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# Repair Application

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**Habitat Homeowner Repair Projects** is the repair or renovation of an existing housing unit that is not owned by the affiliate, so long as:

- The housing unit is owned and inhabited by an individual or family that has been approved in accordance with the affiliate's board-approved family selection process.
- The work is performed under a written agreement, including scope of work and payment terms, between the homeowner and the affiliate in accordance with the affiliate's board-approved procedures for repair projects.
- The work fully complies with applicable local building codes and other legal requirements.

Repair categories:

- **Home Preservation** Exterior work that includes painting, patching, minor repair, landscaping and replacement of exterior building materials for maintaining good or sound condition.
- **Weatherization** Work done to improve the energy efficiency and indoor air quality of a structure. The scope of work of a Weatherization project is defined by a comprehensive energy audit, and testing of the home upon completion, and should include a homeowner education component.
- **Critical Home Repair** Extensive interior or exterior work performed to address health and safety issues or code violations. Critical Home Repair includes such activities as a change to, or repair of, materials or components; a reconfiguration of space; a modification for accessibility; or installation or extension of plumbing, mechanical or electrical systems on an existing structure.

***See Instructions on last page (pg. 4)***

## **SECTION 1 - Homeowner Information**

Legal Name of Homeowners

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Date of Birth for Each

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Social Security # of Each

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Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Best Phone Numbers to reach you \_\_\_\_\_

Email \_\_\_\_\_

Is anyone living the home:  Active Military  Reserves  Veteran

List the names, ages, and relationship to homeowner of all people living in the home.

Name  
Age

Relationship

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**SECTION 2 - Special Needs**

If anyone in the home is disabled, please check all that apply below.

- Uses a Walker, Cane or Crutches       Wheelchair Bound       Blind       Hearing Impaired
- Loss of Limb       Mentally Disabled       Other \_\_\_\_\_

**SECTION 3 - Permission to Access Credit Reports**

If your repair work will require Habitat to make a no-interest loan to you, do you give permission for the needed credit report(s) to be accessed on all adult applicants?       Yes       No

**SECTION 4 - Household Income, Mortgage Information and Insurance**

Total combined gross income (before taxes) for ALL persons living in the home?

\$ \_\_\_\_\_/Year

Name of mortgage company \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Is your homeowner's insurance current? \_\_\_\_\_

Name of insurance company \_\_\_\_\_

If accepted into our program, how much of a monthly payment would you be able to make?

\_\_\_\_\_

**SECTION 5 – Other Information**

If you have pets, please list them

\_\_\_\_\_

Will the pets be in cages, closed rooms or other places that will keep them secure while work is being performed? \_\_\_\_\_

**SECTION 6 – Requested Repairs**

Briefly describe the requested repairs you would like us to consider for your home. Attach a separate piece of paper if necessary. Please note, repairs are considered based on available resources.

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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

**Section 7 - Homeowner’s Certification, Agreement and Checklist**

We, the homeowners, certify that the information on this application is true and accurate; that we own and live in the property listed; that we have not been notified that our home is going to foreclosure; and, we have no present intention to move or offer the home for sale for at least three years. We confirm that, except for the conditions listed in this application, our home is a safe place for volunteers. We understand that if we are approved and there are costs for repairs, we may be able to take a no-interest loan for those costs and make monthly payments until the balance is paid off. We understand that the people who may work on our home are unpaid volunteers and that Habitat for Humanity of Miami & Shelby Counties, Ohio (HFHMSCO) MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT OUR HOME. We hereby agree that we, our assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of HFHMSCO or any affiliated organizations or the suppliers of any tools or equipment that we may use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in HFHMSCO activities. We hereby release HFHMSCO and any of its affiliated organizations from all actions, claims or demands that we, our assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from our participation in any HFHMSCO activities.

HFHMSCO often works with corporate and/or church sponsors. These sponsors provide funds for our projects. Additionally, they provide some of the volunteers to help complete the work on the home. Some sponsors may wish to publicize the event and/or information about the family in different newsletters, newspapers, radio stations, television, etc. I/we consent to having information released about our family to sponsors and for internal Habitat for Humanity

publications including, but not limited to, the organization's newsletters, and website. This may include, but is not limited to, photographs and interviews as well as in-home visits from elected officials. I/we also consent to having an informational sign in our yard during the repair period.

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

***All information that you provide will be held in strictest confidence.***

**INSTRUCTIONS:**

1. **Complete the application -- fill in all blanks.** If a question does not apply to you, mark N/A. Incomplete applications cause delays. Attach additional sheets as needed.
2. **Sign and date the application.** If there are co-applicants, both must sign.
3. **Enclose copies of the following documents (Do not send originals!):**
  - **Your previous year's Income Tax Return.** If you did not file taxes last year, please provide a letter, signed by you, that states that you did not file taxes in that year and the reason why.
  - **Your last two (2) paycheck stubs or other proof of income.**
  - **Your last two (2) bank statements** showing all checking, savings, and loan balances. If you do not have a bank account, please write that on your application.
  - **Your last two (2) statements from any retirement accounts** (IRA, SEP, etc.)
  - **proof of child support and/or public assistance** (such as SSI, AFDC, Social Security, disability, food stamps, etc.) **if you receive them.**
  - **Proof of home ownership** (this may include the Deed or your most recent property tax receipt)
  - **Proof of homeowner's property/liability insurance**
4. **Include the name, mailing address, and telephone number of your current employer**
5. **Include the name, mailing address, and telephone number of your previous employer if you have been employed at your current job for less than two (2) years**
6. Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application. Name \_\_\_\_\_ Phone \_\_\_\_\_
7. How did you learn about Habitat for Humanity of Miami & Shelby Counties, Ohio and the **Habitat Home Repair Projects** program?  
\_\_\_\_\_

**THE PROGRAM REQUIREMENTS ARE AS FOLLOWS:**

1. You must own and occupy a home in Miami and/or Shelby County, OH that needs and could benefit from repairs.
2. You must meet the current HUD-LMI income guidelines.
3. You must be willing to partner with Habitat for Humanity of Miami & Shelby Counties, Ohio (HFHMSCO).

We look forward to receiving your application. If you have any questions, please contact the Habitat for Humanity office at 937-332-3763. If you leave a message, please leave your full name and a daytime telephone number. You may also email [info@hfhmco.org](mailto:info@hfhmco.org)