



# Critical Home Repair Application

**I. APPLICANT/HOMEOWNER BACKGROUND**

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Primary Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

Race/National Origin	Applicant	Co-Applicant
Caucasian	_____	_____
Black/African American	_____	_____
Bi-Racial	_____	_____
Asian	_____	_____
American Indian or Alaskan Native	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
Other (please explain) _____	_____	_____
<b>Ethnicity</b>		
Hispanic	_____	_____
Non-Hispanic	_____	_____

**Additional Household Members**

Legal Name	Relationship to You	Age	Race/Ethnicity

Do any family members have a disability or special needs? Yes \_\_\_ No \_\_\_

If Yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**II. INCOME & EMPLOYMENT**

*Provide all sources and amounts of gross income (before taxes). Specify if amounts are per Month, Week or Year.*

Household Member Name: \_\_\_\_\_

Wages \$ _____ per _____	Occupation/Employer _____
Pension \$ _____ per _____	SSI/Disability \$ _____ per _____
VA \$ _____ per _____	Child Support \$ _____ per _____





Household Member Name: \_\_\_\_\_

Wages \$ \_\_\_\_\_ per \_\_\_\_\_ Occupation/Employer \_\_\_\_\_  
Pension \$ \_\_\_\_\_ per \_\_\_\_\_ SSI/Disability \$ \_\_\_\_\_ per \_\_\_\_\_  
VA \$ \_\_\_\_\_ per \_\_\_\_\_ Child Support \$ \_\_\_\_\_ per \_\_\_\_\_

**Other Household Income**

Name \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
Name \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
Name \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_  
Name \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_

**III. VETERAN STATUS (Attach additional sheets as needed)**

Are any members of the household Veterans of the US Armed Forces? Yes \_\_\_ No \_\_\_

Veteran Name \_\_\_\_\_ Years of Service \_\_\_\_\_  
Honorable Discharge: Yes \_\_\_ No \_\_\_  
Branch \_\_\_\_\_ Service Years \_\_\_\_\_ Rank \_\_\_\_\_  
Branch \_\_\_\_\_ Service Years \_\_\_\_\_ Rank \_\_\_\_\_  
Combat Veteran Yes \_\_\_ No \_\_\_ Service-Disabled? Yes \_\_\_ % \_\_\_ N/A \_\_\_

**IV. PROPERTY ELIGIBILITY AND NEED**

Address Where Work Will be Performed \_\_\_\_\_

\_\_\_ Owner-Occupied Single-Family Home  
\_\_\_ Owner-Occupied Mobile Home (provide land lease/contract)

Mortgage Status: \_\_\_ Current \_\_\_ Delinquent \_\_\_ Paid Off Property Taxes: \_\_\_ Current \_\_\_ Delinquent

Homeowners Insurance? \_\_\_ Yes \_\_\_ No Desired Project Timeframe \_\_\_\_\_

Description of Critical Home Repairs Needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**V. HOMEOWNER CERTIFICATIONS AND AUTHORIZATIONS**

I, the undersigned, certify that the information I have provided on this application is accurate, and that I own the property at the given address. I certify that I have answered all the questions on this application truthfully. I understand that if the information on this application is found to be materially different than submitted, Habitat has the right to cancel this agreement and remove me from the program at any time, even after I am approved for credit.

I, the undersigned, give Cayuga County Habitat for Humanity permission to use my name, likeness, and biographical information, and, if applicable, the name, likeness, and biographical information of the members of my family in any and all publications at its sole discretion. I understand that I will not be compensated for any such use, and that copyright of any materials produced using my name, likeness, and biographical information will be retained exclusively by Cayuga County Habitat for Humanity. This permission is applicable immediately and shall be in place until revoked in writing. I have read and understood this release, and I confirm that I am over the age of eighteen.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant Signature

\_\_\_\_\_

Date





## VI. REQUIRED ATTACHMENTS - SUBMIT UPON PREAPPROVAL

- \_\_\_\_\_ Proof of Income (All Sources, All Household Members)
  - \_\_\_\_\_ 2-4 Current Pay Stubs (month supply)
  - \_\_\_\_\_ Benefit Award Letter
  - \_\_\_\_\_ Child Support
  - \_\_\_\_\_ Pension
  - \_\_\_\_\_ Income Tax Return
- \_\_\_\_\_ Proof of Homeownership (deed or property tax receipt)
- \_\_\_\_\_ Proof of Current Mortgage if Applicable (current mortgage statement from lender)
- \_\_\_\_\_ Copy of land lease or contract, if applicable
- \_\_\_\_\_ Proof of Paid Property Taxes (paid tax receipts)
- \_\_\_\_\_ Proof of Homeowner's Insurance (copy of paid bill)
- \_\_\_\_\_ Proof of ID (Birth Certificate, Driver's License, Passport)
- \_\_\_\_\_ Copy of DD-214 Record of Military Service, if Applicable

### **MAIL APPLICATION TO:**

Cayuga County Habitat for Humanity, Inc.  
PO Box 1903  
Auburn, New York 13021

