

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@habitat Snohomish.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 live within Snohomish County
- You own and live in your home (We will verify ownership of the home prior to acceptance.)
- You currently have homeowner's insurance
- 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

Sponsor Information

1. Are you filling out this application on behalf of a parent, relative, or someone other than yourself?*

- Yes
- No, I am filling it out for myself (Skip to "Applicant Information" – Question 9)

2. Are you the main point of contact in regard to this application?* Yes No

3. What is your relationship to the applicant?* _____

4. Sponsor's First Name* _____

5. Sponsor's Last Name* _____

6. Sponsor's Phone Number* _____

7. Sponsor's Email Address* (If you have no email address, please enter N/A)

8. Preferred Method of Contact Phone Email

*Required Question

Applicant Information

If you are applying on behalf of a parent, relative, or someone other than yourself, please fill out the application as they would answer the questions.

9. Applicant's First Name* _____
10. Applicant's Middle Name or Initial* _____
11. Applicant's Last Name* _____
12. Applicant's Date of Birth* _____
13. Applicant's Phone Number* _____
14. Applicant's Email Address* (If you have no email address, please enter N/A)

15. Preferred Method of Contact Phone Email
16. Applicant's Full Address*

Applicant's Employment Information

17. Employment Information*
- Applicant is employed
 - Applicant is self-employed (Skip to "Co-Applicant Information" – Question 22)
 - Applicant is not employed (Skip to "Co-Applicant Information" – Question 22)
 - Applicant is retired (Skip to "Co-Applicant Information" – Question 22)
18. Applicant's Job Title _____
19. Applicant's Current Employer _____
20. Email Address for Applicant's Employer _____
21. Phone Number for Applicant's Employer _____

*Required Question

Co-Applicant Information

Fill this section out if you are applying with another member of your household. Note: If your home is jointly owned, you MUST include the co-owner as your co-applicant.

22. Are you applying with a co-applicant?*

- Yes
- No (Skip to “Additional Adults in the Household” – Question 35)

23. Co-Applicant’s First Name* _____

24. Co-Applicant’s Middle Name or Initial* _____

25. Co-Applicant’s Last Name* _____

26. Co-Applicant’s Date of Birth* _____

27. Co-Applicant’s Phone Number* _____

28. Co-Applicant’s Email Address* (If your co-applicant has no email address, please enter N/A)

29. Preferred Method of Contact Phone Email

Co-Applicant’s Employment Information

30. Employment Information*

- Co-Applicant is employed
- Co-Applicant is self-employed (Skip to “Additional Adults in the Household” – Question 35)
- Co-Applicant is not employed (Skip to “Additional Adults in the Household” – Question 35)
- Co-Applicant is retired (Skip to “Additional Adults in the Household” – Question 35)

31. Applicant’s Job Title _____

32. Applicant’s Current Employer _____

33. Email Address for Applicant’s Employer _____

34. Phone Number for Applicant’s Employer _____

Additional Adults in the Household

35. Are there any other persons 18 or over in the household? (Not including the applicant/co-applicant.)

- Yes
- No (Skip to "Total Annual Household Income" – Question 41)

36. First Name* _____

37. Middle Name or Initial* _____

38. Last Name* _____

39. Date of Birth* _____

40. If there are more adults in the household, please provide the following information for each below:

*Full name (First Middle Last)

*Date of Birth

If there are no more adults, please enter N/A.

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 provide supporting documents.

41. Applicant's annual income* _____

42. Co-applicant's annual income* (If not applying with a co-applicant, enter N/A.) _____

43. Number of additional income earners in the household* (If none, enter 0.) _____

Income Verification & Other Supporting Documents

Please submit copies of the following documentation:

-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.

-Most recent utility bill with your name, address, utility company name, and date clearly visible on the bill (i.e., electric bill)

-Proof of current homeowner's insurance

***Required Question**

Optional Disclosure

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

44. Number of seniors (age 65+) in the household (If none, please enter 0.) ____
45. Number of disabled persons in the household (If none, please enter 0.) ____
46. Number of veterans or active duty service members in the household (If none, please enter 0.) ____

Property Information

47. Is the applicant the owner of the property?* Yes No
48. Is the home at this address covered by homeowner's insurance?* Yes No
49. Is the applicant a member of a homeowners' association?* Yes No
50. Is the dwelling a mobile or manufactured home?* Yes No
51. Does the applicant have a reverse mortgage on this home?* Yes No
52. Number of adults in the household* (This should include all persons 18 and older.) ____
53. Number of persons under 18 in the household* (If there are no children, please enter 0.) ____

Requested Repairs

54. Which categories best describe the repairs you are requesting?

(Please note: due to the current COVID-19 pandemic, we are not currently conducting indoor repairs.)

- | | |
|---|---|
| <input type="checkbox"/> Exterior painting
(Limited to single story homes only) | <input type="checkbox"/> Gutter repair |
| <input type="checkbox"/> Exterior power washing
(Limited to single story homes only) | <input type="checkbox"/> Soffit/fascia repair |
| <input type="checkbox"/> Scraping | <input type="checkbox"/> Siding repair/replacement |
| <input type="checkbox"/> Caulking | <input type="checkbox"/> Weather stripping/minor weatherization |
| <input type="checkbox"/> Window/screen repair | <input type="checkbox"/> Accessibility improvements (ramps) |
| <input type="checkbox"/> Porch repair/porch railing or handrail | <input type="checkbox"/> Minor fencing repair |
| | <input type="checkbox"/> Brush and debris removal |
| | <input type="checkbox"/> Other (Please be aware that we do not have the capacity to complete every type of repair.) |

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

If you have any photos of the areas in need of repairs, please submit them along with this application.

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*

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’s Signature*

Applicant’s Signature Date*

Co-Applicant’s Signature (Required if you are applying with a co-applicant.)

Co-Applicant’s Signature Date (Required if you are applying with a co-applicant.)

***Required Question**