



Repair Program

Note: The person whose name is on the application must be one of the people who legally **owns** and **lives** in the house to be repaired.

SECTION 1- Homeowner Information

Applicant's Name: _____

Birthdate: _____ SSN#: _____

Phone: _____ Email: _____

- Married
- Separated
- Unmarried (includes: single, divorced, widowed)

Co- Applicant's Name: _____

Birthdate: _____ SSN#: _____

Phone: _____ Email: _____

- Married
- Separated
- Unmarried (includes: single, divorced, widowed)

Has anyone in your household served in the Armed Forces?

Who? _____ Branch _____

SECTION 2- Residential Address (where you live and where repair work will be completed)

Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived here? _____ Year house was built _____

Who owns the home? _____

Do you have homeowner's insurance? _____ Insurance Company _____



Policy # _____

SECTION 3 – Special Accommodations No special accommodations needed ____

Does anyone in the home need special accommodations (ie: wheelchair accessibility, uses a walker, hearing impaired)?

Accommodation(s) needed: _____

SECTION 4 – Services Requested

Description of requested work:

SECTION 5 Household Income and Mortgage Information

The total combined income before taxes for ALL persons in the Household \$ _____ per year.

Please list all monthly income sources	Applicant	Co-applicant
Wages (list employer)	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Other:	\$	\$
Other:	\$	\$

Do you have a mortgage payment? NO__ YES__, monthly payment amount is? _____

Do you have any outstanding debt (credit card or auto loan)? NO__ YES__, amount is _____

Approximately how much are your monthly expenses?

Please return application to

HFHMOV

Attention Stacy Workman

PO Box 462

Parkersburg, WV 26102





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SECTION 6 –Authorization

I certify that the information on this application is accurate and I own the property at the address given on the application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we authorize Habitat for Humanity of the MOV to examine my/our credit history, income, residency, and any other requirements throughout the application process. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I/we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize Habitat to investigate my/our criminal history. As an applicant I/we acknowledge Habitat has obtained non-public and public information for the application to be processed. I/we understand that Habitat will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

Signature of Homeowner - Applicant

Date

Signature of Homeowner – Co- Applicant

Date

