



APPLICATION FOR CRITICAL HOME REPAIR & HOME PRESERVATION

APPLICANT INFORMATION

Name of Homeowner \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Co-Homeowner \_\_\_\_\_ Date of Birth \_\_\_\_\_

ARE YOU CURRENTLY LEGALLY MARRIED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Address \_\_\_\_\_ Lexington, KY \_\_\_\_\_

Phone Numbers - HOME \_\_\_\_\_ CELL \_\_\_\_\_

PLEASE LIST ALL OTHER CURRENT HOUSEHOLD MEMBERS:

Table with 4 columns: NAME, DATE OF BIRTH, AGE, RELATIONSHIP TO OWNER. Includes 5 rows of blank lines for entry.

Is anyone in your household a Veteran (served or currently serving in any branch of U.S. military)?

Yes  No If yes, who: \_\_\_\_\_

HOUSEHOLD INCOME INFORMATION

List ALL SOURCES of current monthly income for ALL HOUSEHOLD MEMBERS, including but not limited to job compensation, Social Security, SSI, SS Disability, retirement, annuity, child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work.

Table with 3 columns: NAME OF HOUSEHOLD MEMBER, SOURCE OF INCOME (type or employer), GROSS AMOUNT PER MONTH. Includes 4 rows of blank lines for entry.

Total Monthly \$ \_\_\_\_\_

## ASSETS

**Do you own any property (land or structures) other than your primary residence?**  Yes  No?

If Yes, please provide the address(es): \_\_\_\_\_

**Do you or any members of your household currently own or have any of the following:**

House	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$ _____
Vehicle #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$ _____
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$ _____
Stocks/Bonds/Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$ _____
Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Checking Account #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Checking Account #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance: \$ _____

## MONTHLY FINANCIAL OBLIGATIONS

MONTHLY BILL	AMOUNT	MONTHLY BILL	AMOUNT
Mortgage	\$	Groceries/Household Goods	\$
Electricity	\$	Clothing/Shoes	\$
Gas for home	\$	Entertainment	\$
Water & Sewer/LexServ	\$	Auto Insurance	\$
Furniture Rental	\$	Health Insurance	\$
Transportation (bus or gas)	\$	Home Insurance	\$
Child Care	\$	Other Insurance	\$
Home Phone/Internet	\$	Car Loan(s)	\$
Cable TV/Satellite	\$	Credit Card(s)	\$
Cell Phone	\$	Other: _____	\$
Health Care/Medications	\$	Other: _____	\$
Medical Bills	\$	<b>TOTAL</b>	\$

## INFORMATION ABOUT YOUR HOME

Name(s) listed on deed of home \_\_\_\_\_

What year did you purchase your home? \_\_\_\_\_

Do you have a mortgage?  Yes  No    If yes, what is the monthly payment including tax/insurance? \_\_\_\_\_

Do you have homeowner's insurance?  Yes  No    Name of Company \_\_\_\_\_

Have you received insurance claim money for any of the repairs for which you are requesting assistance?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your home have working smoke detectors?     Yes  No

Do you have current, unsatisfied citations from Code Enforcement?     Yes  No

Are you current with your property taxes?     Yes  No

### **EXPLAIN THE REPAIR WORK NEEDED AT YOUR HOME:**

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## WILLINGNESS TO PARTNER

If your application is approved and Lexington Habitat performs repair work, an affordable monthly loan payment is required (terms to be determined at a later date). Based on your monthly budget, how much do you feel you can afford to pay each month? This does not mean this is what your payment will be, but helps us when calculating payment affordability.    \$ \_\_\_\_\_

Do you agree that, if selected, you will perform 10 hours of Sweat Equity, which is time spent volunteering with Habitat as your investment in the project?     Yes  No

Do you agree that, as part of your Sweat Equity requirement, you will ensure that the exterior and interior areas to be repaired will be clean of trash and objects that may interfere with the repairs?

Yes  No

Do you agree that, as part of your Sweat Equity requirement, you will be present for the duration of the home repair and that you will participate to the best of your ability?

Yes  No

Do you agree that any pets you have will be contained while repair work is being performed?

Yes  No

Do you agree to keep your house and yard in good condition after the repair work is performed?

Yes  No

## AUTHORIZATION, RELEASE OF INFORMATION & SIGNATURE

I/We, the undersigned, understand and authorize Lexington Habitat for Humanity to perform an in-depth study to determine my/our need, ability to pay, and willingness to partner. The selection process will include a home visit, verification of information, such as income and current living situation, and a check of all household members on the Kentucky and National Sex Offender Registries.

I/We understand that by filing this application, I/we are authorizing Lexington Habitat for Humanity to evaluate my/our need for home repairs. I/we understand my/our application can be denied if Lexington Habitat for Humanity determines it cannot perform the needed repair work for any reason.

I/We further certify that the information contained in this application is true and complete to the best of my/our knowledge. I/We understand that if I/we give false information or withhold information or if there are any changes in the information set forth in this application, my/our application will be denied.

I/We also understand if I/we are selected for partnership and I/we fail to perform the required sweat equity or otherwise fail to continue to meet the selection criteria, I/we may be deselected from the program.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

How did you hear about Lexington Habitat for Humanity's home repair program? \_\_\_\_\_

**Return completed application by mail or in our drop box:**

**Lexington Habitat for Humanity**

**700 E Loudon Ave**

**Lexington, KY 40505**

**Completed application can be scanned and returned to Ken Nunez at:**

**KenN@lexhabitat.org**

**FAX: 859-252-0545**



**NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C. 20580.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature <span style="float: right;">Date</span>
	Interviewer's phone number