



For Office Use Only

Date Received:
Referred By:
Phone #:
Project #:

**ABWK Program Client Application**

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M/F) Race/Ethnic Group: \_\_\_\_\_

Have you applied to Ramp Program in the past?  Yes  No What year(s)? \_\_\_\_\_

Total # Living In Home	# of Dependents Under Age 18 Living In Home	Title Held By: Jointly, Female, Male	Disabled	Veteran/Military	Over 65 Years Old	Do you Currently have homeowner's insurance?
			Yes/ No	Yes/ No	Yes/ No	Yes/ No

**Briefly state need:**

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**Monthly Income Worksheet**

Head of Household Net Income \_\_\_\_\_

Spouse/Other Net Income \_\_\_\_\_

Soc. Security/Disability \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

**Monthly Expense Worksheet**

Mortgage \_\_\_\_\_

Homeowner Insurance \_\_\_\_\_

Property Taxes \_\_\_\_\_

Homeowner's Assoc. \_\_\_\_\_

House Maintenance \_\_\_\_\_

Lawn Care \_\_\_\_\_

Car Payment \_\_\_\_\_

Car Insurance \_\_\_\_\_

**Monthly Debt Expense Worksheet**

Credit Card \_\_\_\_\_

Secured Loan \_\_\_\_\_

Dentists \_\_\_\_\_

Doctor \_\_\_\_\_

Pharmacy \_\_\_\_\_

Eye Care \_\_\_\_\_

Total Debt Expense \_\_\_\_\_

Gas/Car Repair \_\_\_\_\_

Groceries \_\_\_\_\_

Utilities \_\_\_\_\_

Phone/Cable/Internet \_\_\_\_\_

Life Insurance \_\_\_\_\_

Health Insurance \_\_\_\_\_

Other \_\_\_\_\_

Total Monthly Expense \_\_\_\_\_

**Totals Summary**

Total Monthly Income \_\_\_\_\_

Total Monthly Expense \_\_\_\_\_

Total Debt Expense \_\_\_\_\_

Total Monthly Amount \_\_\_\_\_

I have lived at this house for at least one year.     Yes    No

Please Identify how long: \_\_\_\_\_

I certify that the information on this application is accurate and I own the property at the address given on the first page of this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if the information provided is incorrect or untrue.

I, \_\_\_\_\_, state that the above information  
**(Print Name)**

is accurate to the best of my knowledge.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Signature)**

NOTE: Repairs provided by Jackson County Habitat are not free. Homeowners will pay a minimum fee of \$50.00 and a percentage of the overall costs based on a sliding scale.

