



## 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 \$:	

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### 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.**

### 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 deed for property** (if there is not a mortgage on the property)
- **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 and/or have a rental property, please submit the following:

- **2019 W-2s and Federal & State tax returns along w/Schedule C**
- **2018 W-2s and Federal & State tax returns along w/Schedule C**
- **2017 W-2s and Federal & State tax returns along w/Schedule C**
- **Last 3 Months of Profit & Loss Statement**
- **Copy of lease agreement with tenant(s)**

## 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.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**Please Read This Statement Before Completing the Box Below:**

The following information is requested by the federal government for loans related to housing, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant:

I do not wish to furnish this information

**Race/National Origin:**

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

**Ethnicity:**

- Hispanic                       Non-Hispanic

**Sex:**

- Female                       Male

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)
- Domestic Partnership

**Date:** \_\_\_\_\_

Co-Applicant:

I do not wish to furnish this information

**Race/National Origin:**

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify)

**Ethnicity:**

- Hispanic                       Non-Hispanic

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