



*For office use only*

Date received:
Referred By:
Phone #:
Application #:

**SECTION ONE – Homeowner Information**

<b>Legal Name of Homeowner:</b>	SSN:
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Date of Birth: __/__/____	Phone (Home):	Phone (cell):
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<b>Legal Name of Co-Homeowner:</b>	SSN:
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Date of Birth: __/__/____	Phone (Home):	Phone (cell):
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Home address:

City:	State:	Zip code:
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Email address:	Do you?      Own      Rent
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How long have you lived at this address?

List Names, ages, and relationships to *homeowner(s)* of **all** people living in the home:

Name	Relationship	Date of Birth	Monthly Income/Benefits

Total combined income before taxes of ALL persons living in the home is \$\_\_\_\_\_. per year  
**ALL household income requires verification for each adult in the house, unless proven to be a full time student (proof of registration required). Please attach the most recent income tax return and monthly social security statement.**

Is anyone in the home disabled?    Yes    no	<i>Please list the resident name and disability</i>
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Name:	Disability:
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Name:	Disability:
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Name:	Disability:
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Name:	Disability:
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Name:	Disability:
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Is or was a person in the house a member of the U.S. Military:    Yes    No
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Name:	Branch:	Currently Serving?    Yes    No
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Name:	Branch:	Currently Serving?    Yes    No
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Name:	Branch:	Currently Serving?    Yes    No
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Name:	Branch:	Currently Serving?    Yes    No
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**SECTION TWO – Employment & Income Information**

Current Employer:

Current Job Title:

Business Address:

How long have you had your current job?

How long have you had steady income?

Do you receive Social Security? Yes No

If yes, what amount?

Do you receive earned income credit? Yes No

If yes, what amount?

Do you receive food stamps? Yes No

If yes, what amount?

Do you receive child Support? Yes No

If yes, what amount?

Are you currently making payments on your home? Yes No

If yes, to whom?

If yes, what is your monthly payment?

Are you behind on these payments? Yes No

Do you have homeowner's insurance? Yes No

**SECTION THREE – Housing Information**

In what year was the home built?

Is it a mobile home? Yes No

How many stories does the home have?

Do you pay for the heating and cooling of your home? Yes No

**SECTION FOUR – Requested Repairs**

Briefly describe the 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 for repair, but the final decision will be based on our time and financial resources at the discretion of Steuben County Habitat for Humanity. The work done through the Critical Needs will focus on home functionality, accessibility and safety. **Our volunteers are not professionals and may not be able to perform all repairs.**

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**SECTION FIVE – Personal Statement**

Please write a **brief** explanation of why you feel you are a good fit for the Critical Needs program and how it will help you.

**SECTION SIX - Privacy**

If your application is a more appropriate fit with other, similar agencies, may we share it with them?  
Yes No

Where did you learn about the Critical Needs Program? (*flyer, neighbor, organization, etc.*)

If Habitat for Humanity selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? Yes No

May we bring elected officials to your home? Yes No

SECTION SEVEN – Application History	
Have you applied to the Critical Needs program in the past?    Yes    No	
If so, what years?	
If your home has had a Critical Needs project done, when was it completed?	
SECTION EIGHT – Checklist	
Did you complete all 9 sections of this application?	
Did you provide proof of home ownership? (i.e., copy of deed, mortgage, etc.)	
Did you enclose a copy of a recent tax return and other statements to verify ALL income/benefits? (This includes retirement income, government aid, food stamps, alimony, child support, etc.) All adults, over the age of 18 (besides full time students who must prove student status), must submit an income document showing name and address	
SECTION NINE – Homeowner’s Agreement	
I, _____ certify that the information on this application is true and accurate and that I own the property at _____.	
I confirm that any physically able persons residing in my home or visiting on the project day will work alongside Critical Needs volunteers. I confirm that, except for the conditions listed on my application, my home is a safe place for volunteers.	
I understand that the people who may work on my home are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Critical Needs makes no warranties, expressed or implied, regarding any materials used or work done by anyone at my house. I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Steuben County Habitat for Humanity (SCHFH) or any affiliated organizations or the suppliers of any tools or equipment that I 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 (SCHFH) activities. I hereby release SCHFH and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any SCHFH activities.	
Signature of Homeowner:	Date:
Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.	
Your Name:	Daytime Phone:
Is the homeowner aware of this application?    Yes    No	Relationship:



**STEBEN COUNTY HABITAT FOR HUMANITY**

3412 State Route 414, Corning NY, 14830

Phone: 607 936-4444

Web Site: [www.habitatcorning.org](http://www.habitatcorning.org)

**Authorization for Release**

In connection with my application for participation in the Habitat for Humanity program, I authorize the Steuben County Habitat for Humanity affiliate and/or its agents to an investigative consumer report including past employment, credit worthiness and other information permitted by state and federal laws and agree to hold harmless and release them from all liability with respect to any information they may give, receive, or publish. I am authorizing that a photocopy of this release be accepted with the same authority as that of the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date