

### **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**

Annlicant:

Applicanti				
Full Legal Name :				
<b>G</b>	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:				
<u> </u>	Street	City	Zip	No. Years/Months
Please check the app	propriate Box:			
Single: Married:	Widowed: Divorc	ed: Se	eparated:	
Is a member of the ho	usehold handicapped? Yes:	No:		
Is the homeowner a ve	eteran or the widow(er) of a v	veteran? Ye	es: No:	





### **Household Members**

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

Name	Birth Date	Relationship	Income	Source
Total number of in	dividuals in the house	hold:		
Assets				
Do you have more	than \$5,000 in total a	assets in savings/sto	cks/bonds?	_
Do you own other	real estate?	_		
<b>Employment</b>	Information			
Applicant:				_
	Current Employer		Pho	
Length of Employ	nent: Positi	on/Title:	Annual S	Salary:
Supervisor/Manag	gement/HR Contact: _			
Co-applicant:				
	Current Employer	Address	Pho	ne
Length of Employ	ment: Positi	on/Title:	Annual S	Salary:
Supervisor/Manag	gement/HR Contact: _			
	er income including b NF, Pensions, Interest		<del>-</del> -	
Source, Address of	r Contact Information	:	Am	ount:
Source Address of	or Contact Information		Δm	ount



### **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: No: What type of assistance are you requesting?



### **Critical Repair Program**

**Application Form** 

### **Release of Information**

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 Department or Agency that can furnis eligibility for this Housing program	Any Public Assista Previous landlords Any Social Service Financial Institution Utility Companies Personal Referenc Credit References	Organization ns es	d
eligibility for this flousing program			
Privacy Act Notice: This information is to determining whether you qualify as a prosphousing and Urban Development has a riginstitution in connection with the considerate rehabilitation program to which you have a will be available to the Department of House authorization but will not be disclosed or rewithout your consent except as required of information, but if you do not, your applicated delayed or rejected.	pective repair recipient undent of access to financial recation or administration of the applied. Financial records invising and Urban Development eleased to another Government permitted by law. You do not the control of the contro	er its program. The Deports held by any finance Community Block Groolving your transaction without further notice nent Agency or Depart of have to provide this	pt. of cial ant ns e or ment
A photocopy of this document will be valid (18) months from the signature date. Habit information to the named agency.			_
By signing below, I/we authorize the reque Greater Dayton.	sted information be release	d to Habitat for Humar	nity of
Applicant Signature	 Date		
Co-applicant Signature	 Date	EQUAL HOUSING OPPORTUNITY	Page <b>4</b>

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



#### **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	Co-applicant
I do not wish to furnish this information	I do not wish to furnish this information
Ethnicity: Hispanic or Latino Yes: No:	Ethnicity: Hispanic or Latino Yes: No:
Race:	Race:
American Indian or Alaska Native	American Indian or Alaska Native
Asian	Asian
Black or African American	Black or African American
Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
White	White
Gender:	Gender:
Male	Male
Female	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.



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-appcant Signature	Date		
I understand that the submission of t guarantee any repairs will be comple funding available.			

### RETURN APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

HABITAT FOR HUMANITY OF GREATER DAYTON, 115 W. RIVERVIEW AVE. DAYTON, OH 45405 ATTN: CRITICAL REPAIR PROGRAM



This Publicity Release is executed on this

### **Critical Repair Program**

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**Publicity Release** 

day of

#### **Publicity Release**

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by			
(collectively the "homeowner" or "p	oartner family") in	favor of Habi	tat for Humanity
International and its affiliates, inclu	ding without limit	ation, Habitat	for Humanity of
Greater Dayton, Inc. (collectively, "	Habitat"), and the	ir respective s	successors, assigns
agents and employees (collectively	y, "Habitat Parties	s").	_
Homeowner/partner family does h	erby grant to Hab	itat and Habit	at Parties the
absolute right to publish information	on relating to hom	eowner/partn	er family's and
homeowner/partner family' childre	n's participation v	vith Habitat fo	r Humanity
programs	•		-

In addition, homeowner/partner family does herby grant Habitat and Habitat Parties the absolute right to take or record photographic images and video or audio recordings made by Habitat or Habitat Parties that may contain the likeness of myself and my children, as well as the likeness or image of my property, or testimonials or other statements from me and my children.

Homeowner/partner family also does hereby grant Habitat and Habitat Parties the absolute right to use, copy, modify, adapt, distribute, publish, display, exhibit and otherwise disseminate, either in whole or in part, the photographic images and video or audio recordings of me or my children, in any film, videotape or multimedia production, and/or in any education, advertising, marketing or promotional materials for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

Homeowner/partner family does hereby waive any right homeowner/partner family may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied. Homeowner/partner family does hereby release and discharge Habitat, Habitat Parties and their respective nominees, designees, successors and assigns, or others for whom they are acting, from liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, from any change that may occur or be produced in the taking of said pictures, in any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for the purpose of subjecting homeowner/partner family to conspicuous ridicule, scandal, reproach, scorn or indignity.



### **Critical Repair Program**

**Publicity Release** 

#### **Publicity Release Continued**

Homeowner/partner family further acknowledges that homeowner/partner family will receive no compensation, royalties or benefits from Habitat, other than goodwill and publicity that homeowner/partner family may receive relating to the publication, distribution or other use of the photographic images and video or audio recordings of me or my children.

I am executing this release on behalf of myself and the following minor children (if any):			
Homeowner's Signature	 Date		
Address:			
Homeowner's Signature	 Date		
Address:			
Witness	 Date		

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