	Applicant	Spouse or Co-Applicant
Are you a U.S. Citizen or a legal resident?:	□ Yes □ No	□ Yes □ No
X. CERTIFICATION AND AGREEMENT BY AP	PLICANT(S)	
2. Verification and re-verification of any inform	to complete this application contained in the appli	on for assistance are the property of Morris Habitat for Humanity (MHfH); cation may be made at any time by the MHfH, either directly or through a of the material facts which I/we have represented herein should it change
purpose of obtaining financial assistance under opposite my/our signature(s) on this application information contained in this application may runder the provision of Title 18, United States (its agents, successors, and assigns, insurers a have made on this application. I/We understar	the Morris Habitat for Hun and acknowledge my/our sult in civil liability and/or ode, Section 1001, et seq and any other person who in that any willful misstaten	and all information furnished in support of this application are given for the manity Home Repair Program and are true and correct as the date set for understanding that any intentional or negligent misrepresentation(s) of the criminal penalties including, but not limited to, fine or imprisonment or both and liability for monetary damages to Morris Habitat for Humanity (MHfl-may suffer any loss due to reliance upon any misrepresentation which I/when the first pair of material facts will be grounds for disqualification for assistance.
occupy/re-occupy this property.		
occupy/re-occupy this property.		Date:
occupy/re-occupy this property. Signature of applicant: Signature of co-applicant:		Date: Date:
occupy/re-occupy this property. Signature of applicant: Signature of co-applicant: XI. OPTIONAL – RACE AND ETHNICITY The following information concerning race and this application. If you choose not to complete to	thnicity is requested for sta	
Signature of applicant: Signature of co-applicant: XI. OPTIONAL – RACE AND ETHNICITY The following information concerning race and this application. If you choose not to complete to the basis of sight and/or surname. Please check the appropriate box for your	thnicity is requested for stails section, please be advis	natistical and reporting purposes only and has no bearing on the approval or
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Signature of applicant: Signature of co-applicant: Signature of co-applicant: XI. OPTIONAL – RACE AND ETHNICITY The following information concerning race and this application. If you choose not to complete to on the basis of sight and/or surname. Please check the appropriate box for your Ethnicity Hispanic Non-Hispanic Race (same race) White	thnicity is requested for stails section, please be advis	ntistical and reporting purposes only and has no bearing on the approval or ed that Morris Habitat for Humanity staff is required to note race and ethni Multi-Racial Black/African-American and White Asian and White
Signature of applicant: Signature of co-applicant: Signature of co-applicant: XI. OPTIONAL — RACE AND ETHNICITY The following information concerning race and this application. If you choose not to complete to on the basis of sight and/or surname. Please check the appropriate box for your Ethnicity Hispanic Non-Hispanic Non-Hispanic Black/African-American	thnicity is requested for stails section, please be advis	atistical and reporting purposes only and has no bearing on the approval or ed that Morris Habitat for Humanity staff is required to note race and ethni Multi-Racial □ Black/African-American and White
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Home Repair Program

GENERAL INFORMATION

Applicant Name	Contact Person Not Residing wit	th You	
Address	Name		
City/State/Zip	Address		
Telephone (Primary)			
Telephone (Alternate)			
Email			
Marital Status	Relationship to You:		
Social Security No	☐ Relative ☐ Friend ☐ Neighbor		
Date of Birth/	☐ Other (Describe)		
Disability Status ☐ Yes ☐ No			
	Habitat Service Being Requested		
Household Size	Check One:		
Adults Children Under 18	☐ A Brush With Kindness (ABWK)		
	☐ Home Repair (HR)		
Spouse/Co-Applicant	☐ Weatherization		
Name	☐ Quick Response (QR) Please complete Sections:		
Telephone (Primary)	Property Information III, X a	nd XI.	
Telephone (Alternate)			
Social Security No			
Date of Birth/			
Disability Status ☐ Yes ☐ No			
Relationship to Applicant			
PROPERTY INFORMATION			
Year your home was built:	Please describe the repairs	needed	
Own Your Home: ☐ Yes ☐ No	Accessibility Modifications	Painting	
How many years have you owned your home:	Carpentry Repairs	Heating/Mechanical	
Number of Bedrooms: Number of Bathrooms:	Electrical Repairs	Doors and Windows	
Number of Datificoms.	Plumbing Repairs		
Utilities: ☐ Gas ☐ Electric	Roofing Repairs		
Water: ☐ Public Water ☐ Well Water ☐ Public Sewer	☐ Other:		
☐ Septic Tank ☐ Other			
Type of heating system?			
Please describe the needs for these	repairs :		









III. INCOME INFORMATION

Applicant Self-Employed: Yes No Retired: Yes No Current Employer: Address:		Spouse/Co-Applica SSA: \$ SSI: \$ Pension: \$ Child Support: \$ Rent collected: \$ Other: \$	OTHER INCOME: Spouse/Co-Applicant Income: SSA: \$ SSI: \$ Pension: \$ Child Support: \$ Rent collected: \$ Other: \$ TOTAL: \$			
IV. HOUSEHOLD COM	IPOSITION					
Name	Date of Birth	Relationship	Sex			
V. MORTGAGE INFOR	RMATION					
Name(s) that appears	on the Title-Deed:					
Bank/Mortgage Compa	Bank/Mortgage Company:		·			
Street Address: City/State/Zip: Account Number:		Are taxes and ins	surance included?			
			current? foreclosure?			
VI. INSURANCE INFO	DRMATION					
Insurance Company N	insurance?: ☐ Yes ☐ No lame:					
Address:						
	of insurance — Declarations Page					
	2004,411010 1 490					

VII. ASSESTS

Please include all assets for both Applicant and Spouse/Co-Applicant DESCRIPTION	CASH OR MARKET VALUE	
Savings Account No:	\$	
Bank Name:		
Address:		
City/State/Zip:		
Checking Account No:	\$	
Bank Name:		
Address: City/State/Zip:		
Stocks & Bonds – Total Value	\$	
otocks & Bolius – Total Value		
Real Estate Owned (other than property needing repaired) • Location of Real Estate?	\$	
Vested Interest in Retirement Fund (IRA, 401K, etc,)	\$	
Other Assets (Itemize Type and Amount on Separate Sheet)	\$	
TOTAL ASSETS	\$	-
House Access: I/we acknowledge and agree that if approved for assistance, preparation of bids so that they may obtain necessary information about my/ou Credit Check and Verifications: I/we understand and agree that Morris Habit check my/our credit through a national credit bureau.	ur home and the needed repairs.	
Federal Equal Credit Opportunity Act: The Federal Equal Credit Opportunity religion, national origin, age, sex, marital status, whether all or part of the appli applicant has in good faith exercised any right under the Consumer Credit Proprohibits discrimination on the basis of race, color, religion or national origin. To Comptroller of the Currency, Consumer Affairs Division, Washington, DC 2021	icant's income is derived from any public assistatection Act title VIII of the Civil Rights Act of 196 he Federal Agency which administers compliant	ance program, or if the 88. Fair housing, likewise,
House Evaluation: I/we understand that Morris Habitat for Humanity will cond determining whether my/our home is eligible to receive assistance. I/we under spent to repair my/our home. If my/our home cannot be repaired within the ma for the Home Repair Program.	stand that Morris Habitat for Humanity has maxi	imum limits that can be
Lead Paint Poisoning: The pamphlet entitled "Protect Your Family From Leaconfirm receipt of this notice.	d in Your Home" was provided to me/us with this	s application and I/we hereby
Photo Release: As owner(s) of the property listed in this application, I/we und of my/our home before, during and after repair assistance is provided, and that and may be used in all media, including Morris Habitat websites, presentations published by Morris Habitat for Humanity, and cannot be used for other purpose.	t such photos are the property and copyright ©Ns, annual appeal materials, promotions and mar	Morris Habitat for Humanity keting materials, and Reports
Right to Financial Privacy Act: This is to notify applicant, as required by the Development has a right of access to financial records held by any financial inbilitation loan or grant for which you have applied. Financial records involving y	stitution in connection with the consideration or	administration of the reha-

Development without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without your

_____ consent except as required or permitted by law.