



## Home Repair Application

Dear Applicant: Please complete this application so that we may determine whether you qualify for Flower City Habitat for Humanity's Home Repair program. **Please fill out this application completely and return to the Flower City Habitat office.** All information you include on this application will be kept confidential. Please note that incomplete applications cannot be processed.

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who is on the title for this property? \_\_\_\_\_

Is anyone in your household a veteran? YES NO

Is anyone in your household disabled? YES NO

Do you require a ramp for mobility assistance? YES NO

### Mortgage Application

Are you making mortgage payments on your home? YES NO

If yes, what is your monthly payment? \$ \_\_\_\_\_ / month

Are your mortgage payments current? YES NO

Do you currently have homeowner's insurance? YES NO

### Scope of Work

Please write a *brief* explanation of the work you need done through our Home Repair services.

### Willingness to Pay

The applicant must demonstrate willingness and ability to pay for the project cost. You will be required to provide proof of all household income income.

The total project cost will include materials, labor and overhead. The percentage of payment required of the applicant will be determined after a full assessment is completed.

The homeowner must repay monthly, based on income level. Before repairs are started, the homeowner will sign a promissory note stating the total cost of the project and outlining the repayment plan.

## Household Members / Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, gender and monthly gross income of all people living in the home.

You must provide proof of ALL household income.

Name (first and last)	Relationship	Age	Gender	Gross Monthly Income (before taxes)	Income Source (Employment Income, Social Security, SSI, Child Support, Veterans)
	SELF				

### 2. HOUSEHOLD INFORMATION

**Any person who will be living in the house must be listed in this section.**

Name	Date of Birth	Gender	Relationship to Applicant	FT Student
1.			Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the income reported above represents 100 percent of the total monthly income for my household:

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

## **Applicant Agreement**

I understand that by filing this application, I am authorizing Flower City Habitat for Humanity to evaluate my need for home repair, my ability to repay an affordable loan, and my willingness to be a partner family. I acknowledge that the evaluation will include a home assessment and income verification and I give Flower City Habitat for Humanity permission to obtain my credit report to evaluate me for admission into their home repair program.

I have answered all the questions on this application truthfully, and understand that if I have not been truthful, my application may be denied, that even if I have been selected as eligible to receive Home Repair services, I may be disqualified from the program.

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Applicant Name (print)

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Applicant Signature

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Date

**Send the completed application along with supporting documentation to:**



**Flower City Habitat for Humanity  
Attn: Home Repair  
755 Culver Road  
Rochester, NY 14609**