



## Critical Home Repair Application

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Email:		Years You Lived in the Home::	
Marital Status (Circle One): Married   Divorced   Separated   Never Married   Widowed			
1 <sup>st</sup> Mortgage Company:		Monthly Payments \$:	
2 <sup>nd</sup> Mortgage Company:		Monthly Payments \$:	
Employment Information			
Current employer:		Occupation:	
Employer address:			How long?
Phone:	E-mail:		
City:	State:	ZIP Code:	
Position:		Monthly (Gross) Wages:	
Co-applicant Information, if Applicable			
Name:		Occupation:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Marital Status (Circle One): Married   Divorced   Separated   Never Married   Widowed			
Employment Information			
Current employer:		Occupation:	
Employer address:			How long?
Phone:	E-mail:		
City:	State:	ZIP Code:	
Position:		Monthly (Gross) Wages:	
Other Household Members			
Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:
Name:	Date of Birth:	SSN:	Male/Female:
Other Income Information: (Please list ALL – Child Support, Social Security, SSI, etc.)			
Source of Income:		Monthly Income \$:	
Source of Income:		Monthly Income \$:	
Source of Income:		Monthly Income \$:	
Source of Income:		Monthly Income \$:	

➔➔OVER➔➔

## What Are the Types of Repairs that You Need?

- |   |  |
|---|--|
| <input type="checkbox"/> Porch Repair                         | <input type="checkbox"/> Foundation Repair         |
| <input type="checkbox"/> Exterior Door Repair and Replacement | <input type="checkbox"/> Structural Repair         |
| <input type="checkbox"/> Roof, Gutter, & Chimney Repair       | <input type="checkbox"/> Tree Hazards              |
| <input type="checkbox"/> Broken Window Repair                 | <input type="checkbox"/> Smoke Alarms              |
| <input type="checkbox"/> Code Violations                      | <input type="checkbox"/> Carbon Monoxide Detectors |
| <input type="checkbox"/> Plumbing Hazards                     | <input type="checkbox"/> Wheel Chair Ramp          |
| <input type="checkbox"/> Electrical Hazards                   |  |
| <input type="checkbox"/> HVAC Repair                          |  |

## Check All That Apply:

- |  |  |
|--|--|
| <input type="checkbox"/> I have served in the U.S. military.   | <input type="checkbox"/> I am current on my property taxes.                          |
| <input type="checkbox"/> Someone other than myself living in my house has served in the U.S. military. | <input type="checkbox"/> I am current on my water bill.                              |
| <input type="checkbox"/> My property is owner-occupied.  | <input type="checkbox"/> I, or someone in my house, is on the sexual offenders list. |

## Willingness to Partner

To be considered for a Habitat Critical Home Repair project, you and your family must be willing to complete between **6 and 18** hours of "sweat-equity." Duties may include helping with construction, working in the Habitat office, working at the ReStore or other approved activities.

- Yes, I (and co-applicant, if applicable) will complete the required sweat equity hours.**

## AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Milwaukee Habitat for Humanity (MHFH) to evaluate my actual need for a Habitat Critical Home Repair project, my ability to repay the no-interest loan and other expenses for homeownership, and my willingness to be a partner family. I certify that all information provided is true and complete to the best of my knowledge and understand that MHFH will use this information to evaluate my eligibility based on credit checks, income 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, and that in the event if I have already been selected to receive a Habitat Critical Home Repair project, I may be disqualified from the program. The original or a copy of this application will be retained by MHFH even if the application is not approved. I also understand that MHFH screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of this application to a criminal background check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

## Please return this application with copies of the following documents:

- **Last 4 consecutive paycheck stubs or Form 1099 if you are self-employed**
  - Provide the last 5 paycheck stubs if paid weekly
- **12 month child support history** (payers and payees if applicable)
- **Recent Social Security Award Letter** (if applicable)
- **3 months of most recent Bank Statements**
- **Copy of most recent WE Energies Bill**
- **Copy of most recent Mortgage Statement(s)**
- **Copy of most recent Home Equity or Home Equity Line of Credit Statement(s)** (if applicable)
- **Copy of most recent property tax bill and water bill**
- **Copy of current homeowner's insurance declaration page**
- **Photocopy of your social security card** (for all persons in the household)
- **Photocopy of your Driver's License or State ID**
- **Military Discharge status certification DD214** (if applicable)
- **\$5 Check or Money Order payable to Milwaukee Habitat for Humanity** (non-refundable)

If you are self-employed, please submit the following:

- **2018 W-2s and Federal & State tax returns along w/Schedule C**
- **2017 W-2s and Federal & State tax returns along w/Schedule C**
- **2016 W-2s and Federal & State tax returns along w/Schedule C**
- **Last 3 Months of Profit & Loss Statement**



**Critical Home Repair Authorization Form**

By completing this authorization, I understand I authorize Milwaukee Habitat for Humanity to evaluate my need for home repair, my ability to repay a loan, and my willingness to be a partner family in the Critical Home Repair (CHR) program. I understand that information requested is for the purposes of advising and assisting me as a potential receiver of a home-repair loan or grant.

I hereby authorize Milwaukee Habitat for Humanity to verify my employment, bank accounts, and assets that are needed to process my loan or grant application. I further authorize Milwaukee Habitat for Humanity to order a credit report and verify other credit information, including past/present mortgages, utility history, and property taxes. I also authorize Milwaukee Habitat to review my financial information with any agencies or organizations I may be working with to assist me in evaluating progress for achieving and maintaining my homeownership goals and qualifying me for home repair loans or grant financing. It is also understood that a photocopy or facsimile of this form will serve as authorization.

The information Milwaukee Habitat for Humanity obtains is only to be used in the processing of my application for a home repair loan or grant. By signing this form I authorize Milwaukee Habitat for Humanity to receive documentation related to grant eligibility including any assistance applied towards the maintenance of my home. I authorize Milwaukee Habitat for Humanity to receive documentation in the event I become delinquent with the mortgage or grant funds that Milwaukee Habitat secures. I agree to participate in all Milwaukee Habitat for Humanity’s data collection research needs.

**Please Print Clearly**

\_\_\_\_\_  
First Name                                  MI

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Last Name                                  Suffix

\_\_\_\_\_  
City/State/Zip Code

(    ) \_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date of Birth

(    ) \_\_\_\_\_  
Alternate Phone Number (Work, Cell)

- - \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**Signature                                  Date**