



Repair Program Application

We may receive federal assistance for this program. The following information is required by the Department of Housing & Urban Development (HUD) for each individual receiving repair assistance. Your information will remain confidential and is for qualification and record-keeping purposes only.

Section 1 - Homeowner and Household Information

Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Homeowner #1 (*Head of Household*): _____
 Contact Info: Home: _____ Number of Years at this Address: _____
 Work: _____ Name of Neighborhood: _____
 Cell: _____
 Email: _____ Birthdate: _____ Social Security #: _____
 Married Separated Unmarried

Homeowner #2 (*if more than one*): _____
 Contact Info: Home: _____ Number of Years at this Address: _____
 Work: _____ Name of Neighborhood: _____
 Cell: _____
 Email: _____ Birthdate: _____ Social Security #: _____
 Married Separated Unmarried

Single head of household Female head of household

Additional Household Members (*relationship is to head of household*):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Special Needs

Does anyone in the home have a disability? Yes No
 If yes, indicate the type of disability: _____

Section 3: Property Information

mobile home single family townhouse condo other: _____
 Year Built: _____ Year Purchased: _____ Own Rent

Name(s) on deed or title of property: _____
 Property Ins. Co.: _____ Policy #: _____ Exp Date: _____

Please note that repairs cannot be performed on any property that is not insured.

Please complete if any adult in the household owns any other real estate:

<u>Address of Property</u>	<u>Type</u>	<u>Value</u>	<u>Rental Income</u>
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Household Income and Financial Information

Homeowner #1: Employer Name & Address: _____
 Income: \$ _____ Hrly Wkly Monthly Annually Other: _____

Self Employed Type of Business: _____ # of Years: _____

Amount of self-employment income declared on most recent federal income tax return: \$ _____

Other Sources of Income for Homeowner #1:

Type	Amount	Weekly	Monthly	Annually	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeowner #2: Employer Name & Address: _____

Income: \$ _____ Hrly Wkly Monthly Annually Other: _____

Self Employed Type of Business: _____ # of Years: _____

Amount of self-employment income declared on most recent federal income tax return: \$ _____

Other Sources of Income for Homeowner #1:

Type	Amount	Weekly	Monthly	Annually	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income of other families members:

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Name: _____ Type: _____ Amount: _____
 Hrly Wkly Monthly Annually Other: _____

Bank Accounts (for all members of the household):

Name: _____ Bank: _____ Acct #: _____

Name: _____ Bank: _____ Acct #: _____

Name: _____ Bank: _____ Acct #: _____

Name: _____ Bank: _____ Acct #: _____

Name: _____ Bank: _____ Acct #: _____

Name: _____ Bank: _____ Acct #: _____

Section 5 - Credit History

Please answer the following questions. If a "Yes" is given to any question please attach an explanation.

	Homeowner #1		Homeowner #2	
Do you have any outstanding judgments or liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 7 years have you declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date of discharge: _____				
Have you had property foreclosed upon or given title or deed in lieu of foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your current home in foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your mortgage in modification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you complying with the terms of the modification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony or chld support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 6 - Media and Publicity

Habitat for Humanity Susquehanna often works with corporate and/or church sponsors. These sponsors provide funds and/or volunteers for our projects. In celebration, some sponsors may wish to publicize the event and/or information about the family.

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.

Signature of Homeowner #1

Date

Signature of Homeowner #2

Date

Section 7 - Information for Government and Funding Monitoring Purposes

The following information is requested by the federal government and other funders in order to track the demographics of persons served. The law provides that we may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. I do not wish to furnish this information.

Homeowner #1	Homeowner #2	Race/National Origin
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Asian
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Asian AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	Black/African American AND Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____
		Ethnicity
<input type="checkbox"/>	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hispanic
		Sex
<input type="checkbox"/>	<input type="checkbox"/>	Male
<input type="checkbox"/>	<input type="checkbox"/>	Female

Section 8 - Notices

1. In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development

advises you as follows regarding the collection of personal information:

The information requested by the Repair Program is necessary in determining your eligibility for this program. Your failure to disclose this information may result in denial of your application for a grant or program services.

Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. Seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the program, the staff of the local administrator for the grant, if any, for the purposes directly connected with administration of the grant and the Repair Program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend, or correct personal records in accordance with the Maryland Public Information Act. Any person who knowingly makes, or causes to be made, a false statement or representation relative to this application shall be subject to criminal prosecution, a fine of up to \$50,000 and/or imprisonment up to five years and if a grant is made, immediate call of the grant requiring payment in full of all amounts disbursed, pursuant to Article 83B, Section 2-207, Annotated Code of Maryland.

2. This portion of the application is to further assist Habitat for Humanity Susquehanna in evaluating your eligibility for the repair program. The information provided through this portion of the application process will be kept confidential and reviewed only by the Operations Manager and Program Manager of Habitat for Humanity Susquehanna.

Please complete the following for each household member over eighteen years of age:

Full Name	Birth Date	SS#	Have you been convicted of a crime in the last 3 yrs? If so include description, date & location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Authorization and Release:

I understand that the information provided on this form may be used to conduct a criminal background investigation and credit check. By signing below I am submitting to such inquiries. I also understand that Habitat for Humanity Susquehanna screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. By signing I am submitting to such an inquiry.

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 even if I have already been selected to receive a repair I may be disqualified from the program.

The staff at Habitat for Humanity Susquehanna wishes to have a positive, rewarding experience with each applicant. To that end, we consider this process to be upheld with mutual respect. If at any time the relationship established becomes one of contention or disrespect Habitat reserves the right to close the file, at any time and its sole discretion. In the event of such termination, the monies paid by the applicant hereunder shall be non-refundable.

Homeowner #1 Signature

Date

Homeowner #2 Signature

Date