



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.
6. PHOTO ID OF ALL ADULT APPLICANTS TO VERIFY DATE OF BIRTH

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  
Employer(s) Current or former  
Sheriff/ Police Dept.  
Any School System  
Day Care Providers  
City, County or State Dept.  
Internal Revenue Service  
Life Insurance Companies

Any Public Assistance Agency  
Previous landlords  
Any Social Service Organization  
Financial Institutions  
Utility Companies  
Personal References  
Credit References

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.

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**RETURN APPLICATION AND ALL REQUIRED DOCUMENTATION TO:**  
*HABITAT FOR HUMANITY OF GREATER DAYTON,  
115 W. RIVERVIEW AVE. DAYTON, OH 45405  
ATTN: CRITICAL REPAIR PROGRAM*

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