

Helping Hands Application



Please return to:
Siskiyou Habitat for Humanity
P.O. Box 1482
Yreka CA. 96097

Office: 530-938-2612
Email: sisqhabitat@snowcrest.net

For Office Use Only

Date application received: _____
Received by: _____

Date of home visit: _____
Date denied/accepted: _____

Applicant Information

Name: _____ SSN: _____
Marital Status: Married Separated Single Divorced Widow Age: _____
DOB: _____
Home Phone: () _____ Cell Phone: () _____ Email: _____

Co-applicant Information

Name: _____ SSN: _____
Marital Status: Married Separated Single Divorced Widow Age: _____
DOB: _____
Home Phone: () _____ Cell Phone: () _____ Email: _____

Others 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: _____ Street Address _____ City State Zip	Employer Address: _____ Street Address _____ City State Zip
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

Checking Account

Financial Institution _____ Location _____ Balance _____

Savings Account

Financial Institution _____ Location _____ Balance _____

Retirement Accounts

Financial Institutions _____ Location _____ Balance _____

Investment Accounts

Financial Institutions _____ Location _____ Balance _____

Other Real Estate Owned

Describe _____ Address _____ Market Value _____

Loans to Others

Name _____ Describe _____ Terms _____ Balance _____

Name _____ Describe _____ Terms _____ Balance _____

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 _____

Creditor _____ Current Balance _____ Term _____ Monthly Payment _____ Purpose _____

Creditor _____ Current Balance _____ Term _____ Monthly Payment _____ Purpose _____

Monthly Expenses

List all monthly expenses.

To Whom Paid	Monthly Amount	To Whom Paid	Monthly Amount
Mortgage Payment		Gas/Propane Bill	
Space Rent		Sewer/Water	
Car Payment		Garbage	
Car Payment		Cable TV	
Car Insurance		Internet	
Life Insurance		Phone	
Homeowners Insurance		Food	
Electric Bill		Credit Card Payments	

Declarations

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

Home to Be Repaired

Legal Owner(s) _____ Street _____ City _____

of years owned: _____ Mortgage? No Yes

Lender Name _____ Monthly Payment _____ Balance _____

Homeowner's Insurance Provider: _____

Is the insurance paid up to date? Yes No Are property taxes paid up to date? Yes No

Requested Exterior Repairs

Briefly describe the type of work you would like done on the exterior of 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 the entire roof needs to be replaced. Is there currently leaking through the roof?	
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 I am authorizing Habitat for Humanity to evaluate my need for assistance in repairing my home and my ability to repay a no-interest loan for the material costs incurred. I understand I am responsible for providing sweat equity in performing the repairs and, if I am physically unable, family and friends will complete the sweat equity requirement on my behalf. I understand that the evaluation process will include personal visits, a credit check, employment verification and sex offender registry check. 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 and 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.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____