



Home Repair Application

Submit completed form to:
HFHWRA
1211 8th Street, P.O. Box 38
Baraboo, WI 53913
Ph. 608-448-2888
Fax 608-448-2889
office@hfhwisconsinriver.org

SECTION 1 - Homeowner Information

Applicant Name: _____ Age: _____

Co-Applicant Name: _____ Age: _____

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

Email: _____

Home Address: _____
City: _____ State: _____ Zip: _____

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

List the names, ages, and relationship to homeowner of all people living in the home: *

**you may attach an additional page if more space is needed*

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Anyone in the household who has served – or is currently serving – in the military? Yes No
Are you a surviving widow of a veteran? Yes No

If yes, please provide a copy of DD-214.

Anyone in the home who is currently disabled? Yes No

If yes, please specify: _____

Is translation needed? *If so, what language:* _____ Yes No

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:

Referred By:

Phone No.

Application No.



SECTION 2 - Household Income & Debt Information

Income Information (includes wages, Social Security/SSI, pension, etc.)

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (with proof of registration) and/or benefits for children. See checklist in Section 7 for more information.

Monthly income – before taxes - for each member of the household over 18 years of age:

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 \$ _____ per year

Asset Information (include 401ks, IRAs, savings, CDs, land, etc.)

Current value of:

401K and/or IRA accounts: \$ _____ Savings: \$ _____ CDs: \$ _____

If interested in energy saving modifications, provide monthly utility costs: \$ _____

Other assets: \$ _____ Type of asset (describe): _____

Mortgage

Are you still paying a mortgage? Yes No If yes, your payment is \$ _____/month

Other Debts:

Auto Loan: \$ _____ Credit Card Balance \$ _____ Medical Expenses: \$ _____

Other: \$ _____ Type of debt (describe): _____

Ability to re-pay 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 denial of your application.*

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 3 – Community Involvement

Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat repair project? * If yes, please provide their contact information (including name of primary contact and phone/email):

**providing this information has no impact on selection or denial of your project.*

SECTION 4 - Requested Repairs

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 list all repairs.

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.

House Information

Place a large "X" over the house (below), which most resembles the size of your house.



1 Story



1.5 Story



2 Story



2.5 Story

Year Purchased: _____ Year Built: _____

House Exterior

Siding

- wood
- vinyl
- aluminum
- brick
- shakes
- asbestos/slate
- stucco

Trim

- wood
- vinyl
- metal

Area of Repair	Description
Accessibility Modifications. Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.	
Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.	
Plumbing Repairs. Describe sink, tub, or toilet leaks, etc.	
Appliances. Identify essential appliances such as hot water heater that don't work or need repair.	
Doors and Windows. Describe repairs such as locks, glass, frames, weather-stripping, etc.	
Other. Identify other repairs requested but not listed above	

SECTION 5 – Privacy Information

SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with other, similar programs may we share it with them? 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

Where did you learn about the Habitat Repairs program?

Please describe so we may thank them: _____

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 be interviewed by media reporters?

YES, interviews are okay NO, I do not want interviews

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, credit worthiness, criminal history, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

Applicant Name (please print) **Signature** **Date of Birth** **Social Security No.**

Co-Applicant Name (please print) **Signature** **Date of Birth** **Social Security No.**

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

Name (please print) **Relationship to Applicant** **Phone Number**

Before submitting your application, please use the checklist on page 5

SECTION 7 – Applicant Checklist

- Did you complete all 6 sections of this application?
- Did you attach a copy of your DD-214, if applicable?
- Did you sign the authorization to release (Section 6, Page 4)?
- Did you submit proof of home ownership (*such as property deed or property tax receipt showing 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 Habitat's Repair Program!

Applications are accepted by mail, fax, email or in person. Our housing office is open Monday through Friday, 9am to 5pm.

Submit your completed form & documentation to:

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Any questions? Please call our office at (608) 448-2888.