



Critical Home Repair

Mail, drop off, or email completed application and documents to:

Habitat for Humanity
 P.O. Box 5873
 Key West, FL 33045

volunteer@habitatlowerkeys.org

Questions? Call us at 305-294-9006 EXT 3

| |
|-----------------------|
| For Office Use Only |
| Date Received: |
| Application # : |
| MCPAFL ALT Key: |
| CAN Review Completed: |

Section 1 - Homeowner and Household Information

Name of Homeowner #1 _____ SSN _____ DOB _____

Name of Homeowner #2 _____ SSN _____ DOB _____

Home Address: _____

Telephone #: _____ Email: _____

List the name, relationship and age of all people in the household (attach separate list if necessary):
 (excluding owners stated above)

Name: _____ Relation: _____ DOB _____

Name: _____ Relation: _____ DOB _____

Name: _____ Relation: _____ DOB _____

Name: _____ Relation: _____ DOB _____

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

Are you a widow of a Veteran? Yes No Name: _____

Is anyone in your household disabled? Yes No

If Yes, please indicate the type of disability from the list below (check all that apply):

Uses a Walker, Cane or Crutches Wheelchair Bound Hearing Impaired

Mentally Disabled Blind Other: _____

If English is not your 1st language, is translation needed? Yes No

Section 2 - Income and Mortgage Information

TOTAL COMBINED income BEFORE TAXES for ALL persons living in the home is \$ _____/year.
 (this includes everyone 18 years and older unless they are a registered student)

Do you currently have a mortgage on the home? Yes No

If yes, what is your current mortgage payment? \$ _____/month

Do you escrow your Insurance & Taxes? Yes No If not, total payment: \$ _____/yr.

After paying your monthly bills (gas, electric, water, insurance, food, phone, medical, etc.)
 approximately how much money do you have left to spend on house repair? \$ _____/month

BE SURE to complete the *document checklist* on page 6 before submitting proof of income.

**Section 3 - Income Verification and other required Info **

Complete the following as **BEFORE TAXES** family monthly income and expenses (collective household)
(this includes everyone 18 years and older unless they are a registered student)

| Monthly Income | | Monthly Expenses | |
|---------------------------------------|-----------------|-------------------------------|---------------------|
| Employment | \$ _____ | Mortgage Payment | \$ _____ |
| Social Security | \$ _____ | Utilities (include | \$ _____ |
| Disability | \$ _____ | phone, internet) | \$ _____ |
| Alimony | \$ _____ | Car Payment | \$ _____ |
| Child Support | \$ _____ | Car Insurance | \$ _____ |
| Other | \$ _____ | Child Support | \$ _____ |
| Total Monthly Gross Income | \$ _____ | Average Credit Card | \$ _____ |
| | | Other Expenses | \$ _____ |
| Attach additional pages if necessary. | | Other Expenses Description | _____ |
| | | Total Monthly Expenses | \$ _____ |
| Total Monthly Income | \$ _____ x 12 = | \$ _____ | Total Yearly Income |

Section 4 - Homeowner's Agreement and Release and Waiver of Liability

I certify that the information on this application is accurate and that I am the homeowner of the subject property. I have no present intention to move or offer my home for sale for at least 5 years.

I certify that all physically able persons residing in my home or visiting for the project day(s) will partner with Habitat and work alongside Critical Home Repair (CHR) volunteers. I confirm that my home is safe for volunteers to perform the work agreed upon.

I affirm that: I have no outstanding liens against the property other than a mortgage (if applicable)

I affirm that: Once the agreement is made on scope of work and costs, I have the ability to repay.

I affirm that: I will make bathroom facilities available to volunteers and Habitat Personnel but that no one will enter the home without the homeowner being present.

I affirm that: This project may be discontinued by Habitat at any time if the environment becomes hazardous, life threatening or hostile.

In consideration for services, I hereby release, discharge and agree to indemnify, hold harmless and defend Habitat, their officers', directors, employees, agents, representatives and all persons, firms, corporations, contractors or all performing work under this program, from any and all claims, demands, damages, causes of action or suits at law or in equity of whatsoever kind of nature, for or because of any matter or thing done, omitted or suffered to be done to me, my heirs, executors, administrators, representatives, assigns or houseguest by an said party hereby released arising out of or relating to the performance of the service mentioned above.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree and sign to the release and waiver of liability.

By signing, I authorize Habitat to verify all information I provided as well as conduct any background checks that would be necessary. I also agree to allow my information to be shared with other groups providing Irma recovery assistance that may be able to help me further should I need it.

Signature of Homeowner: _____ Date: _____

Signature of Homeowner: _____ Date: _____

Are you not the Homeowner and are assisting the homeowner in completing this application? If so, please provide the following:

Name of person completing this form: _____

Relationship to Homeowner: _____ Phone #: _____

Section 7 - Document Checklist VERY IMPORTANT

Please be sure to enclose/send a copy of the following documents:

Copied

(please do not send originals)

- 1. Most recent Income Tax Return.
- 2. Retirement Statement and/or most recent 4 paycheck stubs
- 3. Social Security Award Letter and Award Letters from any other programs (if applicable).
- 4. Any additional income documentation not included above.
- 5. Proof of Homeowner Insurance.

More documentation may be requested if necessary for the Board to process application.

Section 8 - Sponsors and/or Partners

Habitat relies on volunteers for most of the work we perform. Your family, friends, church or civic groups are good sources. Please let us know what groups you are connected with that may sponsor or partner with us to complete the repairs:

Name & Phone: _____ Contact Person: _____

Name & Phone: _____ Contact Person: _____

Section 9 - Media and Publicity

Where did you learn about Critical Home Repair?

- TV Radio Newspaper Flyer Friend Neighbor
- Other: _____ Please describe

If Habitat selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- YES Interviews are ok YES Visits by elected officials are ok
- NO I do not want Interviews NO I do not want visits by elected officials

Mail, drop off, or email this completed application with attached documentation to:

Habitat for Humanity
P.O. Box 5873
Key West, FL 33045 volunteer@habitatlowerkeys.org

Once received, your application will be reviewed and then you will be contacted and we will advise you if we can move forward with your application. In the event you are not selected for our Critical Repair Program, Habitat will try to refer you to other organizations that may be able to provide you assistance.

Questions? Contact Susan Kent, Volunteer Coordinator @ 305-294-9006 ext. 3
OR via email: volunteer@habitatlowerkeys.org

