



Thank you for your interest in the home repair program provided by Habitat for Humanity of Wisconsin River Area (HFHWRA). We've included the application form and a document checklist. **Please be aware that all required documents must be received by our office for your application to be considered complete.**

Once we've received the completed application and other requested documents, your application will be reviewed based on the program criteria:

- You currently own and occupy a home that needs repairs deemed to be within our scope of work.
- You are unable to afford necessary home improvements and/or unable to complete them otherwise due to age, disability, or circumstance.
- You can repay Habitat for the cost of the materials for repairs.
- You are willing to partner with Habitat for Humanity of Wisconsin River Area by participating in the project as much as you are able and making your home safe and available for volunteers.

For applicants interested in the Veteran Specific Grant Funding programs for disabled veterans, please include a copy of the veteran's DD214 and proof of disability (for example, Social Security Disability Income, VA Disability Benefits, or contact us for a doctor's form to show need).

If your requested project meets these criteria, we will schedule a time for our repair team to visit your home in order to provide a written estimate for the cost of the repairs. No repairs will be performed until we have established a written contract for the repairs as well as a mutually agreed-upon repayment schedule. At that time, Habitat will request a down payment of 10% toward the total cost of the project to begin the repair work.

Please return your completed application form and the other required application documents to:



**HFHWRA**  
1211 8th Street  
P.O. Box 38  
Baraboo, WI 53913  
Office 608-448-2888  
[Repairs@hfhwisconsinriver.org](mailto:Repairs@hfhwisconsinriver.org)



Applications are accepted by mail, email, or in person during office hours (Monday-Friday, 9 am to 5 pm).

If you have any questions or need assistance completing the application, please contact the Habitat office at (608) 448-2888. We look forward to your partnership.

**Intentionally left blank**

**Please keep this page**

**For your future informational needs**



**Habitat**  
for Humanity®  
of Wisconsin River Area

# Home Preservation Application

## SECTION 1 - Homeowner Information

**Applicant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Primary Phone Number** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Secondary Phone Number** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you lived at above address:** \_\_\_\_\_

**List Names, ages, and relationships to the homeowner(s) of all persons living in the home:**

*Attach an additional page if more space is needed.*

**Name/Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_




**Name/Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name/Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_



*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.*

For office use only:
Date Received: ____/____/____
Application Number: _____

What is your preferred method of communication?		
Phone	Email	Mail
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 1a Language Preference

What is your preferred language? \_\_\_\_\_

Are translation/interpreter services needed?  Y  N

If yes, do you have someone or a service you can provide? \_\_\_\_\_

*We will do our very best to help provide translation/interpreter assistance if appropriate service can be found.*

## Section 1b Disability Declaration

Is anyone in the home disabled or currently on Social Security disability or designated with a disability by a medical professional or government agency?  Y  N

If so, would you like to disclose the disability to help us better plan home modifications to fit the disabilities?

## Section 1c US Military Service

Have you (or your spouse) ever served, or are you currently serving, in the United States Armed Forces? (U.S. Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, or National Guard)

Yes  No

*If you would like to be included in possible grant funding for your project because of your service please included a copy of your discharge paperwork (DD-214, NGB-22, or other proof) with this application.*

I or someone else in the home is currently on active duty with a projected conclusion date.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I or someone else in the home is currently retired, discharged, or separated from service.

I or someone else in the home was a non-activated member of the Reserves or National Guard.

I or someone else in the home is a surviving spouse.

## Section 2 Sweat Equity/Paying It Forward

Habitat for Humanity of Wisconsin River Area depends on volunteer support, also called "sweat equity" to make homes safe and affordable. Your participation in this program is an important part of our mission and helps to build new skills, stronger community connections, and pride as a homeowner.

As part of the Habitat Repairs program, you would be expected to participate in "sweat equity" to some extent. We recognize that not everyone is able to participate directly in physical labor activities and may offer alternative ways to "pay it forward" to meet this expectation. The specific time needed and what projects are available will be discussed with you during the project review.

Do you agree you will make every effort to participate in "sweat equity" as a requirement of the program?

Yes  No

## Section 3 – Household Income and Debt Information

### Income Information *(Includes Wages, Social Security, SSI, Pensions, etc.)*

You must attach verification of ALL household income for each adult in the home unless a full-time student (with proof of enrollment) and or benefits for children.

Monthly income -BEFORE TAXES- for each member of the household

Household Member #1 \$ \_\_\_\_\_ Household Member #2 \$ \_\_\_\_\_

Household Member #3 \$ \_\_\_\_\_ Household Member #4 \$ \_\_\_\_\_

Total combined income BEFORE taxes for ALL persons living in the home is \$ \_\_\_\_\_

### Assets Information *(Please include 401Ks, IRAs, savings, CDs, land, any other investments, etc.)*

401K, Ira, and Retirement accounts	Savings	CDs
\$ _____	\$ _____	\$ _____

### Mortgage and Debts Information

Are you still paying a mortgage?  Yes  No **If yes**, your monthly payment is \$ \_\_\_\_\_

Auto Loan Balances	Credit Card Balances	Medical Expenses	Other Debts <i>(Type of debt?)</i>
\$ _____	\$ _____	\$ _____	\$ _____

**Ability to repay a new loan:** After paying your monthly living expenses (utilities, insurance, food, phone, etc.) and any other debts (mortgage, credit cards, car payments, etc.) approximately how much per month can you afford to pay on this new loan? \*

\$ \_\_\_\_\_ /month

\*Please remember that Habitat offers affordable home repairs in keeping with our belief in “a hand up, not a handout” and you will be expected to repay the costs of any repairs performed on your home. Therefore, answering “\$0.00” to this question may result in the denial of your application.

We make every effort to match a project/homeowner with available grants of which we have available at the time of application submission.

The amount that you indicate available for repayment is NOT necessarily the same amount as the monthly repayment cost for any repairs performed by HFHWRA. If the project is approved, a repayment schedule will be mutually agreed upon prior to beginning the repair.

## Section 4 – Requested Repairs and/or Modifications.

**Briefly 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 explain.*

*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 HFHWRA. The work done by HFHWRA focuses on items determined to be critical for the safety and independence of household members. Our volunteers are not professionals and may not be able to make all repairs.*

### Home Information

Please circle the one that closest matches your home.



1 Story



2 Stories



Mobile



Modular



Condo

Year purchased \_\_\_\_\_

Year Built \_\_\_\_\_

Area of Repair	Description of issue
<p><b>Accessibility modifications:</b> <i>Wheelchair ramp, grab bars, more accessible shower stall.</i></p>	
<p><b>Carpentry Repairs:</b> <i>Doors, Floors, Porches, Steps, Walls Ceilings, etc.</i></p>	
<p><b>Electrical Repairs:</b> <i>Wall outlets, Light Fixtures, Electrical Panels, etc.</i></p>	
<p><b>Plumbing Repairs:</b> <i>Sinks, Tubs, Stools, Water Heater, Leaks, etc.</i></p>	
<p><b>Doors and Windows:</b> <i>Describe issues and how many and locations, glass, frames, weather stripping</i></p>	

For any other repairs that do not fit into one of these categories please attach additional attachments

## Section 5 – Privacy Information

### Sharing of your personal information

If your application is a more appropriate fit with other programs at another agency, we would like to share the information with those agencies.

Do we have your permission to pass along contact information if necessary?  Yes  No

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give HFHWRA your consent to share the information you provide on this application with similar organizations if we are not able to assist you.*

### Media and Publicity

Habitat depends largely on community support to provide affordable housing services. If HFHWRA selects your house to be repaired, pictures of you and your home may be taken and shared with Habitat supporters.

Are you willing to have your likeness and picture of your home shared in print, online media, television, or radio?

Yes  No

## Section 6 – Authorization to Release Information

I confirm that the information on this application is accurate and that I own the property at the address given on this application. In addition, I understand that this program is intended to provide safe, decent, and affordable housing for our household, and I have no present intention to move or offer my home for sale for at least three years.

I understand that this program is designed as a hand-up, not a hand-out. As such, I will make the agreed-upon monthly repayments for the repair so that others can be helped as well. And I confirm that as far as possible, members of this household will work alongside the HFHWRA volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I authorize HFHWRA to verify any information I have provided on this application, including verification of income and/or assets, creditworthiness, criminal history, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

_____	_____	____/____/____	____-____-____
<b>Applicant Name (please print)</b>	<b>Signature</b>	<b>Date of Birth</b>	<b>Social Security #</b>
_____	_____	____/____/____	____-____-____
<b>Applicant Name (please print)</b>	<b>Signature</b>	<b>Date of Birth</b>	<b>Social Security #</b>

Did someone assist you filling out this application? If so, please provide their contact information below.

_____	_____	_____
<b>Name (please print)</b>	<b>Relationship to Applicant</b>	<b>Phone Number or Email Address</b>

## Section 7 – Application Final Checklist

- Did you complete all 6 sections of this application?
- For veterans: did you attach a copy of your discharge paperwork (DD-214, NGB-22, etc.)?
- Did you sign the authorization to release (Section 6, Page 7)?
- Did you submit proof of home ownership (such as a property deed or property tax receipt showing the homeowner's name & address)?
- Did you include proof of household income (such as two months' paystubs, current monthly Social Security statement, most recent tax return, etc.)?
- Did you attach a copy of your current homeowner's insurance?

## Thank you for your interest in HFHWRA's Home Preservation Program

Applications are accepted by mail, email or in person.

Our housing office is open Monday through Friday, 9 am to 5 pm

Submit your completed form and documentation to:

**HFHWRA**  
**1211 8<sup>th</sup> Street**  
**P.O. Box 38**  
**Baraboo, WI. 53913**

[Repairs@hfhwisconsinriver.org](mailto:Repairs@hfhwisconsinriver.org)

**If you have any further questions, please call us at  
(608) 448-2888**

Care to share additional information?

Who or what agency referred you to our program? \_\_\_\_\_

Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat repair project? \_\_\_\_\_



## Demographic Information

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and residential lending laws. You are not required to provide this information but are encouraged to do so.

**Your Rights and How We Use This Information:** You may select one or more designations below, and you can also decline to provide any information by selecting "I do not wish to provide this information". Federal law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname.

**Why We Ask:** To help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to enable Habitat for Humanity of Wisconsin River Area to better evaluate our programs and the characteristics of the populations and communities we serve.

When legally or contractually required, this information may be provided to government regulators and other organizations that fund Habitat for Humanity of Wisconsin River Area. However, information is typically provided at an aggregate level and in no case will the demographic data you provide be linked to any identifying characteristics that would fail to protect your privacy and identity.

**Ethnicity (check one or more):**

- Hispanic or Latino
  - Mexican  Puerto Rican  Cuban
  - Other Hispanic or Latino – For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
- Not Hispanic or Latino
- I do not wish to provide this information

**Race (check one or more):**

- American Indian or Alaska Native
- Asian
  - Asian Indian  Chinese  Filipino  Japanese
  - Korean  Hmong
  - Any Other Asians - For example Laotian, Thai, Pakistani, Cambodian, and so on.
- Black or African American
- Native Hawaiian or Other Pacific Islander
  - Native Hawaiian  Guamanian  Samoan
  - Any Other Pacific Islanders - For example, Fijian, Tongan, and so on.
- White
- I do not wish to provide this information

**Sex:**

- Female
- Male
- Another not listed
- I do not wish to provide this information

**Intentionally left blank**  
**Please do not add**  
**ANY**  
**identifying information**  
**on this page!**