



Junction City/Harrisburg/Monroe

**Habitat
for Humanity**[®]



Healthy Homes Program Full Application

Office Use Only

Date Received: _____

Income Verified: _____

Owner Verified: _____

Application No. _____

Eligible []Yes []no

The **Critical Home Repair Program** provides critical external home repairs for vulnerable populations living in Benton, Lane and Linn Counties who need assistance. Please contact us at 541-998-9548 with any questions.

Completed applications can be returned to our office at:

177 W. 6th Ave Junction City **OR** mailed to P.O. Box 171 Junction City, OR 97448

DOCUMENTS USED TO VERIFY IDENTIFICATION

(‘Known’ or similar wording cannot be used)

Log #:	APPLICANT	JOINT APPLICANT
DOCUMENT TYPE		
NUMBER		
ISSUANCE DATE		
EXPIRATION DATE		

Section 1 – Homeowner Information

Legal Name of Homeowner(s):	DOB:
Social Security #:	Email:
Home Address:	Home ph.:
City: Zip:	Cell:

- Have you lived in JCHM School District Boundaries for 6 months? yes no
- Do you own your home? yes no
- Is your home paid off? yes no
- Do you own the land your home is on? yes no
- Is this your primary residence? yes no
- Are you current on your property taxes and homeowner’s insurance? yes no
- Are you in danger of losing your home or being foreclosed? yes no
- Are there any judgments or liens against you or on the property? yes no
- How many months out of the year do you live in the home listed above: _____ months
- Do you plan on staying in this home for at least three years? yes no
- Type of home: Built on-site Mobile Other

List the name, ages and relationship of **ALL** household residents below:

Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____

Is anyone in the household a veteran? yes no

Is anyone in hour household currently in the military? yes no

Section 2 – Special Needs

Are you, or is any member of your household:

A senior citizen? yes no

Disabled? yes no

Veteran? yes no

Does the homeowner or anyone living in the home have a disability that would affect his or her ability to help perform work on the home? yes no

Are there pets in the home? yes no number/types: _____

Section 3 – Household Income

The *total, combined income before taxes* for ALL persons living in the home is: \$ _____ per **year**.

Wages:	\$	/MO	Child Support:	\$	/MO
Pension/Retirement:	\$	/MO	Other: _____	\$	/MO
Social Security:	\$	/MO	Other: _____	\$	/MO
Permanent Disability:	\$	/MO			
Alimony:	\$	/MO			

You must attach verification of all HOUSEHOLD income for each adult (18 years or older) in the house, unless a full time student (*provide proof of registration*) and/or unemployed

(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub. Please note on attached statements frequency of income).

Is anyone in the household currently employed? yes no

Please list names of employee(s), employer(s) and the city/state of the employer(s):

If you have declared bankruptcy, indicate the date it was discharged: ____/____/____

Name of bank, savings and loan, credit union, etc.	Address	Account Number	Current Balance
			\$
			\$
			\$

			\$
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Please list all DIRECT EXPENSES for the members of your household:

Mortgage Payment:	\$	/MO	Medical/Dental:	\$	/MO
Lot rental:	\$	/MO	HOA Dues:	\$	/MO
Car payment:	\$	/MO	Child/Spousal Support:	\$	/MO
Utilities:	\$	/MO	Child Care:	\$	/MO
Cell Phone:	\$	/MO	Business Expenses:	\$	/MO
Student loans:	\$	/MO	Other: _____	\$	/MO

Please list all ASSETS/PAYMENTS for the members of your household:

ASSET:	IS ASSET PAID OFF:	UNPAID BALANCE:	MONTHS LEFT TO PAY:
Motor Vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Additional Motor Vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Boat(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Motorcycle(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
	CREDIT CARD TYPE:		
Credit Card		\$	
Credit Card		\$	
Credit Card		\$	

Section 4 – Family Background

Have you or any member of your household with in the last 5 years had a felony conviction? yes no
 If the answer is yes, please explain: _____

Are you or any member of your household required to register as a sex offender in any state? yes no
 If the answer to the above question is yes, in which state is this registration? _____

Habitat for Humanity screens all potential applicants on the National Sex Offender Public Registry.

Section 5 – Home Information

Style of home: 1 story 2 story ranch Mobile _____ year built: _____ year
 purchased: _____

Type of work needed: window replacement deck (repair only) handicap ramp exterior paint
 landscaping yard work

Type of siding and trim of home: wood brick stucco aluminum vinyl

Does property have a: garage shop shed

Section 6 - Repairs Needed

In this section, please describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of our Staff.

Our volunteers are not professionals and may not be able to make all repairs.

<input type="checkbox"/> yes <input type="checkbox"/> no	Roof repair or replacement? Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	Minor siding and trim repair. Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	ADA Accessibility needed? (Wheelchair ramp). Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> yes <input type="checkbox"/> no	Critical Home Repairs (CHR): Please describe any further repairs that may be necessary.

Section 7– Homeowner Agreement

By completing this application, I certify that the information I have provided on this application is accurate and that I own the property at the address provided. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

Completion of this application signifies that I understand that if I am approved and there are costs for the repairs, I agree to pay for the cost of the repairs and may be able to qualify for a no interest loan for those costs and make monthly payments until the balance is paid off.

I understand that the people who may work on my house are unpaid volunteers; that few, if any are skilled in the building trades, and that 'Critical Home Repair Program makes *NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.*

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Critical Home Repair Program, my ability to repay the no-interest loan, and my willingness to be a partner through contributing sweat equity. I understand that the evaluation will include personal visits, a credit check, and employment verification. 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

I hereby release Habitat for Humanity of Oregon and any of its affiliated organization from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any JCHM Habitat for Humanity activities.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Name: _____ Phone #: _____ Organization: _____

Section 8– Media and Publicity

Where did you learn about the Critical Home Repair Program?

Radio Newspaper Flyer Friend Referral Other_____

If Habitat selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? yes no

May we include photos of you and your home in our printed media, website and Facebook? yes no