



DO NOT DETACH

Special Opportunity to Serve Homeowners with Special Needs!

In addition to our regular housing program, Sussex County Habitat for Humanity (SCHFH) is looking to partner with families who have special needs and are in need of major home repairs. While we are seeking an opportunity to serve these specific populations, SCHFH is an equal housing opportunity lender. We do not discriminate on the basis of race, sex, color, age, disability, religion, national origin, family status, marital status, sexual orientation or because all or part of income is derived from any public assistance program. Please note: all families applying to Habitat will be approved based on their ability to meet our three criteria: Need, Ability to Pay and Willingness to Partner.

See the descriptions below for clarity. **Please circle all that apply** and return with pre-application:

Special Needs

- Frail elderly person (one who is unable to perform at least three (3) activities of daily living such as eating, bathing, grooming, dressing, and home management),
- Mentally or physically disabled persons,
- Persons recovering from physical abuse or alcohol or drug abuse, or
- Persons with HIV/AIDS



5/1/14



MONTHLY BUDGET WORKSHEET

NAME: _____

INSTRUCTIONS:

- 1) Record your monthly expenses for each item (mortgage, groceries, gasoline, etc.). Do not include expense items automatically deducted from your pay (health care, union dues, etc.).
- 2) Add expense amounts for each category.

HOUSING	Amt \$	EDUCATION	Amt \$	TRANSPORTATION	Amt \$
Mortgage		Tuition		Car Payment	
Electricity		Books		Parking	
Gas		Parking Permit		Insurance	
Cable TV		Lab Fees		Gasoline	
Telephone		Tutoring		Maintenance	
Cell Phone		Field Trips		Repairs	
Internet Access		Art Supplies		Bus	
Laundry		Club Dues		Other	
Furniture Rental		Sports Fees			
Other		Lockers			
		Other			
				Transportation Total	
*Actual Homeowner averages					
Housing Total		Education Total			
FOOD	Amt \$	LOOKING GOOD	Amt \$	CREDIT CARDS	Amt \$
Groceries		Clothes		Retail Credit Cards	
Lunches		Shoes		Gasoline Cards	
Restaurants		Cosmetics		MasterCard	
Fast Foods		Toiletries		Visa	
Snacks		Cleaners		Other	
Other		Barber/Beauty			
		Other			
				Credit Cards Total	
Food Total		Looking Good Total			
HEALTHCARE (Out-of-Pocket Expenses)	Amt \$	STUFF (That doesn't fit elsewhere)	Amt \$	LEISURE	Amt \$
Doctor		Gifts		Movies	
Dentist		Charity/Church		Dates	
Prescriptions		Newspapers, etc.		Arcade	
Other		Other		Trips	
				Pets (food, grooming)	
				CDs/Videos	
Healthcare Total		Stuff Total		Hobbies	
				Other	
				Leisure Total	

NET MONTHLY INCOME (from all sources): \$ _____

EXPENSE TOTAL (add category totals above): \$ _____

SURPLUS FOR SAVINGS: \$ _____

Signature: _____

Date: _____

Sussex County Habitat for Humanity
P.O. Box 759, Georgetown, DE 19947

Phone: 302-855-1153
Fax: 302-855-9262

NOTICE OF SEXUAL OFFENDER REGISTRATION CHECK

Please take notice that in accordance with the policy of Habitat for Humanity International and Sussex County Habitat for Humanity, the names of all applicants and co-applicants for a Habitat house or the Repairs Program, and all members of their household that are age 16 or older will be checked against one or more sexual offender registration data bases. If your name, the name of a co-applicant or the name of any member of your household appears in such a registry, you should immediately so notify Sussex County Habitat for Humanity. A photocopy of this Authorization shall be considered as effective and valid as the original.

Applicant's Signature

DATE

Co-Applicant's Signature

DATE

For Office Use Only

Applicant's Name: _____

Co-Applicant's Name: _____

Name of Registry Checked: _____

Applicant's name does not or does appear in the registry.

Co-Applicant's name does not or does appear in the registry.

Registry Checked By (Name): _____

Date: _____

(Over)

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AUTHORIZATION TO PROVIDE/RELEASE INFORMATION

You are hereby authorized to provide Sussex County Habitat for Humanity or its designated representatives, any and all information that you have relating to my credit history, employment history, income, bank and similar balances, and copies of my income tax returns. I hereby release you and Sussex County Habitat for Humanity from all legal responsibility or liability that may arise from your honoring this Authorization and its use of same. A photocopy of this Authorization shall be considered as effective and valid as the original.

Applicant's Signature

DATE

Co-Applicant's Signature

DATE



Home Repair Program

Application Questionnaire

Please print clearly in INK. Fill in ALL sections, both front and back.



Applicant Information: "Applicant" refers to the homeowner requesting renovations.

Homeowner Name: First Middle Last Social Security Number Date of Birth

Home Address: Street City State Zip Code

Mailing Address: (if different) Street Apt. No. City State Zip Code

How long have you lived here? Preferred Phone: Home Work Cell

- Have you been gainfully employed for the past one year? Yes No
If you are not a U.S. citizen or permanent resident, do you have a Work Authorization Card? Yes No

Main Employer: How long have you worked there?

- Please enclose two month's benefit statement or pay stubs which include Year to Date earnings.
This pay is weekly twice monthly monthly

Co-Applicant Information: "Co-Applicant" is any co-owner of the property.

Name: First Middle Last Social Security Number Date of Birth

Home Address: Street City State Zip Code

Mailing Address: (if different) Street Apt. No. City State Zip Code

How long have you lived here? Preferred Phone: Home Work Cell

- Have you been gainfully employed for the past one year? Yes No
If you are not a U.S. citizen or permanent resident, do you have a Work Authorization Card? Yes No

Main Employer: How long have you worked there?

- Please enclose two month's benefit statement or pay stubs which include Year to Date earnings.
This pay is weekly twice monthly monthly

Is your house a: One story Two story Mobile Manufactured Number of bedrooms:

When was it built? When was it purchased?

Are you still making loan payments on your home? Yes No If yes, to whom?

If yes, what is your monthly loan payment or lot rent? \$/mo. How many people are living in your home?

Is anyone in your home a Veteran of the U.S. Armed Forces? Yes No

Please include a copy of the most recent account statement of your main source of income if not wages (i.e. Social Security or Disability).

<u>Additional Household Income (Monthly)</u> <u>their Applicant and Co-Applicant</u>	<u>List ALL individuals who are living in the home and</u> <u>relationship to the homeowner(s):</u>		
	<u>Age</u>	<u>Male</u>	<u>Female</u>
OTHER Applicant Income: \$ _____ (NOT listed above)			
OTHER Co-Applicant Income \$ _____ (NOT listed above)	(1) _____	<input type="checkbox"/>	<input type="checkbox"/>
Child Support: \$ _____	(2) _____	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps: \$ _____	(3) _____	<input type="checkbox"/>	<input type="checkbox"/>
Disability Income: \$ _____	(4) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Income: \$ _____	(5) _____	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your current need for renovations in detail, mentioning also the location of the problem:

Your Willingness to Partner with Sussex County Habitat for Humanity:

If selected, is every adult in the household willing to meet the requirements for our partner families, such as:

- NOT appearing on the Sex Offender Registry
 - providing the necessary paperwork;
 - paying for the cost of materials and services through a short-term, no-interest loan;
 - working alongside SCHFH volunteer putting in hours of Sweat Equity to renovate your home and others;
 - being a good ambassador for Habitat in the community so this important work can continue?
- Yes, I am/we are willing to meet these requirements if selected for the program.
 No, I am/we are not willing to meet these requirements.

Once you have completed filling out both sides of this Application Questionnaire, and have signed and dated it, please return the questionnaire with a copy of the DEED to your house or copy of the TITLE to your mobile home and a copy of your PAYSTUBS or PRIMARY INCOME source account statement and the MONTHLY BUDGET WORKSHEET to our office at the address below.

- We will review your questionnaire and determine if you meet our basic requirements. You will receive a response from us.
- If the basic requirements are met, you will be contacted to set up a site visit.

By signing and submitting this questionnaire, I request to be considered for Sussex County Habitat for Humanity's *Home Repair Program*. I confirm that I am the owner of the house and that the information given on this form is true and complete to the best of my knowledge.

_____ Date: _____
 Applicant Signature Co-Applicant Signature

RETURN THIS QUESTIONNAIRE TO SUSSEX COUNTY HABITAT FOR HUMANITY, ATTN: HOME REPAIR PROGRAM,
 P.O. BOX 759, GEORGETOWN, DE. 19947.

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date Received: _____ Action Taken: Approved _____ Date of Action: _____
 Disapproved _____ Reason: _____

Turning Hope into Homes



Sussex County
Habitat
for Humanity®

HOME REPAIR PROGRAM INFORMATION & INSTRUCTIONS -KEEP THIS PAGE FOR YOUR RECORDS-

We are very pleased that you have expressed an interest in Sussex County Habitat for Humanity's *Home Repair Program*. Our *Home Repair Program* is a home preservation service that provides painting, landscaping, and repair services both major and minor for homeowners in need.

SCHFH is a non-profit, non-denominational Christian housing ministry that builds simple, decent and affordable homes in partnership with low-income families in Sussex County. Through the Home Repair Program, we are also seeking to serve families who are struggling to maintain their homes. We want to help them reclaim their homes with pride and dignity.

- Habitat uses volunteer labor and donated materials when possible to keep costs low and takes no profit for their services.
- A short-term, not-for-profit loan is made to the homeowner to cover the cost of the project. Payments are placed in a revolving fund to help the Home Repair Program serve others in need.

Qualifying for Repairs: In addition to income requirements, qualification is determined through a process that considers: (1) the need for repair, (2) a family's ability to repay a not-for-profit loan and (3) its willingness to fulfill all of the requirements related to being a Habitat partner family.

Some of these **requirements** are:

- providing SCHFH with all necessary documents including a copy of the **DEED**, most recent **PAYSTUBS** or **STATEMENT** of primary form of income and **MONTHLY BUDGET WORKSHEET**
- investing "sweat equity" hours helping to repair your own home
- repayment of a **short-term, not-for-profit loan** for the cost of the materials
- being a good ambassador for Habitat in the community so this important work can continue

Must own and occupy the home in Sussex County that needs repairs.

Preference is given to houses owned in communities where we are currently doing construction projects.

Answer the following questions to see if you should apply for the *Home Repair Program*:

- ❖ Do you own the home you live in? Yes No
- ❖ Is it located in Sussex County? Yes No
- ❖ Are you unable to afford necessary home improvements, or are otherwise unable to complete them due to age, disability or circumstance? Yes No
- ❖ Does your family's monthly gross income fit within the following guidelines?
*Lower income limits are flexible depending upon cost of the repairs Yes No

Family Size

Income Not More Than: FY2015

1	\$2,220
2	\$2,535
3	\$2,850
4	\$3,165
5	\$3,420
6	\$3,675
7	\$3,925

If you answered "Yes" to all of these questions, you may qualify for the *Home Repair Program*. To find out, complete the enclosed questionnaire and return it to the address on the application!

We do not discriminate on the basis of race, sex, color, age, disability, religion, national origin, family status, marital status, or because all or part of income is derived from any public assistance program.

