

## APPLICATION FOR EMERGENCY HOME REPAIR

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



### **SECTION 1 – Homeowner Information**

Applicant:	Gender:	DOB:
Co-Applicant:	Gender:	DOB:

Property Address:				
Street:	City:	State:	Zip:	County:
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Mailing Address (if different from property add	ress):			
Street:	City:	State:	Zip:	
			-	

Applicant(s) Contact Information:	
Home Phone:	Cell Phone:
Work Phone:	E-Mail:

Other Household Members:		
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 2 – Household Income**

<b>Please list all sources of incom</b> (Including SSI, SSD, TANF, Child	<i>e in the household:</i> I Support, Pension, Wages, Unemplo	pyment, etc.)
Applicant(s)/Household Members	Source of Income	Amount (weekly, monthly, annual)

# **SECTION 3 - Property Information**

How long have you lived at this address?
Is the Deed in the applicant/co-applicant's name? $\Box$ Yes $\Box$ No
Do you have a mortgage on your home? □ Yes □ No Name of mortgage holder:
Do you have a Home Equity loan on your home? □ Yes □ No Name of lender:
Is your mortgage/Home Equity loan current? □ Yes □ No
Are your property taxes current?   Yes  No
Is your homeowner's insurance current? □ Yes □ No
Are there any other liens attached to this property?  □ Yes □ No Explain:
Please provide a brief description of the repairs needed
Have you ever received home repairs services in the past?
$\Box$ Yes $\Box$ No If yes, when? Name of organization: If applicable, may we share your application with other programs? $\Box$ Yes $\Box$ No

### **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.

	Applicant		Co-applicant	
$\Box$ I do not wish to fu	rnish this information	□ I do not wish to furnish this information		
Race/National Origin:		Race/National Orig		
$\Box$ American Indian of	or Alaskan Native	American Indian or Alaskan Native		
🗆 Asian		$\Box$ Asian		
□ Black/African Am		Black/African American		
🗆 Native Hawaiian o	or Other Pacific Islander		or Other Pacific Islander	
$\square$ White		□ White		
🗆 American Indian o	or Alaskan Native & White	□ American Indian o	or Alaskan Native & White	
American Indian of the second se	or Alaskan Native & Black	American Indian of American I	or Alaskan Native & Black	
□ Asian & Black/Af	rican American	□ Asian & Black/Af	frican American	
□ Asian & Pacific Is	lander	□ Asian & Pacific Is	slander	
□ Asian & White		□ Asian & White		
🗆 Black/African Am	erican & White	Black/African Am	nerican & White	
🗆 Native Hawaiian o	or Other Pacific Islander & Black	🗆 Native Hawaiian o	or Other Pacific Islander & Black	
🗆 Native Hawaiian o	or Other Pacific Islander & White	🗆 Native Hawaiian o	or Other Pacific Islander & White	
$\Box$ Other (specify):		$\Box$ Other (specify):		
Ethnicity:	Gender:	Ethnicity:	Gender:	
□ Hispanic	□ Male	□ Hispanic	□ Male	
· · · · · ·	□ Female	$\square$ Non-Hispanic		
. I				
Marital Status:		Marital Status:		
□ Married	Legally Separated	□ Married	Legally Separated	
□ Single	□ Widowed	□ Single	□ Widowed	
□ Divorced		□ Divorced		
Are you active in th	e military?  □ Yes □ No	Are you active in th	e military?  □ Yes □ No	
Are you a Veteran o	or entitled to veteran benefits?	Are you a Veteran	or entitled to Veteran benefits?	
$\Box$ Yes $\Box$ No		$\Box$ Yes $\Box$ No		
<b>Are you a citizen of the U.S.</b> ? □ Yes □ No		Are you a Citizen o	f the U.S.?  □ Yes □ No	

### **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

Date

Signature of Co-applicant

*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?  $\Box$  Yes  $\Box$  No