

Home Repair Application

QuickTime™ and a decompressor are needed to see this picture.

Mailing address P.O. Box 336
Geneseo, NY 14454

Phone – (585) 335-5634

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.

Applicant
 Name _____
 Address _____

 Social Security Number ____ - ____ - ____
 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated divorced widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____
 Type of Income (circle one)
 Employment Social Security Disability
 Other _____

Co-Applicant
 Name _____
 Address _____

 Social Security Number ____ - ____ - ____
 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated divorced widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____
 Type of Income (circle one)
 Employment Social Security Disability
 Other _____

All Members Living in Household – Include Name and Date of Birth

Monthly Bills

Mortgage	
Utilities	
Car Payment	
Insurance	
Child Care	
School Lunch	
Student Loans	
Alimony/Child Support	
Average Credit Card Payment	
Other Loan Payments	
TOTAL	

Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Co-Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Combined Assets

Name of Bank/Savings and Loan/Credit Union _____	Name of Bank/Savings and Loan/Credit Union _____
Address _____	Address _____
Account Number _____	Account Number _____
Balance \$ _____	Balance \$ _____

Applicant Monthly Income

Wages \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
Total \$ _____

Co-Applicant Monthly Income

Wages \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
Total \$ _____

Outstanding Debt

Name of Company _____	Name of Company _____
Address of Company _____	Address of Company _____
Unpaid Balance \$ _____	Unpaid Balance \$ _____
Monthly Payment \$ _____	Monthly Payment \$ _____
Months Left to Pay _____	Months Left to Pay _____

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home repair and my ability to pay the no-interest loan. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all application questions 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 receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ____/____/____ Accepted Denied
 Date of Home Visit ____/____/____