



# Habitat for Humanity of Snohomish County Home Repair Service Application

This application will be used to determine if you qualify for the Habitat for Humanity Home Repair Service. Please fill out this application as completely and accurately as possible. All information you include on this application will be kept confidential. If you have any questions, please call 425-405-7765 or email [repair@habitatsnohomish.org](mailto:repair@habitatsnohomish.org).

Please mail this completed application to:

Home Repair Service  
Habitat for Humanity of Snohomish County  
16929 Highway 99, Suite 100  
Lynnwood, Washington 98037

**Prior to completing this application, please ensure that you meet the following preliminary qualifications:**

- You own and live in your home (We will verify ownership of the home prior to acceptance.)
- You live within Snohomish County
- Your total annual household income is not more than 60% of the area median income. (Please see chart below.)

	1	2	3	4	5	6	7	8
Annual Household Income Limit	50,025	57,150	64,313	71,438	77,175	82,875	88,613	94,313

## Applicant Information

Applicant Information					
<b>First Name:</b>		<b>Middle:</b>			
<b>Last Name:</b>			<b>Date of Birth (MM/DD/YY)</b>		
<b>Phone Number:</b>			<b>Email:</b>		
<b>Preferred method of contact (Please mark one):</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email					
<b>Address (Street):</b>				<b>Address (line 2):</b>	
<b>City:</b>			<b>State:</b>		<b>Zip Code:</b>

## Co-applicant Information

Fill out this section if you are applying with another member of your household.

Co-applicant Information			
First Name:		Middle:	
Last Name:		Date of Birth (MM/DD/YY)	
Phone Number:		Email:	
Preferred method of contact (Please mark one) : <input type="checkbox"/> Phone <input type="checkbox"/> Email			

## Sponsor Information

Fill out this section if you are applying on behalf of someone else. Please note that you also need to complete the applicant information, and if applicable, co-applicant information.

<input type="checkbox"/> I am filling out this application on behalf of the applicant or co-applicant			
<input type="checkbox"/> I am the main point of contact in regard to this application			
Relationship to applicant:			
First Name:		Last Name:	
Phone Number:		Email:	
Preferred method of contact (Please mark one) : <input type="checkbox"/> Phone <input type="checkbox"/> Email			

## Property Information

Is the applicant the owner of the property?

- Yes  No

Is there homeowner's insurance for the dwelling at this address?

- Yes  No

Is the applicant a member of a homeowners' association?

- Yes  No

Is the dwelling a mobile or manufactured home?

- Yes  No

Number of adults (persons 18 or older) in household: \_\_\_\_\_

Number of persons under 18 in household: \_\_\_\_\_



## Optional Disclosure

As we apply for grants and continue to serve our community, collecting the following data is useful. This is not mandatory and your responses will not impact your application.

**Number of seniors (persons 65 or older) in household:** \_\_\_\_\_

**Number of disabled persons in household:** \_\_\_\_\_

**Number of veterans or active duty service members in household:** \_\_\_\_\_

## Requested Repairs

**Which categories best describe the repairs you are requesting?**

Please select all that apply. Please note that due to the current COVID-19 pandemic, we are not currently conducting indoor repairs.

- Exterior painting (whole house, trim, shutters)
- Exterior power washing
- Scraping
- Caulking
- Window repair (screen, storm windows)
- Porch repair
- Gutter repair
- Soffit/fascia repair
- Siding repair/replacement
- Weather stripping/minor weatherization
- Accessibility improvements (ramps)
- Minor fencing repair
- Brush and debris removal
- Other (Please be aware that we do not have the capacity to complete every type of repair.)

**Please describe the repairs you are requesting, in as much detail as possible.**

---



---



---



---



---



---

***If you have photos of the areas in need of repairs, please attach copies of them to this application packet.***



## Sweat Equity Agreement

Habitat for Humanity focuses on strengthening communities through service. To be considered for Habitat for Humanity Snohomish County Home Repair Service, applicants must be willing to participate in the process. Your participation is called “sweat equity”. The level of sweat equity will be based on the scope of repair work and your ability to assist. Sweat equity comes in many forms including help with prep work, clean up, and construction, as well as providing food or beverages for the volunteer work crew. The total hours of sweat equity can be split between family and friends to suit each individual’s ability. The number of sweat equity hours will be determined before the Repair Service Agreement is signed.

- Yes, I agree**

## Applicant Employment Information

<b>Current Employer:</b>		<b>Job Title:</b>	
<b>Employer Email:</b>		<b>Employer Phone:</b>	
<input type="checkbox"/> <b>Applicant is not employed</b> <input type="checkbox"/> <b>Applicant is self-employed</b>		<input type="checkbox"/> <b>Applicant is retired</b>	

## Co-applicant Employment Information

<b>Current Employer:</b>		<b>Job Title:</b>	
<b>Employer Email:</b>		<b>Employer Phone:</b>	
<input type="checkbox"/> <b>Co-applicant is not employed</b> <input type="checkbox"/> <b>Co-applicant is self-employed</b>		<input type="checkbox"/> <b>Co-applicant is retired</b>	

## Total Annual Household Income

Please provide each applicant's total annual income, including gross employment income, Social Security, SSI, Disability, Temporary Assistance for Needy Families (TANF), Food Stamps (Food EBT or SNAP), Alimony, Child Support, and all other sources of income. Please note that you will be required to attach supporting documents later in this application.

<b>Applicant annual income:</b>		<b>Co-applicant annual income:</b>	
---------------------------------	--	------------------------------------	--



Number of additional income earners in household:	Please list all additional income earners' names and annual income below	
First Name:	Last Name:	Annual income:

## Income Verification

Please attach copies of the following documentation: most recent utility bill with your name and address clearly visible on the bill (i.e., electric bill) and tax return for the most recent year. If you do not file a tax return, provide copies of your most recent Social Security statement, retirement or pension statement, W-2 form, and all 1099 forms. If co-applicants file separately, please provide this income information for each applicant.

## Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for Habitat home repairs and my willingness to partner. I am also authorizing Habitat for Humanity to evaluate my ability to repay for any material costs that are accrued during the home repair, if necessary. I understand that the evaluation will include personal visits and, possibly, a credit check and employment verification. I have answered all questions on this application truthfully to the best of my ability. I understand that if I have not answered the questions truthfully, my application may be denied. I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry and that, by completing this application, I am submitting to such an inquiry.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_