



Thank you for your interest in applying to Habitat for Humanity Susquehanna's Repair Program. As you may know, Habitat for Humanity is a nonprofit, Christian based, affordable housing organization, seeking to improve the lives of all in the community. Applicants who meet the Harford and Cecil Counties' residency and financial requirements, and demonstrate the greatest need for a Habitat project, will be selected. All projects are subject to the availability of funds. Applicants are also required to contribute up to 15% of the total cost of the project, as well as to give back at least 10 hours of service to their community in the spirit of partnership with Habitat for Humanity Susquehanna.

Please understand that this is **not** an emergency repair program, and that no repairs can be made until the applicant(s) have completed the application and met the qualifications for assistance. In addition, there is a waiting period for repairs, and all repairs are subject to the availability of funding.

Please complete and sign the enclosed application (send the ORIGINAL back to us, not a copy), and include the documents listed below with your application. You can send the remaining paperwork by mail, fax, email, or drop them off at our office. (We have a door mail slot on the left-hand side of our building if you turn in your paperwork after business hours.) Please provide the documents all at once, not piecemeal, in order to expedite our review process. (Caveat: If you're dropping off documents and need to discuss them, please schedule an appointment beforehand.) We will review your eligibility for our programs, and may contact you for further information, or schedule a home visit. The following documents must be submitted along with an application before any home visit can be scheduled:

- Two Months' Most Recent Bank Statements (copies of all pages of all accounts; consecutive months, from all residents of the home).
- Two Months' Most Recent Income (copies of paystubs, retirement payout/social security letters; consecutive months, from all residents of the home).
- Two Years' Most Recent signed Tax (Federal & State) Returns, including W-2 & 1099 forms, if you file taxes (copies from all residents of the home). If exempt, tax affidavit form must be signed.
- Proof of Homeowner's Insurance (i.e., copy of declarations page)
- Copy of Mobile Home Title (if applicable).

- Copy of driver's license or state issued ID for each applicant and copy of Change of Address card, if applicable. If a homeowner does not reside in home, still need copy of ID to prove residency.
- Copy of DD-214 Certificate of Release or Discharge from Active Duty to show general or honorable discharge (if military Veteran).
- Copy of mortgage statement, if applicable. If mortgage is in arrears, need explanation and documentation showing agreed upon payment program.

PLEASE NOTE: Your application cannot be processed without all documents. Also, Habitat reserves the right to close or deny an application at any time and in its sole discretion.

The home visit and above documents are necessary to determine the need for financial and repair assistance.

Sincerely,

Heather Gibson
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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: _____
 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: _____
 Married Separated Unmarried

Single head of household Female Head of household

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

Name	Relationship	Age	Male	Female
_____	_____	_____	<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:

Address of Property	Type	Value	Rental Income
_____	_____	_____	_____
_____	_____	_____	_____

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: \$ _____

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 child 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	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

Homeowner #2 Signature

Date