

HOMEOWNER INFORMATION

The applicant must **own and occupy** the home in need of repairs.

Full Applicant Legal Name: _____

Full Co-Applicant Legal Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Year you purchased your home: _____

Have you ever served in the US Armed Forces: _____ If yes, attached a copy of DD-214

Applications must include all of the following documentation to be considered:

- Completed and Signed Application (Both Sides) Prior Year Tax Return
 Proof of Ownership (Deed Required) Income Support (W-2, Award Letter, etc.)

**Return all documents to Habitat for Humanity Repair Program, 2268 NC Hwy 5, Aberdeen, NC 28315.
 Deadline September 30, 2023**

HOUSEHOLD MEMBERS

Please provide information for **everyone** who lives in the home, **including the homeowner**.

Full Name	Date of Birth	Voluntary Race/Ethnic Designation **	Monthly Income*
Household TOTAL:			

*Monthly Income before taxes includes wages or business income, retirement/pension, social security, child support, supplemental security income, public assistance, etc. Please provide documentation for all income.

** 1 = White/ Not Hispanic
 2 = Black, Not Hispanic
 3 = American Indian/Alaska Native
 4 = Asia/Pacific Islander

Repairs Requested

(Estimated homeowner cost listed and required at time of repair)

- | | |
|--|---|
| <input type="checkbox"/> Roof (\$3,000)
Based on 1,200 sq. ft. house (30 squares) | <input type="checkbox"/> Septic (\$3,000)
Based on 1,200-gal tank w/2001 leach bed |
| <input type="checkbox"/> Window/Door—Based on 10 windows (\$2,250) | <input type="checkbox"/> HVAC (\$3,000) +\$500 |
| <input type="checkbox"/> 2 Doors with Storm (\$620) | <input type="checkbox"/> Wheelchair Ramp (\$1,000) |

I hereby certify that:

1. I own and occupy the home referenced as my primary residence;
2. This application is to qualify me for the Home Repairs Program, which is intended to assist low-income homeowners in correcting substandard housing conditions which pose an imminent threat to life, safety, or accessibility;
3. At any step in this process, I may be denied if it is determined that I do not meet Habitat's criteria or the terms of the Habitat partnership;
4. I am only eligible for assistance once every five years through the Habitat Aging in Place Program;
5. If at any time false or misleading information is discovered, I may be rejected.

Is your power bill through Duke Energy? _____ Yes _____ No

If yes:

1. Full name on power bill if different than applicant name: _____
2. Do you have any gas appliances in home: _____ Yes _____ No
3. Last 4 digits of SSN _____

Homeowners Signature(s)

Date

If you are not the homeowner but are assisting the homeowner in completing this form, please provide your name, relationship to the homeowner, and phone number:

Homeowners Representative

Name: _____

Relationship: _____ Phone Number: _____