



CRITICAL HOME REPAIR APPLICATION

Fax or Email completed application:
 17700 S. Figueroa Street, Gardena, CA 90248
 Fax (424) 246-3646
 home@habitatla.org

Habitat for Humanity of Greater Los Angeles' Critical Home Repair Program provides interior and exterior home repairs for low- income homeowners by offering a deferred, zero interest loan that is due only upon sale or transfer of the property. 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. If you have any questions, please feel free to call the Homeowner Relations Department at 424-246-3645. Thank you.

SECTION 1 – HOUSEHOLD INFORMATION		
Legal Name of Applicant	First: Last:	Social Security Number: Age:
Legal Name of Co-Applicant	First: Last:	Social Security Number: Age:
Other legal owner(s) on title (if applicable)		
Property Address:		
City and Zip Code		
Telephone Number(s):	Home:	
	Work:	
	Cell:	
Number of Years at this address:		
List the names, ages and relationships of all people living in the home. (Attach a list if more space is needed).		
Name	Relationship	Age

Has anyone in the household served in the military?						
Name of Veteran(s)		Relationship		Age		
Branch of Service:			Dates of Service:			
SECTION 2 - SPECIAL NEEDS						
Is anyone in the home disabled?						
<input type="checkbox"/> Yes			<input type="checkbox"/> No			
If yes, are the requested modifications necessary to accommodate this disability?						
<input type="checkbox"/> Yes			<input type="checkbox"/> No			
If Yes, please indicate the type of disability below. Check all that apply. Please describe if "other."						
<input type="checkbox"/> Uses a walker or cane <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Blind <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Loss of limb			<input type="checkbox"/> Mentally disabled <input type="checkbox"/> Other: Please describe:			
Do you or any of the applicants require translation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, in what language?						
SECTION 3 – HOUSEHOLD INCOME AND DEBTS						
The annual total combined income <i>before taxes</i> for ALL persons living in the home is: \$						
Please include proof of income for each applicant and all owners listed on the property's title. For instance, your most recent income tax return, monthly social security statement, other retirement income statements, employment check stub, etc.						
Please indicate with an "X" each item that is being included in this application. Attached a list if more space is needed.	Applicant	Co-Applicant	Co-Applicant	Non-household member listed on Property's Title	Non-household member listed on Property's Title	
	Tax Returns					
	Social Security					
	Retirement					
	Pension					
	Pay Stubs (3 months)					
	TANF					
	Disability/SSI					
	Foster Parent income					
	Military/Veteran Pay					
	Do you receive Rental income? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, how much? \$	
	Please list any other income not included above:					

Monthly Household Expenses					
What are your monthly household expenses?	Applicant	Co-Applicant	Co-Applicant	Non-household owner listed on Property's Title	Non-household owner listed on Property's Title
Mortgage payment					
Auto (car payment(s) and insurance)	\$	\$	\$	\$	\$
Auto (gas and repairs)	\$	\$	\$	\$	\$
Credit Cards	\$	\$	\$	\$	\$
Utilities (Electric, Gas, Water & Trash)	\$	\$	\$	\$	\$
Medical Debt	\$	\$	\$	\$	\$
Phone(s)	\$	\$	\$	\$	\$
Loans	\$	\$	\$	\$	\$
Food	\$	\$	\$	\$	\$
Child/Spousal Support	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
After paying your monthly bills (Gas, Electric, Insurance, Food, Phone, Medical, etc.) approximately how much money do you have left to spend on house repairs per month?			\$		
If listed on title as a property owner, but unable to contribute financial resources for maintenance or repairs, please explain here:					
SECTION 4 – MORTGAGE AND PROPERTY INFORMATION					
Are you making mortgage loan payments on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? \$				
Are you current with your mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have Homeowner's insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you received a notice of default from your bank for late mortgage payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have Hazard insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have Flood insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

What year was your home built?	Year:
Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, list here:
What kind of heating/cooling system do you have?	
When was your heating/cooling system last serviced?	
SECTION 5 – PERSONAL STATEMENT AND HISTORY	
Please tell what your greatest home repair needs are and describe the assistance you are requesting below:	
If you are listed on title as a owner of the property for this application, please explain the circumstances and/or tell us why you think the applicant should be selected for this program and how it will help them:	
Have you applied for Habitat programs in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year?
Has Habitat worked on your home in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what month/year?

SECTION 6 - 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, but the final decision regarding the work to be done is at the discretion of Habitat for Humanity of Greater Los Angeles.

Area of Repair	Description of your Request
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 interior and exterior painting requirements.	
Doors and Windows: Describe repairs required, including locks, glass, frames and weather-stripping.	
General Cleaning: Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.	
Other: Identify other repairs requested but not listed above.	

SECTION 7 – MEDIA AND PUBLICITY

If Habitat for Humanity of Greater Los Angeles selects your home to be repaired, pictures of the applicant(s) and household members and the home may be taken and a bio/summary about the applicant(s) and project may be written and shared with the general public. In addition, you may be asked to meet with sponsors, Elected Officials and members of the media. Please indicate below your willingness to partner:

- Yes, I consent to all media and public relations activities.
- No, I do not consent.

Signature of Homeowner/Applicant:

Date:

Signature of Homeowner/Applicant:

Date:

Where did you learn about HFH GLA’s Critical Home Repair Program?

- | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> TV
<input type="checkbox"/> Radio
<input type="checkbox"/> Newspaper | <input type="checkbox"/> Flyer
<input type="checkbox"/> Friend
<input type="checkbox"/> Neighbor | <input type="checkbox"/> Other Nonprofit Organization
<input type="checkbox"/> HFH GLA ReStore
<input type="checkbox"/> Other : |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

SECTION 8 – OPTIONAL

Please complete the following demographic information. This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnic Background	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native & African American	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Black African American & White <input type="checkbox"/> Asian & White

SECTION 9 – APPLICANT AGREEMENT

- I/We certify that the information on this application is true and accurate and that I own the property at the address given on this application.
- I have no intention to move or offer my home for sale for at least three years from the date of this application.
- I confirm that any physically able persons residing in my home or visiting for the project days(s) will work alongside Habitat for Humanity volunteers.
- I confirm that, except for the conditions listed above, my home is a safe place for volunteers. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release of waiver of liability.
- I/We 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 Greater Los Angeles (HGH GLA) makes no warranties, expressed or implied regarding any materials used or work done by anyone at my house.
- I/We hereby agree that I/we, my assignees, their heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of HFH GLA or any affiliated organizations or the suppliers of any tools or equipment that I/we use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in HFH GLA activities.
- I/We hereby release HFH GLA and any of its affiliated organizations from all actions, claims or demands that I/we, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any HFH GLA activities.
- I/We grant permission to HFH GLA 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 for the Critical 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 HFH GLA 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 HFH GLA deems necessary to evaluate this application.
- I/we understand that HFH GLA may reject this application based upon the results of these inquiries. I/we understand that the HFH GLA is a nonprofit corporation with limited resources and cannot afford to provide assistance for each applicant. Consequently, I/we agree that HFH GLA, 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 HFH GLA or any claims of any nature associated herewith.

Signature of Applicant Date

Signature of Co-Applicant Date

Signature of Non-household member listed on property's title Date

Signature of Non-household member listed on property's title Date

CHECKLIST

The following is a checklist of the items that you must enclose with your application packet. All of the information in your application is confidential and will be kept strictly private. Please use this checklist to help you gather the necessary information for your application.

- Did you complete all nine sections?
- Did you sign the application? Refer to Sections 7 and 8.

Please include all required documents and do not forget to include the following:

- A copy of the deed on your home or other proof of ownership, such as a property tax receipt.
All documents submitted must show the name and address of the applicant.
- Proof of current homeowner's insurance.
- A copy of your most recent property tax statement and proof of payment.
- Statements to verify income. This can be a copy of one or more of the following: Tax return, social security receipts, retirement pay receipts, or other documentation of household income. All adults listed as owner(s) on the property's title must submit an income document (or prove current student status, showing name and address of the school).