



Repair/Housing Application

Please return to:
Siskiyou Habitat for Humanity
P.O. Box 1482
Yreka CA. 96097
Office: 530-938-2612
Email: info@habitatsiskiyou.org

Applicant Name: _____

Site Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

For Office Use Only

<i>Date application received:</i>	_____	<i>Date of home visit:</i>	_____
<i>Received by:</i>	_____	<i>Date denied/accepted:</i>	_____

Requested Exterior Repairs / New Home

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
<p>Exterior Painting/Siding List all exterior painting/siding needs.</p>	
<p>Exterior Carpentry Repairs Describe problems with floors, porches, steps, trim and exterior walls.</p>	
<p>Yard Work/Landscaping Identify the scope of work desired, such as removal or trimming of trees, bushes.</p>	
<p>General Cleaning Identify external house and yard cleaning and/or trash removal needs.</p>	
<p>Roof Repairs Identify if sections or the entire roof needs to be replaced. Is there currently leaking through the roof?</p>	
<p>Accessibility Modifications Do you need a wheelchair ramp, handrails, grab bars, etc.?</p>	
<p>Doors/Windows Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>Electrical Repairs List non-working external wall outlets, power switches, and light fixtures.</p>	
<p>Other Please list type of home requested IE: SF Number of Bedroom ETC.</p>	

Applicant Information---MUST be Legal Owner

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: _____ <small>Street Address</small>	Employer Address: _____ <small>Street Address</small>
_____ <small>City State Zip</small>	_____ <small>City State Zip</small>
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
Source	Annual Amount	Source	Annual Amount
Source	Annual Amount	Source	Annual Amount

Assets

Checking Account

Financial Institution _____	Location _____	Balance _____
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Savings Account

Financial Institution _____	Location _____	Balance _____
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Retirement Accounts

Financial Institutions _____	Location _____	Balance _____
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Investment Accounts

Financial Institutions _____	Location _____	Balance _____
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Other Real Estate Owned

Describe _____	Address _____	Market Value _____
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Loans to Others

Name _____	Describe _____	Terms _____	Balance _____
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Name _____	Describe _____	Terms _____	Balance _____
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Vehicles Owned

Make _____	Model _____	Year _____	Make _____	Model _____	Year _____
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Make _____	Model _____	Year _____	Make _____	Model _____	Year _____
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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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Creditor _____	Current Balance _____	Term _____	Monthly Payment _____	Purpose _____
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Monthly Expenses

List all monthly expenses.

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

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

I understand that I am authorizing Habitat for Humanity to evaluate my need for assistance in repairing my home or to build a new 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.

Address where repairs or new home requested:

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____