



# Critical Home Repair Application

## Section 1-Homeowner Information/Verification of Income

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Please list the names, ages and relationships to homeowners of all people living in the home, including Homeowner(s). Please attach an additional sheet if more space is needed.

Name	Relationship	Date of Birth	Monthly Income/Benefits

The total income before taxes for ALL persons living in the home is: \$ \_\_\_\_\_ per YEAR. (You must attach verification of ALL HOUSEHOLD income, including EACH ADULT and CHILD living in the home. You must attach your most recent income tax return(s), monthly social security statement(s), and/or other retirement/disability income statement(s). Students must provide current proof of registration.

## Section 2- Disability/Military/Criminal Background/Other Information

Is the homeowner or anyone living in the home disabled? Yes \_\_\_ No \_\_\_ If yes, please check all that apply:

- Uses a Walker, Cane or Crutches*     
  *Blind*     
  *Hearing Impaired*  
 *Wheelchair Bound*     
  *Mentally Disabled*  
 *Loss of Limb*     
  *Other (Please specify).* \_\_\_\_\_

Is translation needed? Yes \_\_\_ No \_\_\_ If yes, what language? \_\_\_\_\_

Is there anyone living in the household who is serving/has served in the US Military? Yes \_\_\_ No \_\_\_

If yes, years of service: \_\_\_\_\_ Branch: \_\_\_\_\_ Honorable Discharge? Yes \_\_\_ No \_\_\_

Have you applied to/had work done by any other organization? Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_

Name of organization & type of home repair: \_\_\_\_\_

Has anyone in the household ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please provide details below including offender(s) name (s), as well as date(s), and nature of offense(s). Please attach an additional sheet if more space is needed.

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### Section 3-Housing Information

In what year was your home built? \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_

Is this a mobile home? Yes \_\_\_ No \_\_\_ (HFHL is unable to repair mobile homes except for certain handicap modifications).

What is your current mortgage payment? \$ \_\_\_\_\_ Do you own any other home(s)? Yes \_\_\_ No \_\_\_

Are you current on all mortgage and property tax payments? Yes \_\_\_ No \_\_\_

What type of heating/cooling system do you have? (Please check one). \_\_\_ Central \_\_\_ Window \_\_\_ Space

When it was last serviced? \_\_\_\_\_ Is your ceiling insulated? Yes \_\_\_ No \_\_\_

### Section 4- Personal Statement

Please write an explanation of why you feel your application should be considered. Please list all work needed and describe how it will benefit you. Please attach an additional sheet if more space is needed.

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### Section 5- Volunteer Information

Please list names and contact phone numbers for individuals you believe would be willing to help by volunteering on your behalf. Please attach an additional sheet if more space is needed.

Volunteer's Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Volunteer's Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section 6- Homeowner's agreement**

- I/we certify that the information on this application is true and accurate and that I/we own and reside in the property at \_\_\_\_\_.
- I/we confirm that any physically able persons residing in my/our home or visiting on the project day will work alongside other volunteers.
- I/we confirm that, except for the conditions listed in this application, my/our home is a safe place for volunteers to work.
- I/we understand that the people who may work on my/our house are unpaid volunteers, that few, if any of them, are skilled in the building trades, and that Habitat for Humanity of Lancaster County **MAKES NO WARRANTY, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED, OR WORK DONE, BY ANYONE**, at my/our house. I/we hereby agree that I/we, my/our assignees, their heirs, distributees, guardians, and/or legal representatives will not make any claim against, sue, or attach the property of Habitat for Humanity of Lancaster County or any affiliated organization or supplier of any tool or equipment I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity of Lancaster County activities.
- I/we hereby grant permission for Habitat for Humanity of Lancaster County to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as applicant(s) for the Critical Home Repair program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) credit worthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and other information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Habitat for Humanity of Lancaster County desires to contact, and (8) any additional information Habitat for Humanity of Lancaster County deems necessary to evaluate this application. I/we understand that Habitat for Humanity of Lancaster County may reject this application based upon the results of these inquiries.

**Signature of Homeowner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Homeowner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Household  
Member 18 years of age & older** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Household  
Member 18 years of age & older** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checklist:**

- **Did you complete all six sections of this application?**
- **Did you provide proof of homeownership with this application, such as a copy of your deed, mortgage etc.?**
- **Did you enclose a copy of your most recent energy bill?**
- **Did you include a copy of your most recent tax return and/or other statements to verify ALL household income? (These may include copies of one or more of the following: Social Security Award Letter, Retirement Pay Stubs, etc. All adults, age 18 and older, must submit income documentation or proof of current student status which includes name and address).**