

### 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 copies of 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 August 30, 2024**

### 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**
<b>Household TOTAL:</b>			

\* 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

- |                                  |  |                               |
|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Roof    | <input type="checkbox"/> Septic Tank     | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Wheelchair Ramp |                               |
| <input type="checkbox"/> Doors   | <input type="checkbox"/> Deck            |                               |

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: \_\_\_\_\_

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

**This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.**

