



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	\$	TOTAL	\$

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:

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: _____

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 April Smith at:

AprilS@lexhabitat.org

FAX: 859-252-0545

Applications received after 5 PM Monday January 31, 2022 will not be processed.

**Households with veteran(s)/active military member(s) may continue to apply after
January 31, 2022.**



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 Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <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 Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <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 _____ Date _____
	Interviewer's phone number