



**Mail completed form to:**  
 Steuben County Habitat for Humanity  
 PO Box 800  
 Corning, NY 14830

Phone: (607) 936-4444  
 info@habitatcorning.org  
[www.habitatcorning.org](http://www.habitatcorning.org)

**APPLICATION FOR EMERGENCY HOME REPAIR**



**SECTION 1 – Homeowner Information**

<i>Applicant:</i>	Gender:	DOB:
<i>Co-Applicant:</i>	Gender:	DOB:

<i>Property Address:</i>				
Street:	City:	State:	Zip:	County:
<i>Mailing Address (if different from property address):</i>				
Street:	City:	State:	Zip:	

<i>Applicant(s) Contact Information:</i>	
Home Phone:	Cell Phone:
Work Phone:	E-Mail:

<i>Other Household Members:</i>		
Name	Age	Relationship to Applicant/Co-applicant

Is the Applicant or any Household Member disabled? Yes or No (please circle)  
 If Yes, please list Name and disability:



**SECTION 4 – Information for government monitoring purpose**

Federal and State Law prohibits discrimination on the basis of age, sex, race and notional or ethnic origin. Steuben County Habitat for Humanity is committed to serving its community without discrimination and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, State, or Federal official in determining applicant eligibility for assistance.

<b>Applicant</b>	<b>Co-applicant</b>
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian or Alaskan Native &amp; White</p> <p><input type="checkbox"/> American Indian or Alaskan Native &amp; Black</p> <p><input type="checkbox"/> Asian &amp; Black/African American</p> <p><input type="checkbox"/> Asian &amp; Pacific Islander</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black/African American &amp; White</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander &amp; Black</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander &amp; White</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><b>Ethnicity:</b>                      <b>Gender:</b></p> <p><input type="checkbox"/> Hispanic                      <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Non-Hispanic                <input type="checkbox"/> Female</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married                      <input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Single                        <input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><b>Are you active in the military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a Veteran or entitled to veteran benefits?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a citizen of the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian or Alaskan Native &amp; White</p> <p><input type="checkbox"/> American Indian or Alaskan Native &amp; Black</p> <p><input type="checkbox"/> Asian &amp; Black/African American</p> <p><input type="checkbox"/> Asian &amp; Pacific Islander</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black/African American &amp; White</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander &amp; Black</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander &amp; White</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><b>Ethnicity:</b>                      <b>Gender:</b></p> <p><input type="checkbox"/> Hispanic                      <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Non-Hispanic                <input type="checkbox"/> Female</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married                      <input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Single                        <input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><b>Are you active in the military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a Veteran or entitled to Veteran benefits?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a Citizen of the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**SECTION 5 – Additional Documentation Required**

Please submit all required documents with your application:

- Proof of income for all household members, age 18 and older  
(2 most recent pay stubs, social security award letters, pension letters, child support, etc.)
- Proof of current mortgage/home equity status (if applicable)  
(a mortgage statement from your lender)
- Proof of paid property taxes (paid tax receipts)
- Proof of homeowner’s insurance  
(copy of a paid receipt showing dates of coverage)
- Proof of homeownership  
(a copy of your deed or property tax receipt)
- Applicant/Co-applicant’s ID (driver’s license, birth certificate or passport)

**SECTION 6 – Homeowner’s Agreement**

All information provided will be kept confidential. All applications received will become the property of Steuben County Habitat for Humanity.

I (We) hereby apply for assistance from Steuben County Habitat for Humanity. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

I (We) hereby consent to and authorize Steuben County Habitat for Humanity to obtain verification of information required for compliance with the regulations of this program, including income, expenses and employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Date

*Complete the following if you are not the homeowner but are assisting the homeowner in completing this application.*

Your name: \_\_\_\_\_ Your daytime phone number: \_\_\_\_\_

Is the homeowner aware of this application?  Yes  No