



## HOME REPAIRS APPLICATION

Dear Applicant:

Please complete this application to determine if you qualify for partnership with Lakeway Area Habitat For Humanity's (LAHFH) Repair Program. Fill out the application as neatly, completely and accurately as possible. All information you include on this application will be kept confidential. All work completed by LAHFH is dependent on grants secured by the agency. Health and Safety work is our priority. Please know, a completed application does not guarantee contractor or volunteer work.

Lakeway Area Habitat for Humanity is pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

We must have a complete application to consider a project. In order to have a complete application, you need to provide the following information:

1. Return this completed application to LAHFH at the address listed above.
2. Copy of photo ID (drivers license, passport)
3. Proof of all household income (for all members of the household, from employment or any benefits received)
4. Proof of homeownership (warranty deed)
5. Proof city and county property taxes are paid and considered current
6. Last 3 months bank statements
7. Last 2 years income tax returns

If you do not have a bank account, please sign here.

*I self certify, I do not have a bank account.* Name: \_\_\_\_\_

If you do not file income tax and therefore do not have 2 years worth of income tax returns, please sign here.

*I self certify, I do not file federal or state income tax and have not for the two previous tax years of \_\_\_\_\_ and \_\_\_\_\_*

Name: \_\_\_\_\_

Please answer ALL the following questions-

Name of Applicant: (This should be the head of the household)	
Co Applicant Name:	
Property Address:	
Mailing Address if different from property address:	



## HOME REPAIRS APPLICATION

### Occupancy Information

Who lives in the home? (Beginning with yourself, list every person living in your household and the information requested.)(Required)

Full Legal Name	Date of Birth/Age	Relationship to the Owner of the Home	Amount of Monthly Income and Source of Income	Full Time Student – Yes or No

Total Gross Monthly Income for Household \_\_\_\_\_

Please note that you will be required to submit a copy of a government-issued picture ID for all household members. Missing documentation will delay processing.

Missing documentation will delay processing.

Have you or anyone in your household ever served or are you currently serving in the US Armed Forces?	YES	NO
Do you require an interpreter?	YES	NO
Are there ADA modifications that you require? These are modifications needed for all parties of the home to be able to access all areas of the home, such as a ramp, widening of doorways to accommodate a wheelchair, and grab bars	YES	NO
Is this your primary residence?	YES	NO
Do you own the property?	YES	NO
Do you have homeowners insurance? What company? _____	YES	NO
Are you current on your property taxes? Documentation will be required.	YES	NO

Requested Repairs (list modifications/minor home repairs and improvements below. Cosmetic repairs will not be considered.) If more than one, please list them in order from most needed to least needed repairs.

---



---



---



---

## HOME REPAIRS APPLICATION

### Homeowner's Agreement (Required)

I agree to the terms outlined in the statement below:

I certify that the information on this application is accurate and that I own the property at the address given on this application. I confirm that my home is a safe place for volunteers and other workers. To the extent permitted by law and without affecting the coverage provided by the required homeowner's insurance, I agree to sign the release and waiver of liability.

---

**Applicants Name (Print)**

---

**Date**

---

**Applicants Signature**

---

**Co-Applicants Name (Print)**

---

**Date**

---

**Co-Applicants Signature**

### Applicant Voluntary Information Form

Are you willing to provide voluntary demographic information for compliance reporting purposes?

Yes                      No

Lakeway Area Habitat for Humanity is pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity throughout the nation.

We encourage and support an affirmative advertising and marketing program in which there are no barriers to becoming a participant in our Home Repairs Program due to race, religion, sex, handicap, familial status or national origin.

**Please Read This Statement Before Completing the Box Below:** The following information is requested by the federal government for loans related to the purchase and repair of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws.

You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must

## HOME REPAIRS APPLICATION

review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

### Applicant

I do not wish to furnish this information

Race/National Origin:

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Black/African American

Caucasian

Asian

American Indian or Alaskan Native/Caucasian

Asian AND Caucasian

Black/African American AND Caucasian

American Indian, Alaskan Native, or Black/African American

Other (specify)

Ethnicity:

Hispanic

Non-Hispanic

Sex:

Female

Male

Birthdate: / /

Marital Status:

Married

Separated

Unmarried (Incl. single, divorced, widowed)

### Co - applicant

I do not wish to furnish this information

Race/National Origin:

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Black/African American

Caucasian

Asian

American Indian or Alaskan Native/ Caucasian

Asian AND Caucasian

Black/African American AND Caucasian

American India, Alaskan Native or Black/African American

Other (specify)

Ethnicity:

Hispanic

Non-Hispanic

Sex:

Female

Male

Birthdate: / /

Marital Status:

Married

Separated

Unmarried (Incl. single, divorced, widowed)

### To Be Completed Only By the Person Conducting the Interview

Interviewer's Name (print or type) \_\_\_\_\_

This application was taken by: \_\_\_\_\_

Face-to-face Interview

Interviewer's Signature Date \_\_\_\_\_

By Mail

By Telephone Interviewer's Phone Number \_\_\_\_\_