



THDF/AC Application

Submit completed form to:
HFHWRA
1211 8th Street, P.O. Box 38
Baraboo, WI 53913
Ph. 608-448-2888
office@hfhwisconsinriver.org

SECTION 1 - Homeowner Information

Applicant Name: _____ Age: _____

Co-Applicant Name: _____ Age: _____

Primary Phone No: _____ Secondary Phone: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ How many years have you lived at this address? _____

Anyone in the household who has served – or is currently serving – in the military? Yes No

Anyone in the home who is currently disabled? Yes No

If you do not own the home, please provide the name and phone number of the property owner so we can obtain permission to provide the requested repairs to your home:

Owner's Name: _____ Phone: _____

Authorization To Release Information

I confirm that the information on this application is accurate and that I reside at the address given on this application. In addition, I understand that Habitat is not undertaking to perform ongoing maintenance of the property; future maintenance and upkeep of the property is solely the responsibility of myself. I agree that HFHWRA has the right to change the scope of work in the event of unforeseen issues, such as but not limited to structural damage or unsafe circumstances. Any change orders to the contract must be executed by the authorized Habitat supervisor and must be related to the original work quoted. I understand that Habitat depends largely on community support, therefore I agree that pictures of me and my home may be taken and shared with Habitat supporters. I confirm that my home is a safe place for volunteers. I understand that any valuables, dogs, or weapons must be locked away in a safe place. I also agree to allow the use of my clean bathroom by HFHWRA staff and volunteers. Furthermore, I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Habitat for Humanity of Wisconsin River Area **MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.**

Applicant Name (please print)

Signature

Signature co-applicant

Did someone assist you with this application? If so, please provide their name and contact information:

Name (please print)

Relationship to Applicant

Phone Number



HFHWRA is a locally operated, ecumenical Christian organization dedicated to revitalizing our community through affordable housing programs. HFHWRA supports the Fair Housing Act and offers programs open to all qualifying people regardless of race, color, ethnicity, creed, religion, political belief, sex, sexual orientation, marital status, or age.