



Home Preservation Program Application

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT LA HOME PRESERVATION PROGRAM 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

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 Veteran Status, if applicable.

Full Name	Relationship	Age	Military Status
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran
			<input type="checkbox"/> Veteran

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:	\$	\$	\$	\$	\$



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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 is your payment:	Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please list here:	
Are you current on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:	Do you have Homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:	
Do you have any illegal and/or unpermitted additions / building activity on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If YES OR NOT SURE , please explain:	Have you applied for the Habitat LA Home Preservation Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please indicate the year you applied:	
Has Habitat LA performed repairs on your home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	



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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;

<input type="checkbox"/> City/County Loan or Grant Programs	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Energy Efficient Products	<input type="checkbox"/> Utility Assistance Programs

SECTION 7 – STATEMENT OF NEED

WHAT FACTORS ARE LIMITING YOUR HOUSEHOLD’S ABILITY TO MAKE THE NEEDED REPAIRS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Income (low, limited or no income in home)	<input type="checkbox"/> Lack of savings/assets to finance home repairs
<input type="checkbox"/> Ineligible for a loan/consumer credit due to poor credit, lack of home equity or personal property.	<input type="checkbox"/> Unwillingness to take a loan or consumer debt
<input type="checkbox"/> Physical Limitation	<input type="checkbox"/> Lack of building/repair/home maintenance knowledge
<input type="checkbox"/> Unfamiliar with contractors and repair process	<input type="checkbox"/> Other (please explain):

PLEASE TELL US WHY YOU THINK YOU SHOULD BE SELECTED FOR THE HOME PRESERVATION PROGRAM AND HOW IT WILL HELP YOUR HOUSEHOLD. PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET IF NECESSARY.

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group:	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Habitat Staff Member	<input type="checkbox"/> School	<input type="checkbox"/> Other

DO YOU KNOW A HOMEOWNER IN NEED OF HOME REPAIR ASSISTANCE?	MAY WE SEND THEM HABITAT LA HOME PRESERVATION PROGRAM INFORMATION ON YOUR BEHALF?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please indicate their name and contact information below:



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Ethnicity			
	<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"/> Asian & White	<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	

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 Preservation 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 Preservation 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 Preservation Program application and any supporting documentation **does not guarantee assistance from Habitat LA’s Home Preservation 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
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Signature of Co-Homeowner	Date
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