



# GAF Roofs for Heroes

## APPLICATION

Date: \_\_\_\_\_

### GENERAL INFORMATION

Applicant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone (Primary) \_\_\_\_\_  
 Telephone (Alternate) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Marital Status \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Disability Status  Yes  No

### Contact Person Not Residing with You

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone (Primary) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship to You:  
 Relative  Friend  Neighbor  
 Other (Describe) \_\_\_\_\_

### Household Size

Adults \_\_\_\_\_ Children Under 18 \_\_\_\_\_

### First Responder Job Description:

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

### Spouse/Co-Applicant

Name \_\_\_\_\_  
 Telephone (Primary) \_\_\_\_\_  
 Telephone (Alternate) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Disability Status  Yes  No  
 Relationship to Applicant \_\_\_\_\_

### Role During Covid Crisis:

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

### How has the Covid Crisis affected you:

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

### PROPERTY INFORMATION

Year your home was built: \_\_\_\_\_  
 Own Your Home:  Yes  No  
 How many years have you owned your home: \_\_\_\_\_  
 Number of Bedrooms: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_  
 Property Taxes, Sewer, and Water (if applicable) are paid current to date:  Yes  No  
 (If no, when were they current last? \_\_\_\_\_)

### Please describe the roof repair needs and details on what happened to the roof:

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

Please describe how the need for these repairs affects your health and/or safety: \_\_\_\_\_

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





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### III. INCOME INFORMATION

#### Applicant

Self-Employed:  Yes  No  
 Retired:  Yes  No  
 Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Earnings: \$ \_\_\_\_\_ annually  
 Work Phone: \_\_\_\_\_  
 First Responder Title: \_\_\_\_\_

#### OTHER INCOME:

Last 2 years W2's: \_\_\_\_\_  
 Most recent 30 days pay-stubs: \_\_\_\_\_  
 \_\_\_\_\_  
 Spouse/Co-Applicant Income: \_\_\_\_\_  
 SSA: \$ \_\_\_\_\_  
 SSI: \$ \_\_\_\_\_  
 Pension: \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Rent collected: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

### IV. HOUSEHOLD COMPOSITION

Name	Date of Birth	Relationship	Sex

### V. MORTGAGE INFORMATION

Name(s) that appears on the Title-Deed: \_\_\_\_\_  
 \_\_\_\_\_  
 Bank/Mortgage Company: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Original mortgage amount: \$ \_\_\_\_\_  
 Approximate balance: \$ \_\_\_\_\_  
 Monthly mortgage payment: \$ \_\_\_\_\_  
 Are taxes and insurance included?  Yes  No  
 Is your mortgage current?  Yes  No  
 Have you had a foreclosure?  Yes  No

### VI. INSURANCE INFORMATION

Do you have property insurance?:  Yes  No  
 Insurance Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

\* Please attach proof of insurance— Declarations Page

**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	\$ _____
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)	\$ _____
<b>TOTAL ASSETS</b>	\$ _____

**VIII. ACKNOWLEDGEMENT OF NOTICES**

Initial Below

\_\_\_\_\_ **House Access:** I/we acknowledge and agree that if approved for assistance, MHFH and/or contractors shall have access to my/our home and property for preparation of bids so that they may obtain necessary information about my/our home and the needed repairs.

\_\_\_\_\_ **Credit Check and Verifications:** I/we understand and agree that Morris Habitat for Humanity will verify all information contained in this application and check my/our credit through a national credit bureau.

\_\_\_\_\_ **Federal Equal Credit Opportunity Act:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, age, sex, marital status, whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color, religion or national origin. The Federal Agency which administers compliance with this law is the Comptroller of the Currency, Consumer Affairs Division, Washington, DC 20219,

\_\_\_\_\_ **House Evaluation:** I/we understand that Morris Habitat for Humanity will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that Morris Habitat for Humanity has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Home Repair Program.

\_\_\_\_\_ **Lead Paint Poisoning:** The pamphlet entitled "Protect Your Family From Lead in Your Home" was provided to me/us with this application and I/we hereby confirm receipt of this notice.

\_\_\_\_\_ **Photo Release:** As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos are the property and copyright ©Morris Habitat for Humanity and ©GAF and may be used in all media, including Morris Habitat and GAF websites, presentations, annual appeal materials, promotions and marketing materials, and Reports published by Morris Habitat for Humanity, and cannot be used for other purposes without the expressed consent of Morris Habitat for Humanity and GAF.

\_\_\_\_\_ **Right to Financial Privacy Act:** This is to notify applicant, as required by the Right to Financial Privacy of 1978 that the Department 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 rehabilitation loan or grant for 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 Governmental Agency or Department without your consent except as required or permitted by law.

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**IX. DECLARATION**

	<b>Applicant</b>	<b>Spouse or Co-Applicant</b>
Are you a U.S. Citizen or a legal resident?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**X. CERTIFICATION AND AGREEMENT BY APPLICANT(S)**

I/We, the undersigned, specifically acknowledge and agree that:

1. All forms and copies of documents obtained to complete this application for assistance are the property of Morris Habitat for Humanity (MHfH);
2. Verification and re-verification of any information contained in the application may be made at any time by the MHfH, either directly or through a credit reporting agency, from any source named in this application in any of the material facts which I/we have represented herein should it change prior to signing contracts.

**Certification:** I/We certify that the information provided in this application and all information furnished in support of this application are given for the purpose of obtaining financial assistance under the GAF Roofs for Heroes Program and are true and correct as the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to Morris Habitat for Humanity (MHfH), its agents, successors, and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application. I/We understand that any willful misstatement of material facts will be grounds for disqualification for assistance. I/We further certify that I am/we are the owner(s) and occupant(s) of the property to be repaired, and upon completion of all repairs, I/we will occupy/re-occupy this property.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**XI. OPTIONAL – RACE AND ETHNICITY**

The following information concerning race and ethnicity is requested for statistical and reporting purposes only and has no bearing on the approval of this application. If you choose not to complete this section, please be advised that Morris Habitat for Humanity staff is required to note race and ethnicity on the basis of sight and/or surname.

**Please check the appropriate box for your Ethnicity and Race:**

**Ethnicity**

- Hispanic  
 Non-Hispanic

**Race (same race)**

- White  
 Black/African-American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander

**Multi-Racial**

- Black/African-American and White  
 Asian and White  
 American Indian/Alaskan Native and White  
 Native Hawaiian/Other  
 Pacific Islander and Black/African American  
 Other Multi-Racial \_\_\_\_\_
- 

**INTERNAL USE ONLY**

Date received \_\_\_\_\_

Initial \_\_\_\_\_