Paperwork Needed for Critical Home Repair Application

Applicants must complete a Critical Home Repair Application that will include:

- A copy of their Driver's License
- Copies of pay stubs for two months
- Proof of Income the following if applicable: tax returns, Social Security, Pension or Retirement Income, Disability and Child Support if applicable.
  Applications are accepted on a rolling basis and are based on the availability of funds.

To order a Social Security Statement, please call 1-866-964-6304.

Critical Home Repair Application

Dear Applicant: We need you to complete this application to help determine if you qualify for South Shore Habitat for Humanity's Critical Home Repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

Applicant Information

Name: _____

Address: _____City: _____ State: _____Zip: _____

Years at Address: _____ Email:_____

Do you own the home where work is to be done? YES or NO

Home Phone: _____ Work Phone: _____ Cell:_____

Date of Birth:_____ Social Security Number:_____

Marital Status: ___Married ___Separated ___Unmarried (Single, Divorced, Widowed)

Is anyone in your household a veteran? ☐ Yes ☐ No

Name:_____

Have you every applied to South Shore Habitat for Humanity ?If yes, when?_____

Number of persons living in your home (including applicant):_____

Mortgage Information

Are you making loan payments on your home? YES or NO

What is the estimated current value of your home? _____

How much, if any, do you still owe on your mortgage?

_____ If yes, what is your monthly payment?

$_____per month.

Are your loan payments current? YES or NO

Do you currently have homeowner's insurance? YES or NO

Requested Repairs:

Please check (√) the types of repairs or modifications you are requesting for your home.

_____ Ramp access to primary entrance

_____ Hand Rail to primary entrance

_____ Grab bars in bathroom

_____ Roof repair and replacement

_____ Deck repair or replacement

_____ Weatherization

_____ Repair siding

Personal Statement

Please write a *brief* explanation of why you are in need of Critical Home Repair services. Include pictures of home and requested repair area with application.

Habitat for Humanity

Critical Home Repair Program

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home. **You must provide proof of all household income.**

Name	**Relationship**	**Age**		**Income Source** (Employment Income, Social Security, SSI, Child Support, Veteran's Benefits, ect...)
	Self			

I certify that the income reported above represents 100% of the total monthly income for my household:

_____ _____

Applicant Signature Date

Habitat for Humanity

Critical Home Repair Program

COMBINED MONTHLY EXPENSES

	Column 1 Applicant	Column 1 Co-Applicant		Column 2 Applicant	Column 2 Co-Applicant
Mortgage, interest, taxes, insurance *	$	$	Car Payment	$	$
			Child Care	$	$
Heating Fuel *	$	$	School Expenses	$	$
Electric *	$	$	Job Related Expenses	$	$
Phone: Cell *	$	$	Average Credit Card Payment *	$	$
Home *	$	$			
Internet + Cable *	$	$	Student Loan	$	$
Other			Alimony You Pay	$	$
Insurance: Auto *	$	$	Child Support You Pay	$	$
Health *	$	$			
Other *	$	$			
Total column #1	$	$	Total column #2	$	$

PLEASE ATTACH COPIES OF LAST MONTH'S BILL FOR STARRED ITEMS ABOVE.

Total for Applicant Column1+Column2	= $	Total for Co-Applicant Column1 + Column2	= $

Total Monthly Expenses (Applicant + Co-Applicant) = $ _____

ASSETS: Checking and Savings Accounts

1. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ **Type of account**: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance_____	3. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ **Type of account**: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance_____
2. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ **Type of account**: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance_____	4. Name & Address of Bank, Savings & Loan, or Credit Union Bank Name _____ Bank Address _____ _____ **Type of account**: ___Checking ___Savings Name(s) of Account Holder(s) _____ Balance_____

Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

Applicant Agreement

I hereby authorize and instruct South Shore Habitat for Humanity (hereafter SSHH) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by SSHH. I understand and agree that SSHH intends to use the credit report for the purpose of evaluating my financial readiness for Critical Home Repair services. I understand that I and/or my family will be required to help with the work or provide sweat equity for another Habitat project. I understand that according to my ability, I will be required to repay a 0% interest loan to pay for the critical home repair.

I understand that by filing this application, I am authorizing South Shore Habitat for Humanity to evaluate my need for critical home repairs, my ability to repay a no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive Critical Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by South Shore Habitat for Humanity even if the application is not approved.

_____

Applicant Name(s) (Print)

_____ _____

Applicant Signature(s) Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

_____	_____	_____	_____
Name	**Date**	**Contact Number**	**Organization**

Mail or email completed application along with supporting documentation to:

South Shore Habitat for Humanity
Attn: Critical Home Repair
77 Accord Park, Unit D-7
Norwell, MA 02061
Email: