



Home Repair Program APPLICATION

Approved

☐ Yes

☐ No

Date: _____

Mail completed application to:

HFHEB

P.O. Box 6196

Sheridan, WY82801

Equal Housing Opportunity

We are pledged to the letter and spirit of U. S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.



Dear Applicant: We need you to complete this application to determine if you qualify for our Home Repair Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

PLEASE BE AWARE THAT DUE TO FUNDING AND INSURANCE GUIDELINES WE ARE NO LONGER ABLE TO MAKE REPAIRS TO MOBILE HOMES OR PERFORM ROOFING REPAIRS.

SECTION 1 - Homeowner Information

		Veteran	Disabled
Legal Name of Homeowner(s): _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Name of Homeowner(s): _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Address: _____	City/State: _____	Zip: _____	
Email: _____	County: _____		
Telephone Number(s) Home: _____		Number of Years at Address: _____	
(Please include area codes) Other: _____			

List names, ages, and relationship to applicant of all people living in the home:		Veteran	Disabled
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/relationship: _____	Age: _____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 - Special Needs

If anyone is disabled, indicate the type of disability below (check all that apply, please describe if "other"):

- ☐ Uses a Walker, Cane or Crutches ☐ Wheelchair Bound ☐ Blind ☐ Hearing Impaired
☐ Loss of Limb ☐ Mentally Disabled ☐ Other: _____

Is translation needed? ☐ Yes ☐ No If yes, what Language: _____

SECTION 3 - Household Income and Mortgage Information

The total combined gross income, before taxes for ALL persons living in the home is \$_____ per YEAR.

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children.

For instance, the most recent income tax return, monthly social security statement, other retirement income statements, OR employment check stub, etc. (Please note on attached statements if it represents annual, monthly, bi-weekly, or weekly income.)

Are you still making loan payments on your home? ☐ Yes ☐ No

If yes, what is your monthly payment? \$ _____/month

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money is left to spend on house repairs? \$ _____/month.

SECTION 4 - Employment Information

Employer: _____ Phone No: _____

Address: _____

Supervisor: _____ Yrs. Of Employment: _____

SECTION 5 - Availability of Funds

Will you be able to pay back the costs of the project in the form of a no-interest loan? ☐ Yes ☐ No

Loans would be repaid monthly, depending on your ability to repay. No work will be done without a clear understanding of what work is free and what work requires payment. For minor projects, donations of any size are appreciated to cover our costs and enable future assistance to the community.

SECTION 6 - Media and Publicity

Where did you learn about the Home Repair Program?

☐ TV ☐ Radio ☐ Newspaper ☐ Flyer ☐ Friend ☐ Neighbor ☐ Neighborhood Organization
☐ Social Media ☐ Other (please describe): _____

If Habitat selects your house to be repaired, would you be willing to have your picture taken or be interviewed by media reporters? ☐ Yes ☐ No

May we bring elected officials to your home? ☐ Yes ☐ No

SECTION 7 - Application History

Have you applied to Habitat Home Repair in the past? ☐ Yes ☐ No What year? _____

Has Habitat Home Repair done work at your home in the past? ☐ Yes ☐ No What year? _____

SECTION 8 - Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three (3) years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the Home Repair Program volunteers. I confirm that, except for the condition listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that the Home Repair Program MAKES NO WARRANTIES, EXPRESS OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release the Home Repair Program, Habitat for Humanity of the Eastern Bighorns and all who may be associated with it from any and all liability whatsoever.

Moreover, to the extent damages are covered by insurance during the work to be performed, the parties waive all rights against each other and against any contractors, consultants, agents, employees or volunteers of the other for damages, except each party's rights as they may have to the proceeds of such insurance policy. The parties, as appropriate, shall require the contractors, consultants, agents and employees of the parties' similar waivers in favor of the other parties.

Sex offender/Background check policy

Each applicant will be screened for criminal history in the sex offender national data base.

Habitat in its sole discretion, will make an individualized inquiry to determine if the information on the report is substantial enough for deslection. Habitat will consider several factors, including, and without limitation, one or more of the following:

- Nature of the conviction and whether children were involved.
- Time elapsed since the offense.
- Extent to which the offense may affect the person's fitness.

Habitat reserves the right to recheck status at any time during the construction process. By signing below you authorize Habitat to obtain a background check. If no approval is given to Habitat, the application will be denied, and an adverse action notice will be issued.

Signature of Homeowner

Date

SECTION 9 - Scope of work outline

Home Preservation: Exterior work that includes painting, patching, minor repair, landscaping, and replacement of exterior building materials for maintaining good or sound conditions.

Critical Home Repair: Interior or exterior work performed to address the health and safety issues or code violations. Critical home repair includes such activities as a change to or repair of materials or components; a reconfiguration of space; a modification for accessibility; or mechanical or electrical systems on an existing structure.

Weatherization: Work done to improve energy efficiency and indoor air quality of a structure. The scope of work of a weatherization project is defined by a comprehensive energy audit. Weatherization projects also include testing of the home upon completion.

Aging in Place: Interior and exterior work done to improve accessibility to the home. This scope of work focuses on making repairs/modifications that help older adults stay independently in their homes longer.

The Home Repair Program is a program put in place to help those in need of warmth, safety, independence, and home preservation.

SECTION 10 -Requested Repairs

Briefly describe the type of 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 on what work can be done with our time and financial resources will be made at the discretion of the general contractor and the Executive Director.

Our volunteers are not professionals and may not be able to make all repairs.

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Area of Repair	Description
Accessibility Modifications: Wheelchair ramp, bathroom grab bars, accessible shower stalls, etc. Would you like an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entrance Repairs: Describe problems with doors porches, steps, or other repairs needed for safe entry into the home.	
Painting: List all interior rooms that require painting and any exterior painting requirements.	
Appliances: Identify appliances such as stove, refrigerator, or hot water heater that do not work and need repair.	
Doors and Windows: Describe repairs required, including locks, glass, frames, weather-stripping, etc.	
General Cleaning: Indicate if there is yardwork, trash removal, or landscaping needed.	
Other: Identify other repairs requested but not listed above.	