

**Home Repair Program Application**

The Habitat for Humanity of Greater Los Angeles (Habitat LA) Home Repair Program helps low-income homeowners alleviate health and safety issues in and around their home. Homeowners pay for these repair services through an affordable repayment plan. Repayment funds are recycled and used to assist future low-income homeowners in need of home repairs.

**Eligibility Criteria**

* Applicant(s) must own a property within the Habitat LA service area.
* The property must be owner-occupied and the primary residence of all owners on title.
* Homeowner(s) must either be a U.S. Citizen or a Permanent Legal Resident.
* The property must be an eligible property. Eligible properties are owner-occupied Single Family Residences (SFR), manufactured homes, condominiums, townhomes and duplexes.
  + Multi-family dwellings larger than two units (apartment buildings, tri-plex, etc.), homes used as rental units, boats and recreational vehicles (RV’s) are not eligible.
* The property must be inhabitable and without any unpermitted or illegal additions.
* Homeowner(s) must be current with the following:
  + Mortgage loan payment (if homeowner is still making payments)
  + Homeowner’s insurance policy
  + Property taxes
* Applicants who own multiple real estate properties are not eligible.
* The property must demonstrate a need for repair.
* Household income must be below 80% of the area median income (AMI) for Los Angeles County as indicated by the Department of Housing and Urban Development (HUD) within the given year applied. See table below.
* Homeowner(s) must agree to pay for the repairs through either a one-time payment equal to 3% of the total project costs for the repairs provided OR a zero-interest, deferred payment, forgiven loan for 100% of the total project costs for the repairs provided.
* Homeowners are eligible to receive assistance from Habitat LA’s Home Repair Program once every five years.
* Habitat Homeowners (individuals who have purchased their home from Habitat LA) are eligible if they have owned their Habitat home for at least ten years, in good standing and meet general criteria listed above.

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| --- | --- | --- | --- | --- | --- | --- |
| **Household Members** | **1** | **2** | **3** | **4** | **5** | **6** |
| **2017 Gross Annual Income Limit** | **$50,500** | **$57,700** | **$64,900** | **$72,100** | **$77,900** | **$83,650** |

**Application Checklist**

**For questions or additional information, Please contact us at:**

**8739 Artesia Boulevard ∙Bellflower, CA 90706 ∙ (310) 323-4663 ∙ www.habitatla.org**

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our home repair program is dependent on the availability of funding. Therefore, not all eligible applicants will be selected. If you have any questions, please feel free to call the Homeowner Relations Department at **424-246-3640**.

* Did you complete all applicable sections?
* Did all applicant(s) sign the Home Repair Program application? Refer to Section 10.

**To complete this application, please include copies of all required documents listed below.**

**All documents submitted must show the name and address of the homeowner(s):**

* If you are still making mortgage loan payments, a copy of your most recent mortgage statement
* Proof of current homeowner’s insurance (Including flood/hazard insurance when applicable)
* A copy of one recent utility bill (gas, power, water, phone, etc…)
* A copy of a valid photo I.D. for all property owners on title
* A copy of a Social Security Card for all property owners on title
* Documentation to verify household income:
  + Federal Income tax returns and W-2 and/or 1099 Forms for the previous two years for all employed household members
  + Form 1040 with schedule C, E or F and a year-to-date profit and loss statement for self-employed individuals or business owners
  + Pay stubs for the previous **three consecutive months** for each employed household member
  + Child support, alimony, and monthly benefit statements for all household members receiving any form of benefit (e.g. Retirement/Pension, Unemployment, SSI, TANF, SSDI, etc.)
* Current checking and/or savings account statements for **three consecutive months** (including but not limited to stocks, IRA’s, pension accounts, mutual funds etc.)
* For veterans, please provide a copy of your DD-214 discharge form to indicate honorable discharge status
* If you are a widow/widower of a veteran, please provide a copy of the deceased member’s DD-214 discharge form and death certificate

**Application Process**

* Homeowner submits an application and copies of all supporting documents.
* Habitat LA reviews applications for completeness and eligibility.
* If household is eligible, Habitat LA will hold application until funding becomes available.
* Once funding is available, eligible households will receive a property assessment.
* A property assessment allows Habitat LA to determine if it can or cannot perform repairs. A property assessment does not guarantee approval.
* Based on program funding and property assessment results, applications are reviewed for program approval.
* Approved homeowners review scope of work and sign program agreements with Habitat LA staff.
* Home repair projects are scheduled based on funding and program calendar availability.

  
**Home Repair Program Application**

**SUBMIT COMPLETE APPLICATIONS TO:   
Habitat LA Home Repair Program 8739 Artesia Boulevard, Bellflower, CA 90706**

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| **SECTION 1 – HOUSEHOLD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name of Homeowner: | | | | | | | | | Full Name of Co-Homeowner: | | | | | | | | | | | | | | |
| Property Address: | | | | | | | | | City: | | | | | | | | | | | | | Zip Code: | |
| Home Phone #: | | | | Cell Phone #: | | | | | | | | | | | | | Email Address: | | | | | | |
| List the names, ages and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Military Status (Active/Veteran) and Date of Discharge (if applicable). | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | | | | | | Age | | Military Status and Date of Discharge | | | | | |
|  | | | | |  | | | | | | | | | | |  | | ❒ Veteran – Date of Discharge:  ❒ Active Military | | | | | |
|  | | | | |  | | | | | | | | | | |  | | ❒ Veteran – Date of Discharge:  ❒ Active Military | | | | | |
|  | | | | |  | | | | | | | | | | |  | | ❒ Veteran – Date of Discharge:  ❒ Active Military | | | | | |
|  | | | | |  | | | | | | | | | | |  | | ❒ Veteran – Date of Discharge:  ❒ Active Military | | | | | |
| **SECTION 2 – SPECIAL NEEDS** | | | | | | | | | | | | | | | | | | | | | | | |
| Is anyone in the home disabled? ❒ Yes ❒ No If **YES**, please describe below: | | | | | | | | | | | | | | | | | | | | | | | |
| Do you or any of the applicants require translation? ❒ Yes ❒ No If **YES**, in what language: | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3 – HOUSEHOLD INCOME** | | | | | | | | | | | | | | | | | | | | | | | |
| **Please indicate the gross monthly income figure** | | | Homeowner | | | | Co-Owner | | | | | | | | Household Member | | | | | Household Member | | | Household Member |
| Wages/Salary: | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Net Business Income | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Unemployment/Disability/ Worker’s Compensation | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Social Security Benefit | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Disability/SSI | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Retirement/Pension | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Alimony/Child Support | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Military Pay | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Veteran Benefits | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Rental Income | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| Other: | | | $ | | | | $ | | | | | | | | $ | | | | | $ | | | $ |
| **SECTION 4 – MORTGAGE AND PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Are you making mortgage loan payments on your home? ❒ Yes ❒ No  If **YES,** How much is your payment: | | | | | | | | | | Do you own any other real estate? ❒ Yes ❒ No  If **YES**, please list here: | | | | | | | | | | | | | |
| Are you current on your mortgage? ❒ Yes ❒ No  If **NO,** please explain: | | | | | | | | | | Do you have Homeowner’s insurance? ❒ Yes ❒ No  If **NO,** please explain: | | | | | | | | | | | | | |
| Do you have any illegal and/or unpermitted additions / building activity on your home? ❒ Yes ❒ No ❒ Not Sure  If **YES OR NOT SURE,** please explain: | | | | | | | | | | Have you applied for the Habitat LA Home Repair Program in the past? ❒ Yes ❒ No If **YES**, please indicate the year you applied: | | | | | | | | | | | | | |
| Has Habitat LA performed repairs on your home through the Home Repair Program in the past? ❒ Yes ❒ No  If **YES**, please indicate the year you received repairs: | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate your utility service providers for each of the following services (e.g. LA DWP, SoCal Gas, SCE, etc.): | | | | | | | | | | | | | | | | | | | | | | | |
| **Electricity:** | | | | | | **Water:** | | | | | | | | | | | | | **Gas:** | | | | |
| Please indicate your average monthly expense for each of the following utility services: | | | | | | | | | | | | | | | | | | | | | | | |
| **Electricity: $** | | | | | | **Water: $** | | | | | | | | | | | | | **Gas: $** | | | | |
| **SECTION 5 – REQUESTED REPAIRS** | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. Please understand that items listed below will be considered but the final decision regarding repairs provided is at the SOLE discretion of Habitat for Humanity of Greater Los Angeles. | | | | | | | | | | | | | | | | | | | | | | | |
| **AREA OF NEED** | | | | | | | | | | | | | | **DESCRIPTION OF REPAIR NEED** | | | | | | | | | |
| **Accessibility Modifications**: Example: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Carpentry repairs**: Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Electrical repairs**: List rooms where wall outlets, switches and light fixtures do not work. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Plumbing repairs**: Describe sink, tub or toilet leaks, etc. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Roofing Repairs**: Identify where roof leaks. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Painting**: List all exterior painting requirements. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Doors and Windows**: Describe repairs required, including locks, glass, and frames and weather-stripping. | | | | | | | | | | | | | |  | | | | | | | | | |
| **General Cleaning**: Indicate if there is cleaning and/or trash removal required or if yard work is necessary. | | | | | | | | | | | | | |  | | | | | | | | | |
| **Other:** Identify other repairs requested but not listed above. | | | | | | | | | | | | | |  | | | | | | | | | |
| **SECTION 6 – HABITAT LA COMMUNITY PARTNERSHIP CONSENT** | | | | | | | | | | | | | | | | | | | | | | | |
| If Habitat LA has partnerships with other non-profit, civic and utility organizations that can provide free or low cost services to low income households, may we share your contact information and/or any application details with them? *If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by Habitat LA.* ❒ **Yes, I consent** ❒ **No, I do not consent** | | | | | | | | | | | | | | | | | | | | | | | |
| **Please indicate if you are interested in the following services;** | | | | | | | | | | | | | | | | | | | | | | | |
| ❒ Lawn Replacement | | | | | | | | | | | ❒ Solar Panels | | | | | | | | | | | | |
| ❒ Energy Efficient Products (Heater, roof shingles, etc) | | | | | | | | | | | ❒ WaterWise Homes (e.g. low flush toilet and faucets) | | | | | | | | | | | | |
| **SECTION 7 – STATEMENT OF NEED** | | | | | | | | | | | | | | | | | | | | | | | |
| **WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD’S ABILITY TO MAKE THE NEEDED REPAIRS (CHECK ALL THAT APPLY):** | | | | | | | | | | | | | | | | | | | | | | | |
| ❒ Income (low, limited or no income in home) | | | | | | | | ❒ Lack of savings/assets to finance home repairs | | | | | | | | | | | | | | | |
| ❒ Ineligible for a loan/consumer credit due to poor credit, lack of home equity or personal property. | | | | | | | | ❒ Unwillingness to take a loan or consumer debt | | | | | | | | | | | | | | | |
| ❒ Physical Limitation | | | | | | | | ❒ Lack of building/repair/home maintenance knowledge | | | | | | | | | | | | | | | |
| ❒ Unfamiliar with contractors and repair process | | | | | | | | ❒ Other (please explain): | | | | | | | | | | | | | | | |
| **PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE HOME REPAIR PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.** | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 8 – PROGRAM REFERRAL** | | | | | | | | | | | | | | | | | | | | | | | |
| **WHERE DID YOU HEAR ABOUT HABITAT LA’S HOME REPAIR PROGRAM (CHECK ALL THAT APPLY)?** | | | | | | | | | | | | | | | | | | | | | | | |
| ❒ Television | | ❒ Habitat Homeowner | | | | | | | | | ❒ Community/Civic Group: | | | | | | | | | | ❒ Neighbor | | |
| ❒ Newspaper | | ❒ Habitat ReStore | | | | | | | | | ❒ Church | | | | | | | | | | ❒Other Non-Profit | | |
| ❒ Radio | | ❒ Internet Search | | | | | | | | | ❒ Work/Job Fair | | | | | | | | | | ❒ Friend/Family Member | | |
| ❒ Habitat Website | | ❒ Habitat Staff Member | | | | | | | | | ❒ School | | | | | | | | | | ❒Other | | |
| **DO YOU KNOW A VETERAN HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?** | | | | | | | | | **MAY WE SEND THEM HABITAT LA HOME REPAIR PROGRAM INFORMATION ON YOUR BEHALF?** | | | | | | | | | | | | | | |
| ❒ Yes ❒ No ❒ Not Sure | | | | | | | | | ❒ Yes ❒ No | | | | | | | | | | | | | | |
| **If Yes, please indicate their name and contact information below:** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 9 – DEMOGRAPHIC INFORMATION (OPTIONAL)** This data will be used for statistical reporting only and will be kept strictly confidential. | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity | ❒ Hispanic | | | | | | | | | | | | ❒ Non-Hispanic | | | | | | | | | | |
| Racial Background | ❒ White ❒ Asian ❒ Native Hawaiian/Other Pacific Islander  ❒ Asian & White ❒ American Indian/Alaskan Native & White  ❒ American Indian/Alaskan native & African American | | | | | | | | | | | | | | | | | | | ❒ Black/African American  ❒ American Indian/Alaskan native  ❒ Black/African American & White | | | |
| **SECTION 10 – APPLICANT AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | |
| * I/We certify that the information provided on this application is true and accurate and that I /we own the property at the address given. * I/We grant permission to Habitat LA to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Habitat LA’s Home Repair Program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history (2) personal references, including all parties listed in this application and/or any other parties which Habitat LA desires to contact, (3) family composition and marital status and related issues, (4) credit worthiness, (5) immigration status, (6) police records and other information relative to criminal charges and/or convictions, (7) any additional information that Habitat LA deems necessary to evaluate this application. I/we understand that Habitat LA may reject this application based upon the results of these inquiries. * I/We agree that if Habitat LA selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes. * I/We understand and agree that if Habitat LA selects my/our home to be repaired, I/we must participate as partners with Habitat LA which includes completing 24 Sweat Equity hours. * I/We understand that there is no monetary or other form of compensation for Sweat Equity * I/we understand that Habitat LA makes no guarantees as to the start or completion dates or length of repairs. * I/We understand that Habitat LA is a nonprofit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Habitat LA, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Habitat LA or any claims of any nature associated herewith. * I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request. * I/We understand that if I/we receive assistance from Habitat LA’s Home Repair Program, I/we may not receive additional assistance for **5 years** after the completion of my/our repairs. * I/We understand that submission of this Home Repair Program application and any supporting documentation **does not guarantee assistance from Habitat LA’s Home Repair Program**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria and the availability of program funding and not all applicants may be serviced. * I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice. | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of Homeowner | | | | | | | | | | | | Date | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |
| Signature of Co-Homeowner | | | | | | | | | | | | Date | | | | | | | | | | | |