



Required Documents

The following documentation must be included with your application for assistance:

- 1. PROOF OF INCOME- Proof of ALL income sources for ALL members of the household. For example, the two most recent pay stubs, child support, Social Security awards letter, and/or pension benefits statement.
2. CURRENT MORTGAGE STATEMENT- Or if house is paid for, please provide a copy of the Deed.
3. PROOF OF PROPERTY INSURANCE- The Declaration page of your insurance policy.
4. A CURRENT UTILITY BILL
5. PROOF OF PROPERTY TAX STATUS- Property taxes must be current. If on a payment plan, provide proof of plan and last three recent payments.

Personal Information

Applicant:

Full Legal Name : Last Name First Name Middle Name

Birth Date: Email Address:

Phone Number:

Current Address: Street City Zip No. Years/Months

Co-applicant:

Full Legal Name : Last Name First Name Middle Name

Birth Date: Email Address:

Phone Number:

Current Address: Street City Zip No. Years/Months

Please check the appropriate Box:

Single: Married: Widowed: Divorced: Separated:

Is a member of the household handicapped? Yes: No:

Is the homeowner a veteran or the widow(er) of a veteran? Yes: No:

Household Members

Please list all household members not listed on the previous page.

Name	Birth Date	Relationship	Income	Source

Total number of individuals in the household: _____

Assets

Do you have more than \$5,000 in total assets in savings/stocks/bonds? _____

Do you own other real estate? _____

Employment Information

Applicant: _____
Current Employer Address Phone

Length of Employment: _____ Position/Title: _____ Annual Salary: _____

Supervisor/Management/HR Contact: _____

Co-applicant: _____
Current Employer Address Phone

Length of Employment: _____ Position/Title: _____ Annual Salary: _____

Supervisor/Management/HR Contact: _____

Other Income

Please list any other income including but not limited to : Social Security, V.A. Benefits, ADC, General Relief TANF, Pensions, Interest Annuity, Child Support, Alimony, Food Stamps, Workers Compensation, etc...

Source, Address or Contact Information: _____ Amount: _____

Source, Address or Contact Information: _____ Amount: _____

Property Information

Name as it appears on the deed or mortgage: _____

Name of lender: _____

Address of lender: _____

Do you have homeowners insurance? _____ Name of company: _____

Agent: _____ Phone Number: _____

Are you current on your mortgage payments? Yes: No: Date: _____

Have you executed a modification to avoid foreclosure? _____ Date: _____

Are your property taxes current? _____ If not, do you have a plan with the county? _____

Have you been given orders from your local government regarding code violations that must be corrected? Yes: No:

What type of assistance are you requesting?



Release of Information

I/We: _____ as participant(s) in the Habitat for Humanity of Greater Dayton Critical Repair program, hereby affix my/our signature(s) for the purpose of obtaining required information from the following sources:

- | | |
|--------------------------------|---------------------------------|
| Social Security Administration | Any Public Assistance Agency |
| Employer(s) Current or former | Previous landlords |
| Sheriff/ Police Dept. | Any Social Service Organization |
| Any School System | Financial Institutions |
| Day Care Providers | Utility Companies |
| City, County or State Dept. | Personal References |
| Internal Revenue Service | Credit References |
| Life Insurance Companies | |
- Any Department or Agency that can furnish the required information to determine continued eligibility for this Housing program

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective repair recipient under its program. The Dept. of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Community Block Grant rehabilitation program to which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective repair recipient may be delayed or rejected.

A photocopy of this document will be valid as the original. The signed form will be valid for eighteen (18) months from the signature date. Habitat for Humanity of Greater Dayton may also release like information to the named agency.

By signing below, I/we authorize the requested information be released to Habitat for Humanity of Greater Dayton.

Applicant Signature

Date

Co-applicant Signature

Date



Demographic of Information

The following information is being requested for the sole purpose of the monitoring of Federal Funded Programs. You are not required to furnish this information but are encouraged to do so. The law provides that this information or whether you choose to furnish it, cannot be used for decision making purposes.

Applicant

___ I do not wish to furnish this information

Ethnicity: Hispanic or Latino Yes: No:

Race:

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Gender:

___ Male

___ Female

Co-applicant

___ I do not wish to furnish this information

Ethnicity: Hispanic or Latino Yes: No:

Race:

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Gender:

___ Male

___ Female

I hereby certify that I am applying to Habitat for Humanity of Greater Dayton for assistance for work on my property. I further certify, under penalty of law, that I am the owner and the occupant, and that the income information stated is an accurate representation of my household income.

I will not hold Habitat for Humanity of Greater Dayton liable for any legal or financial claim arising from the performance of work. I further understand that the information provided is subject to verification and that if found to be in error may eliminate my participation in this program.

Further, I grant permission to Habitat for Humanity of Greater Dayton to verify all information provided. All information on this application and related documentation is confidential and is required by the U.S. Department of Housing and Urban Development or The State of Ohio Development Services Agency to determine the applicant's eligibility in a CDBG or ODSA funded program. It may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal, or regulatory investigators.



Critical Repair Program

Application Form

This program is run in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). "It is illegal to discriminate against any person because of race, religion, sex, handicap, familial status, or nation origin."

The information furnished in this questionnaire is believed to be true and complete.

Applicant Signature

Date

Co-applicant Signature

Date

I understand that the submission of this application and any subsequent home assessments do not guarantee any repairs will be completed and any repairs to be completed will be dependent upon the funding available.