and assess need. 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 I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.  I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. You will not be charged for this screening process. | |
| Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Co-applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Habitat for Humanity of Lincoln County selects families for the Home Repair Program in a way that does not discriminate on the basis of race, **gender, color, age (provided the applicant is old enough to enter into a contract), handicap, religion, marital or familial status, gender identity, sexual orientation, political ideology, creed, heritage, ancestry, national origin, source of income, including because all or part of the applicant’s income is derived from public assistance programs, or because the applicant has in good faith exercised any right under the federal consumer credit laws.** | |

**NOTE:** If more space is needed to complete any part of this application, please use the space below or a separate sheet of paper and attach it to this application. Please mark your additional comments with “A” for Applicant or “C” for Co-Applicant, and note which question you are answering.

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **11. DEMOGRAPHIC INFORMATION (OPTIONAL)** | | |
| **Please Read This Statement Before Completing the Box Below:**  Responding to the following questions is optional and will not impact your eligibility to participate in our program.  We are pledged to the letter and spirit of the 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 or home repairs because of race, color, religion, gender, gender identity, handicap, familial status, or national origin. We collect this optional information to help ensure we are serving a diverse population.  This information is also used in preparing reports for Habitat International. | | |
| **Applicant** | | **Co-applicant** |
| \_\_\_\_ I do not wish to furnish this information  **Race/National Origin**:  \_\_\_\_ American Indian or Alaskan Native  \_\_\_\_ Native Hawaiian or Other Pacific Islander  \_\_\_\_ Black/Africa American  \_\_\_\_ Caucasian  \_\_\_\_ Asian  \_\_\_\_ American Indian or Alaskan Native AND Caucasian  \_\_\_\_ Asian AND Caucasian  \_\_\_\_ Black/African American AND Caucasian  \_\_\_\_ American Indian or Alaskan Native Black/African  American  **Ethnicity:** \_\_\_\_ Hispanic \_\_\_\_ Non-Hispanic  **Sex:** \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_Other  **Birthday:** / /  Marital Status:  \_\_\_\_ Married  \_\_\_\_ Separated  \_\_\_\_ Unmarried (incl. single, divorced, widowed)  \_\_\_\_ State registered domestic partnership | | \_\_\_\_ I do not wish to furnish this information  **Race/National Origin:**  \_\_\_\_ American Indian or Alaskan Native  \_\_\_\_ Native Hawaiian or Other Pacific Islander  \_\_\_\_ Black/Africa American  \_\_\_\_ Caucasian  \_\_\_\_ Asian  \_\_\_\_ American Indian or Alaskan Native AND Caucasian  \_\_\_\_ Asian AND Caucasian  \_\_\_\_ Black/African American AND Caucasian  \_\_\_\_ American Indian or Alaskan Native Black/African  American  **Ethnicity:** \_\_\_\_ Hispanic \_\_\_\_ Non-Hispanic  **Sex:** \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_Other  **Birthday:** / /  Marital Status:  \_\_\_\_ Married  \_\_\_\_ Separated  \_\_\_\_ Unmarried (incl. single, divorced, widowed)  \_\_\_\_ State registered domestic partnership |
|  | | |
| **OFFICE USE ONLY** | | |
| This application was taken by:  \_\_\_\_ Face to face interview  \_\_\_\_ By mail  \_\_\_\_ By telephone | Interview’s Name (print or type) | |
| Interview’s Signature Date | |
| Interview’s Phone number | |