Instructions

Read all instructions carefully and complete the entire application. If you need assistance, please ask by contacting the Housing Coordinator.

Critical Home Repair manager

Alex Taft

repairs@spshabitat.org

360-956-3456 x31

Completing your application

To complete this application, every section must be filled in if applicable, if it is not, please write “N/A” in its place. Application must be filled out in black or blue ink only.

Background authorization forms must be completed and signed by any head of household member (adults listed on the deed of the home).

Submitting your application

You may email the application to repairs@spshabitat.org or mail to 711 Capitol Way S, Ste 401, Olympia WA. 98503.

Program requirements

* This is a repayment program; parties will be responsible for a portion of the cost of the repairs on a payment plan structure
* You must be the homeowner and this must be your primary place of residence
* Interested parties must be considered a low-income household as defined by HUD

<https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn>

* There will be a in home inspection completed as part of the application process
* It is required to engage in a minimum of 8 hours sweet equity per adult in the home

 **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Applicant | Co-Applicant |
| Full Legal Name  | Full Legal Name |
| Other Names Used | Other Names Used |
| Social Security Number | Social Security Number |
| Date of Birth | Date of Birth |

|  |
| --- |
| **Contact Information** |
| Home/Cell Phone  |
| Home Address City State Zip  |
| Email  |

|  |
| --- |
| **Total number of household dependents other than the applicant and co-applicant**  |
|  |
| **Veteran**🞏 Yes 🞏 No |

**Please list the nature of your repair request or improvement (i.e.: adding a ramp, grab bars, widening doorways)**

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| --- |
| **Residence Information** |
| * Do you own you home: 🞏 Yes 🞏 No
* Do you have Insurance: 🞏 Yes 🞏 No
* Is your homeowners insurance current 🞏 Yes 🞏 No
* Name of insurance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of bedrooms: \_\_\_\_\_\_\_
* Number of bathrooms: \_\_\_\_\_\_\_
* Monthly payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your mortgage payment current 🞏 Yes 🞏 No
* Are you or the co applicant currently in an open bankruptcy 🞏 Yes 🞏 No
* Style of home: Stick build 🞏 Mobile 🞏 Duplex 🞏 Other 🞏­­­­ \_\_\_\_\_\_\_\_\_\_\_\_
 |

**Income**

List all income received by members of your household. **You must include all household income.** This may include income from work, public assistance like Social Security, retirement or pension funds, or any other source of income. **All income requires documentation.** If you need more space, attach a separate page. Please state Gross income, not take home(net income).

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Company / Agency | Whose Income? | Gross Monthly Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** |  |

**Assets**

Type of account: checking, savings, IRA, etc. Please list all

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Financial Institution  | Whose Assets | Total Account Balance  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** |  |

**Debt**

List all debt you (and co-applicant) currently owe. Debt includes any loan, credit account, accounts in collections, liens, or civil judgments that are reported on your credit report.

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Company | Unpaid Balance | Monthly Payment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total** |  |  |

 **WILLINGNESS TO PARTNER**

To be considered for the program, you and your household members must be willing to partner. Each adult in your household is considered a program participant who is required to complete program requirements. This includes applicants and any person over the age of 18 at the time of the application. This is what is called “sweat equity”, each applicant must contribute **8** hours minimum.

Are you willing to partner? Applicant 🞏 Yes 🞏 No

 Co-Applicant 🞏 Yes 🞏 No

**Background Check Authorization Form**

**A background check is required for all applicant(s) or head of household members. If there are more than one person(s), please make copies of this authorization form and complete and sign for each person. Please complete the following Disclosure Statement and attached Washington State Patrol Request for Criminal History Information.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give South Puget Sound Habitat for Humanity permission to run a State Patrol Request for Criminal History for myself, named: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 1. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adult as defined by Chapter 74.34 and adults of any age who lack the functional, mental, or physical ability to care for themselves.) If yes, explain below.

• First, second, or third degree extortion

• Forgery

• First second or third degree theft

• Any of the foregoing crimes as they may have been renamed

• First or second degree robbery

2. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? If yes, explain below.

3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, explain below.

4. Have you ever been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor? If yes, explain below.

5. Please list all other names or alias (maiden names) that you have used in the past.

**An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.**

**I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

**Signature: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**