

Home Repair Assistance Program Full Application

Office Use Only

Date Received: _____
 Income Verified: _____
 Owner Verified: _____
 Application No. _____
 Eligible []Yes []No

The **Home Repair Assistance Program** provides critical home repairs for vulnerable populations living in Benton County who need assistance. Please contact us at 541-752-6637 or programs@mybentonhabitat.org. Completed applications can be emailed or mailed to Benton Habitat for Humanity at P.O. Box 1551, Corvallis, OR 97339.

DOCUMENTS USED TO VERIFY IDENTIFICATION (‘Known’ or similar wording cannot be used)		
Log #:	APPLICANT	JOINT APPLICANT
DOCUMENT TYPE		
NUMBER		
ISSUANCE DATE		
EXPIRATION DATE		

Section 1 – Homeowner Information	
Legal Name of Homeowner(s):	DOB: _____
Social Security #:	Email: _____
Home Address:	Home Phone: _____
City: _____ Zip: _____	Cell: _____
Have you lived in Benton County for at least 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your home paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own the land your home is on? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you current on your property taxes and homeowner’s insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in danger of losing your home or being foreclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any judgments or liens against you or on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No How many months out of the year do you live in the home listed above: _____ months Do you plan on staying in this home for at least three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of home: <input type="checkbox"/> Built on-site <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
List the name, ages and relationship of ALL household residents below: Name/Relationship: _____ Age: _____ Name/Relationship: _____ Age: _____ Name/Relationship: _____ Age: _____ Name/Relationship: _____ Age: _____	
Is anyone in the household a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone in hour household currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 – Special Needs

Are you, or is any member of your household:

A senior citizen? Yes No

Disabled? Yes No

Veteran? Yes No

Are there pets in the home? Yes No

number/types: _____

Section 3 – Household Income

The *total, combined income before taxes* for ALL persons living in the home is: \$ _____ per **year**.

Wages:	\$	/MO	Child Support:	\$	/MO
Pension/Retirement:	\$	/MO	Other: _____	\$	/MO
Social Security:	\$	/MO	Other: _____	\$	/MO
Permanent Disability:	\$	/MO			
Alimony:	\$	/MO			

You must attach verification of all HOUSEHOLD income for each adult (18 years or older) in the house, unless a full time student (*provide proof of registration*) and/or unemployed

(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub. Please note on attached statements frequency of income).

Is anyone in the household currently employed? Yes No

Please list names of employee(s), employer(s) and the city/state of the employer(s):

If you have declared bankruptcy, indicate the date it was discharged: _____/_____/_____

Name of bank, savings and loan, credit union, etc.	Address	Account Number	Current Balance
			\$
			\$
			\$
			\$

Please list all DIRECT EXPENSES for the members of your household:

Mortgage Payment:	\$	/MO	Medical/Dental:	\$	/MO
Lot rental:	\$	/MO	HOA Dues:	\$	/MO
Car payment:	\$	/MO	Child/Spousal Support:	\$	/MO
Utilities:	\$	/MO	Child Care:	\$	/MO
Cell Phone:	\$	/MO	Business Expenses:	\$	/MO
Student loans:	\$	/MO	Other:	\$	/MO

Please list all ASSETS/PAYMENTS for the members of your household:

ASSET:	IS ASSET PAID OFF:	UNPAID BALANCE:	MONTHS LEFT TO PAY:
Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Additional Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Boat(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Motorcycle(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
	CREDIT CARD TYPE:		
Credit Card		\$	
Credit Card		\$	
Credit Card		\$	

Section 4 – Family Background

Have you or any member of your household with in the last 5 years had a felony conviction? Yes No

If the answer is yes, please explain: _____

Are you or any member of your household required to register as a sex offender in any state? Yes No

If the answer to the above question is yes, in which state is this registration? _____

Habitat for Humanity screens all potential applicants on the National Sex Offender Public Registry.

Section 5 – Home Information

Style of home: 1 story 2 story Ranch Mobile _____ year built: _____ year purchased: _____

Type of work needed: window replacement deck (repair only) handicap ramp exterior paint
 landscaping yard work other

Type of siding and trim of home: wood brick stucco aluminum vinyl

Does property have a: garage shop shed

Section 6 - Repairs Needed

In this section, please describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of our Staff.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof repair or replacement? Please describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Minor siding and trim repair. Please describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	ADA Accessibility needed? (Wheelchair ramp). Please describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Home Repairs (CHR): Please describe any further repairs that may be necessary.

Section 7– Homeowner Agreement

By completing this application, I certify that the information I have provided on this application is accurate and that I own the property at the address provided. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are contractors and not employees of Benton Habitat for Humanity and that the Home Repair Assistance Program makes *NO WARRANTIES, EXPRESSED OR*

IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I understand that the Home Repair Assistance Program has a maximum payment amount of \$10,000.00 unless otherwise approved by the Board of Directors. Should the cost of the repair exceed the stated amount, Homeowner will be required to cover the balance or have an agreement in place with the contractor before Benton Habitat for Humanity submits payment.

I understand that by filing this application, I am authorizing Benton Habitat for Humanity to evaluate my actual need for the Home Repair Assistance Program, and my willingness to be a partner of Benton Habitat for Humanity. I understand that the evaluation will include a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. The original or a copy of this application will be retained by Benton Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

I hereby release Habitat for Humanity of Oregon and any of its affiliated organization from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in Benton Habitat for Humanity activities.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Name: _____ Phone #: _____ Organization: _____

Section 8– Media and Publicity

Where did you learn about the Home Repair Assistance Program?

Radio Newspaper Flyer Friend Referral Other _____

If Habitat selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? Yes No

May we include photos of you and your home in our printed media, website and Facebook? Yes No

