

Helping Hands Application

Please return to:



114 S. Chestnut Street
Jefferson, IA 50129



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

For Office Use Only

Date application received: _____

Date of home visit: _____

Received by: _____

Date denied/accepted: _____

Applicant Name _____

Application Information

Name: _____ SSN: _____

Marital Status: Married Single Divorced Widow Separated Birthdate: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Co-Applicant Information

Name: _____ SSN: _____

Marital Status: Married Single Divorced Widow Separated Birthdate: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Other's Living in Applicant's Home

(1) Name: _____ Age: _____ Male Female

(2) Name: _____ Age: _____ Male Female

(3) Name: _____ Age: _____ Male Female

(4) Name: _____ Age: _____ Male Female

(5) Name: _____ Age: _____ Male Female

Employment

Applicant

Co-Applicant

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Position: _____

Position: _____

Number of Years Employed: _____

Number of Years Employed: _____

Income

List all sources of income for all adults living in the home.

Source	Annual Amount	Source	Annual Amount

Assets

Savings Account

Financial Institution	Location	Balance
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Checking Account

Financial Institution	Location	Balance
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Investment/Retirement Account

Financial Institution	Location	Balance
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Other Real Estate Owned

Describe	Address	Market Value
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Vehicles Owned

Make	Model	Year		Make	Model	Year
Make	Model	Year		Make	Model	Year

Loans and Debts Owed

Creditor	Current Balance	Term	Monthly Payment	Purpose
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Creditor	Current Balance	Term	Monthly Payment	Purpose
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Loans to Others

Name	Describe	Terms	Balance
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Name	Describe	Terms	Balance
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Declarations

	Applicant		Co-Applicant	
Do you have any debt because of a court decision against you?	Yes	No	Yes	No
Have you declared bankruptcy within the past 7 years?	Yes	No	Yes	No
Have you had property foreclosed on in the past 7 years?	Yes	No	Yes	No
Are you currently involved in a lawsuit?	Yes	No	Yes	No
Are you currently paying child support or alimony?	Yes	No	Yes	No
Are you a U.S. citizen or a legal resident?	Yes	No	Yes	No

Home to be Repaired

Legal Owner	Street			City
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#of years owned: _____ Mortgage? Yes / No	If Yes:	Lender Name	Monthly Payment	Balance
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Homeowner's Insurance Provider: _____

Is the insurance paid up to date? Yes / No	Are property taxes paid up to date? Yes / No
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Requested Exterior Repairs

Briefly describe the type of work you would like done on the exterior to your house. The repairs listed below will be considered, but the final decision on what work can be done with available time and financial resources will be made at the discretion of Habitat for Humanity. The work done will focus on efficiency, safety, appearance, and maintaining homeowner independence.

Area of Repair	Description
Exterior Painting/Siding List all exterior painting/siding needs	
Exterior Carpentry Repairs Describe problems with floors, porches, steps, trim and exterior walls.	
Yard Work/Landscaping Identify the scope of work desired, such as removal or trimming of trees, bushes	
General Cleaning Identify external house and yard cleaning and/or trash removal needs.	
Roof Repairs Identify if sections or entire roof needs placed. Is roof currently leaking?	
Accessibility Modifications Do you need a wheelchair ramp, handrails, grab bars, etc.?	
Doors/Windows Describe repairs required, including locks, glass, frames, weather-stripping, etc.	
Electrical Repairs List non-working external wall outlets, power switches, and light fixtures.	
Other Identify necessary repairs not listed above.	

I understand that by filling out this application, I am authorizing Habitat for Humanity to evaluate my need for assistance in repairing my home under the Helping Hands program and my ability to repay the no-interest loan. I understand that I am responsible for providing sweat equity working alongside volunteers in performing the repairs and, if I am physically unable to do so, will provide family and friends to complete the sweat equity requirement on my behalf. I understand that the evaluation process will include personal visits, a credit check and employment verification. I am declaring that I/we are the sole owner(s) of the property listed at the address given.

I have answered all the questions on this application truthfully. I understand that if it's determined any information provided is not true, my application may be denied and I may be disqualified from the program even if I have already been selected to receive assistance. I understand 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, board members and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

 Applicant Signature Date Co-Applicant Signature Date