



Inglewood Minor Home Rehabilitation Grant Application

SUBMIT COMPLETE APPLICATIONS TO:

HABITAT FOR HUMANITY OF GREATER LOS ANGELES, 8739 ARTESIA BOULEVARD, BELLFLOWER, CA 90706

SECTION 1 – HOUSEHOLD INFORMATION

Full Name of Homeowner:		Full Name of Co-owner:	
Property Address:			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/WC	\$	\$	\$	\$	\$
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:	Has the City of Inglewood or an agent performing on behalf of the City of Inglewood, 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:
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:	

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 WILL BE DETERMINED BY HABITAT FOR HUMANITY OF GREATER LOS ANGELES.

CATEGORY	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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SECTION 6 – 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"/> Prefer not 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):

SECTION 7 – PROGRAM REFERRAL**WHERE DID YOU HEAR ABOUT INGLEWOOD MINOR HOME REHABILITATION PROGRAM (CHECK ALL THAT APPLY)?**

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community 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"/> Resource Fair	<input type="checkbox"/> Friend
<input type="checkbox"/> City of Inglewood Website	<input type="checkbox"/> Habitat Website	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other:

SECTION 8 – DEMOGRAPHIC INFORMATION (OPTIONAL) This data will be used for statistical reporting only and will be kept strictly confidential.

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

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SECTION 9 – 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 Inglewood Minor Home Rehabilitation Grant, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and income, (2) assets held by the applicant and any adult household members, (3) family composition, marital status and related issues, (4) citizenship/residency status, (5) 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 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 submission of this application and any supporting documentation **does not guarantee assistance from the City of Inglewood or Habitat LA.** 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.

Signature of Homeowner

Date

Signature of Co-owner

Date



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