



# HOME REPAIRS APPLICATION



*Assisting qualifying low-income homeowners in need of minor, exterior repairs on their homes.*

## PERSONAL INFORMATION

Applicant's Full Legal Name \_\_\_\_\_

Co-Applicant's Full Legal Name \_\_\_\_\_

Applicant's Other Names Used \_\_\_\_\_

Co-Applicant's Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle one: Married Separated Unmarried

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Are you, or anyone living in your home, a VETERAN?  Yes  No

Are you & Co-Applicant a U.S. citizen or permanent resident?  Yes  No

Applicant's Daytime Phone \_\_\_\_\_

Applicant's Home Phone Number \_\_\_\_\_

Applicant's Email \_\_\_\_\_

### OTHER HOUSEHOLD MEMBERS (All people who live with you)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## EMPLOYMENT HISTORIES (List all employers for the past 2 years)

### APPLICANT

### CO-APPLICANT

1. \_\_\_\_\_  
Name of Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

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Name of Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Position/Title \_\_\_\_\_ Dates of Employment? Seasonal? \_\_\_\_\_

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2. \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Position/Title \_\_\_\_\_ Dates of Employment? Seasonal? \_\_\_\_\_

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(Please continue on the back of this page or on an additional sheet of paper if needed)

## HOME OWNERSHIP

Current Street Address \_\_\_\_\_

Name of Homeowners Insurance Company \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dates of Ownership (from \_\_\_\_\_ to present) \_\_\_\_\_

Homeowner's Insurance Policy Number \_\_\_\_\_

\$ \_\_\_\_\_ Mortgage Payment Escrow Included? \_\_\_\_\_

Name(s) of Homeowner(s) on Mortgage \_\_\_\_\_

Who are the owner(s) of record? \_\_\_\_\_

Are you the primary occupant of this residence?  Yes  No

Are you currently in process of foreclosure?  Yes  No

Have you declared bankruptcy within the past 7 years?  Yes  No

If yes, date of court satisfaction? \_\_\_\_\_

## REQUESTED REPAIRS

Area of Repair	YES	NO
<b>Safety Issues:</b>		
<b>Porch, exterior steps, exterior railings:</b>		
<b>Exterior Painting:</b>		
<b>Exterior Condition of Windows:</b>		
<b>Exterior Siding/Trim:</b>		
<b>Grade/Landscape, gutters, downspouts:</b>		
<b>Other/Comments:</b>          		

## HOUSE INFORMATION/EXTERIOR

### House Information

What size is your house?

1 story  1 ½ story  2 story  2 ½ story

Year purchased: \_\_\_\_\_ Year Built: \_\_\_\_\_

Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

### Other/Comments

**OTHER SOURCES OF INCOME – Please list all other income that your household relies on monthly.** (When stating additional income, it is a non-obligatory right to include child or spousal support income which would be used in determining income, debt and loan repayment.)

\$			
Type of Benefit	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?
\$			
Type of Benefit	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?

**ASSETS – Please list all cash and/or property assets (including checking and savings accounts, bonds, certificates of deposit, stock, and/or property)**

1. \_\_\_\_\_  
 Name of Bank, Credit Union, etc.      Address      Account Number

2. \_\_\_\_\_  
 Name of Bank, Credit Union, etc.      Address      Account Number

3. \_\_\_\_\_      4. \_\_\_\_\_  
 Property or Other Assets - Specify      Property or Other Assets – Specify

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
 Estimated Value      Estimated Value

**DEBTS / LIABILITIES (list monthly payments on credit cards, loans, child support, ALL OPEN accounts & ANY COLLECTION accounts)**

Are there any collections or judgments against you? \_\_\_ Yes \_\_\_ No      Are you currently involved in a lawsuit? \_\_\_ Yes \_\_\_ No

1. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

2. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

3. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

4. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

5. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

6. \_\_\_\_\_  
 Name of Creditor (Lender)      Address      Account Number

**UTILITY ACCOUNTS**

_____	_____	_____
<b>GAS</b> Utility Provider	<b>ELECTRIC</b> Utility Provider	<b>WATER</b> Provider
_____	_____	_____
Account Number	Account Number	Account Number
_____	_____	_____
<b>TELEPHONE/CABLE/INTERNET</b> Provider	<b>CELLULAR</b> Provider	<b>OTHER</b> Provider
_____	_____	_____
Account Number	Account Number	Account Number

(Please continue on the back of this page or on an additional sheet of paper if needed)

**Household Income (From all sources)**

Wages	Hours/Week	_____	X Weeks/Year	_____	X Dollars/Hour	= \$	_____	_____
Wages	Hours/Week	_____	X Weeks/Year	_____	X Dollars/Hour	= \$	_____	_____
Wages	Hours/Week	_____	X Weeks/Year	_____	X Dollars/Hour	= \$	_____	_____
Other (explain): _____							= \$	_____
Other (explain): _____							= \$	_____
<b>Annual Gross Income</b>							<b>(A) = \$</b>	_____
<b>Gross Monthly Income</b>							<b>(B) = \$</b>	_____
							<b>(A) /12</b>	_____

**Long Term Debts, Active Credit Cards, Loans, or Collections (payments 10 months or longer)**

**Liabilities**

Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____
Debt owed to: _____	Balance: _____	Monthly Payment = \$ _____

**Total monthly debt payments** (C) = \$ \_\_\_\_\_

**Monthly Housing Expense**

Mortgage Payments	\$ _____
Homeowner's Insurance <small>(If not escrowed into mortgage)</small>	\$ _____
Property Taxes <small>(If not escrowed into mortgage)</small>	\$ _____
Utilities <small>(Do not include phone)</small>	\$ _____
Other (Explain): _____	\$ _____
Other (Explain): _____	\$ _____
<b>Monthly Housing Expenses (D)</b>	<b>\$ _____</b>
<b>Total Housing / Income (D/B)</b> <small>(including utilities)</small>	<b>_____ %</b>

**Long-Term Debt**

Monthly Housing Expenses	(D)	\$ _____
Total Monthly Debt Payments	(C)	\$ _____
Other (Explain): _____		\$ _____
Other (Explain): _____		\$ _____
Other (Explain): _____		\$ _____
Other (Explain): _____		\$ _____
<b>Total Long-Term Debt (w/ housing) (E)</b>	<b>\$ _____</b>	
<b>Total Debt to Income (E/B)</b>	<b>_____ %</b>	

**GENERAL RELEASE**

I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive services through the Manitowoc County Habitat for Humanity. I give permission to the Manitowoc County Habitat for Humanity to check any and all information, including but not limited to home ownership history, employment, and credit references included herein. I give permission to Manitowoc County Habitat for Humanity to check my credit rating, criminal record, and sexual offender registry. I also authorize Habitat for Humanity to take pictures of my house for review and documentation of repairs.

To my creditor:

I/We authorize you to provide Habitat for Humanity any and all information and documentation they request. Such documentation may include, but is not limited to, the following types of information:

1. Employment history
2. Credit history and reports
3. Balances on savings accounts, checking accounts, investment accounts, etc.
4. Payment history and delinquencies
5. Amounts owed on accounts
6. Cash values on life insurance policies
7. Security agreements and pledges for purpose of security
8. Loan amounts, terms, payment schedules, etc.
9. Copies of tax returns or W2 forms
10. Criminal background check
11. National Sexual Offender Registry
12. Social security awards, child support debts, or residency verification
13. Any other documents pertaining to my financial, credit and liability circumstances

Applicant's Name \_\_\_\_\_ Last 4 digits Soc Sec # \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_ Last 4 digits Soc Sec # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Within the limits of the law, Manitowoc County Habitat for Humanity will do its best to keep the information in this application confidential.

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity through 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, family status or national origin.



Please drop off your completed application to or contact:  
**Manitowoc County Habitat for Humanity**  
**1209 S. 41<sup>st</sup> Street, Manitowoc, WI 54220**  
**920-683-8466**

**WILLINGNESS TO PARTNER – "Sweat Equity"**

To be considered for a Home Repair project, you and your family must be willing to complete a certain number of "sweat equity" hours. Your help in repairing your home and working with other areas of Habitat is called "sweat equity," and may include preparing and cleaning areas to be repaired, helping with repairs, providing volunteer lunches, or other approved activities. If you are willing to complete the required sweat equity hours, please sign below.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_ More Information Requested: \_\_\_ Yes \_\_\_ No

Date of Home Visit: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_