

Home Repair Program

Thank you for your interest in Iowa Heartland Habitat for Humanity's Home Repair Program. Our program will include handicap accessibility modifications (wheelchair ramps, grab bars, and handrails), roof, plumbing, electric, weatherization repairs and other health and safety home repairs. The Home Repair Program is **NOT** an emergency repair program; there will be a months-long waiting period for repair work to be done and our services may only be available in targeted neighborhoods. **Please send completed applications and income verification to the address at the bottom of the page.**

Eligibility criteria for the Home Repair Program are as follows:

- You must own the home where the repairs are to be made.
- You must occupy the home as your primary residence.
- You (or a member of your household) must have a need that makes the requested repairs necessary.
- Your household income must fall below 80% of the Area Median Income by income verification.
- Those receiving Home Repair services must make their home accessible during repair work. Any able-bodied household members must help during the project (where applicable).
- Applicant must demonstrate willingness and ability to contribute a down payment based on a sliding scale.
- Applicant must be willing to perform sweat equity on the project.

Important to understand:

- **Repayment will be required and discussed with each individual applicant**
- We may only be able to commit to part of what a house needs.

Iowa Heartland Habitat for Humanity
803 W 5th St, Waterloo, IA 50702
319.235.9946 OFFICE
www.WeBuildHabitat.org
aconger@webuildhabitat.org

Home Repair Program Application

Dear Applicant: We need you to complete this application to help determine if you qualify for Iowa Heartland Habitat for Humanity's Critical Home Repair Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

Section 1: Homeowner Information

Name:	SSN:	
Co-Applicant Name:	Co-Applicant SSN:	
Home Address:	Date of Birth:	Co-Applicant Date of Birth:
City:	State:	County:
Zip Code:		
Neighborhood Name (if known):	Number of Years at Address:	
Phone Number:	Marital Status:	
Email Address:	Education Level:	

List **ALL** people that live in home (including applicant):

Name	Date of Birth	Relationship to Applicant	Gross Monthly Income (before taxes)

Section 2: Special Circumstances

Is anyone in the home a veteran? YES or NO Name/relationship: _____

Is anyone in the home disabled? YES or NO

If yes, indicate the type of disability below (circle all that apply, please describe if "other"):

Use of Walker, Cane, or Crutches Wheelchair Bound Blind Hearing Impairment
 Loss of Limb Mentally Disabled Other: _____

Is translation needed? YES or NO If yes, what language? _____

Do you have pets? YES or NO If yes, what kind and how many? _____

Section 3: Mortgage Information

Please include latest loan statement.

Do you own the home where work is to be done? YES or NO

Do you live in the home where work is to be done? YES or NO

Does anyone else own the home/on the deed? YES or NO Name/relationship: _____

Are you making loan payments on your home? YES or NO

If yes, what is your monthly payment? \$ _____ per month

Are your loan payments current? YES or NO

Do you have homeowner's insurance? YES or NO

Section 4: Employment Information

Please include last 3 months of pay stubs or SSI beneficiary note.

Name and Address of CURRENT Employer	Start date
	Monthly (gross) wages
Type of business	Business phone
If working at current job less that one year, complete the following information.	
Name and Address of LAST Employer	Start/end date
	Monthly (gross) wages
Type of business	Business phone

Section 5: Monthly Income and Expenses

Income Source	Applicant	Others in Household	Total
Wages	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Food Assistance	\$	\$	\$
Cash Assistance	\$	\$	\$
Social Security	\$	\$	\$
SSI	\$	\$	\$
Disability	\$	\$	\$
VA Benefit	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Monthly Bills	Monthly Amount
Mortgage	\$
Car Payments	\$
Credit Cards	\$
Child Support	\$
Student Loans	\$
Utilities	\$
Home Insurance	\$
Other	\$
Other	\$
Other	\$
Total	\$

Section 6: Assets

Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$

Section 7: House Information/Repair Requests

<p align="center">HOUSE INFORMATION</p> <p align="center">Place a large "X" over the house (below), which most resembles the size of your house.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 1 story</div> <div style="text-align: center;"> 1.5 story</div> <div style="text-align: center;"> 2 story</div> <div style="text-align: center;"> 2.5 story</div> </div> <p>Year Purchased: _____ Year Built: _____</p> <p>Last Painted: _____ Square Ft: _____</p>	<p align="center"><u>House Exterior</u></p> <p>Siding</p> <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Shakes <input type="checkbox"/> Stucco <input type="checkbox"/> Painted Stucco <input type="checkbox"/> Asbestos/Slate <input type="checkbox"/> Aluminum	<p>Trim</p> <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal	<p align="center"><u>Garage Exterior</u></p> <p>Siding</p> <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick <input type="checkbox"/> Shakes <input type="checkbox"/> Stucco <input type="checkbox"/> Painted Stucco <input type="checkbox"/> Asbestos/Slate <input type="checkbox"/> Aluminum	<p>Trim</p> <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal
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Briefly describe the type of work you would like done on your house. Attach a separate piece of paper if there is not enough space to list all the repairs. Remember 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 Iowa Heartland Habitat for Humanity.

Requested Repairs

Area of Repair	Needed?	Description
Accessibility Modifications	YES or NO	Ex: wheelchair ramp, grab rails
Carpentry Repairs	YES or NO	Ex: doors, floors, walls, stairs
Roofing Repairs	YES or NO	Identify where roof leaks
Interior/Exterior Painting	YES or NO	Specify what parts of house
Doors and Windows	YES or NO	Describe repairs required
General Cleaning	YES or NO	Identify exterior areas
Gardening/Landscaping	YES or NO	Describe work to be done
Heating/Cooling Repairs	YES or NO	Describe problems
Plumbing	YES or NO	Identify leaks/problems
Other	YES or NO	

Section 8: Personal Statement

Please write a *brief* explanation of why you are in need of home repair services, and how it will help you.

Section 9: Willingness to Partner

a. Have you applied to this program in the past?	YES or NO
b. Will you return phone calls and submit paperwork in a timely manner?	YES or NO
c. Will you contribute a combination of sweat equity hours and payment to help fulfill Habitat's mission?	YES or NO
d. Will you be at your home or make your home available while work is being completed on your house?	YES or NO
e. Will you fully prepare the site in advance of volunteers and contractors? This can include temporarily removing items from your yard and the sides of your house, relocating outdoor pets, mowing the lawn and eliminating weeds, providing access to your bathroom and making house accessible.	YES or NO
f. Will you be present and engaged with volunteers and contractors working on your home as often as possible?	YES or NO
g. Will you work with a team with people you don't know, including volunteers and staff? If you are not able to help with construction, will you find other ways to support volunteers?	YES or NO
h. Will you attend Habitat for Humanity's Estate Planning Class?	YES or NO

Section 10: Applicant Agreement

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; and that I have no present intention to move or offer my home for sale for at least 5 years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the IHFH volunteers. I confirm that except for the conditions above, the exterior of my home is a safe place for volunteers.

I understand that by submitting this application, I am authorizing Iowa Heartland Habitat for Humanity to evaluate my need for home repairs, my ability to pay a percentage of project costs and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive Home Repair services, I may be disqualified from the program. The original or a copy of this application will be retained by Iowa Heartland Habitat for Humanity even if the application is not approved.

Applicant's Signature _____

Date _____

Applicant's Name (Printed) _____

Co-Applicant's Signature _____

Date _____

Co-Applicant's Name (Printed) _____

Section 11: 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	<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	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	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: _____ / _____ / _____	Birthdate: _____ / _____ / _____
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

INTERNAL USE ONLY: Date Received _____ Application Received Pay Stubs Received Application Complete