

Jackson County Habitat for Humanity Critical Home Repair Application

Thank you for your interest in Jackson County Habitat for Humanity's Critical Home Repair Program!
If you have questions about qualifications, please call Stacey at 706-387-0242

FAMILY INFORMATION

The person whose name is on the application below must be one of the people who legally owns and lives in the house to be repaired.

Applicant	Social Security Number	Date of Birth
Legal Name:		
What would you like to be called?		
Co-Applicant (all deed holders are applicants and must sign the application)	Social Security Number	Date of Birth
Name:		

CONTACT INFORMATION

Residential Address where you live and where the repair work will be done

City _____ State _____ Zip Code _____ How long have you lived here? _____ Is the mortgage paid off? _____ If no, how much is the monthly payment? _____

Mailing Address (only if different than Residential Address) _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone, Applicant _____ Cell Phone, Co-Applicant _____ Alternate Phone _____

Email Address, Applicant _____ Email Address, Co-Applicant _____

List ALL people that live in the home (including applicants)

Name	Date of Birth	Relationship to Applicant	Gross Monthly Income (before taxes)	Also owns house or on the deed?

How did you find out about the Critical Home Repair program? If you were referred by someone, please let us know their name. _____

Is anyone in your household a US Veteran or currently serving in the Armed Forces? Yes/No Who? _____

PROPERTY INFORMATION

When did you buy your house? _____

In what year was your home built? (Leave this blank if you don't know) _____

Please circle all of the items you would like repaired or replaced:

- | | | | | | |
|------------------------|---------------|-----------------|------------------|-------|-------|
| Roof | Windows | Doors | Porch | Paint | Fence |
| Gutters and Downspouts | Tree Trimming | Siding and Trim | Outdoor drainage | | |

WILLINGNESS TO PARTNER

HABITAT PARTNERSHIP: An agreement to work hand-in-hand with Habitat for Humanity Metro Denver to restore and strengthen the Globeville, Elyria-Swansea neighborhoods and improve residents' quality of life

	Yes	No
Will you return phone calls and submit paperwork in a timely manner?		
Will you contribute a combination of sweat equity hours and payment to help fulfill Habitat's mission?		
Will you be at your home at all times and working on Habitat for Humanity related activities while work is being completed on your home?		
Will you fully prepare the site in advance for volunteers and contractors? This includes temporarily removing items from your yard and the sides of your house, relocating outdoor pets, mowing the lawn and eliminating weeds and making outdoor areas near the house easily accessible.		
Will you be present and engaged with volunteers and contractors working on your home?		
Will you work on a team with people you don't know, including Habitat staff, volunteers, donors and others? If you are not able to help with construction, will you find other ways to support volunteers?		

If you have concerns about Habitat partnership, please explain: _____

Employment Verification Authorization

To be completed by the employee

Employer: _____

Supervisor name: _____ Supervisor phone #: _____

Supervisor email: _____

I _____ authorize my employer to provide the below information to Jackson County Habitat for Humanity.

Signature

Date

To be completed by the employer

Name of Employee: _____

Employment start date: _____

Annual Salary: _____

Hourly wage: _____

Hours/week: _____

Signature

Date

Please return to Stacey Hammond, shammond@jacksoncountyhfh.org, 706-387-0242

Insurance Verification Authorization

Insurance Company Name _____

Agent Name _____

Agent Phone _____

Policy # _____

I authorize a representative of the above named insurance company to provide proof of homeowner insurance to Habitat for Humanity of Metro Denver.

Name _____

Property address _____

Signature _____ **Date** _____

AGREEMENT AND AUTHORIZATION

Please read carefully. The signatures of everyone on the homeowner deed are required in order for the application to be considered. Check each box to show that you understand the statement and that it is true.

- I certify that I own the property at the address above and use it as my primary residence.
- I intend to continue to occupy my home for at least 2 years.
- I agree to sign the release and waiver of liability, which will not affect the coverage provided by the required homeowner's insurance.
- I certify that in signing this application, I am authorizing Jackson County Habitat for Humanity to evaluate my need for home repairs and renovations.
- I certify that I understand that Jackson County Habitat for Humanity will obtain a Deed of Trust on my property for the amount of the repair minus my financial contribution (if any) to the project.
- I certify that I understand that Jackson County Habitat for Humanity may not be able to provide all the repairs I have requested on this application.
- I certify that I understand that the priority for Jackson County Habitat for Humanity's Critical Home Repair project is primary homes of residence and that repairs to any auxiliary buildings (garages, sheds) will only be considered after this priority is met.
- I certify that I will provide all household income to Jackson County Habitat for Humanity and I will allow Jackson County Habitat for Humanity to conduct a certification of household income, pull my credit report, verify people on the deed, and make personal visits to my home.
- Jackson County Habitat for Humanity assumes all homes contain some lead from lead-based paint, and Habitat for Humanity is a certified firm for lead-based paint renovations. As such I agree to allow Habitat to mitigate and dispose of lead-based paint according to EPA regulations.
- I certify that I will notify Jackson County Habitat for Humanity of any changes to my financial or living situation as soon as they occur.
- I certify that Jackson County Habitat for Humanity has permission to search for all adult members of my household on the sex offender registry.
- I certify that I understand that this application and all copies of supporting documents will become the property of Jackson County Habitat for Humanity and will not be returned to me, and that Jackson County Habitat for Humanity will keep the original application on file for three years, whether or not it is approved.
- I certify that I will communicate program information and requirements, an explanation of repairs to be made, and any property lien information with all other titleholders (if any) of the property listed on this application.
- I certify that the information on this application is accurate.

Signature of all persons listed on the deed:

Applicant Signature

Date

Co-applicant Signature

Date



We are pledged to the letter and spirit of US 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 because of race, color, religion, sex, handicap, familial status, or national origin.