



Dear Homeowner,

Thank you for your interest in the **Home Repair Program** through Greater Fox Cities Area Habitat for Humanity. This program provides critical interior and exterior home repairs, specifically focused on safety, health, and code violations for homeowners in Calumet, Outagamie, Waupaca, and Northern Winnebago County.

Eligibility for the Home Repair program is based on the critical need for the repairs, ability to repay the loan covering the repairs, and willingness to partner with Habitat for Humanity. The repairs will be financed through a 0% interest loan, with monthly payments calculated based on each applicant's financial situation.

Applicants are required to provide documentation of total household income for all adults living in the home. Total household income cannot exceed the "Maximum" indicated on the chart below for the family size.

Income Guidelines			
Maximum income for household size			
1	\$56,750	5	\$87,550
2	\$64,850	6	\$94,050
3	\$72,950	7	\$100,500
4	\$81,050	8	\$107,000

For those applying to the Home Repair Program, please note that a credit report will be pulled. We will evaluate payment history and the total amount of outstanding debt. It is recommended that applicants obtain a free copy of their credit report to ensure all credit is reported accurately. Please see the next page for instructions to obtain a free copy of your credit report. It is also recommended that applicants search for judgments and criminal charges in their name through the Wisconsin Court Access System wcca.wicourts.gov



****Please retain this page for your records****

Home Repair Program Eligibility

Applicants must:

- Own and reside in the home needing repair
 - Repair services are not provided for mobile homes
- Provide proof of home ownership and homeowner insurance
- Be current on mortgage payments (not in default)
- Be current on their property taxes (or in an agreed upon payment plan with municipality)
- Agree to sign loan paperwork if they are listed as an owner on the property deed
- Be a U.S. Citizen or Permanent Resident
- Clear a criminal background check.
 - Convictions that are recent/severe will be evaluated on a case-by-case basis
 - Services will not be provided if the applicant or any household member is a registered sex offender

Financial Information:

- Provide proof of all income, and be under the “maximum income” per family size
- Bankruptcy must be satisfied for at least 6 months
- Credit history: We will pull a credit report to evaluate your financial history
- Collection debt must be paid or have proof of payment plan
- Judgements must be satisfied or in a payment plan
 - If you would like help with searching for judgements or criminal charges in your name on the Wisconsin Circuit Court Access website wcca.wicourts.gov please contact our front office at 920-954-8702, or stop in during office hours and our front desk team can assist you with this

Obtaining your Credit:

We will run a credit report as part of the application process. You are NOT required to submit a credit report with your application. If you are interested in obtaining a free credit report you can visit www.annualcreditreport.com to request it, or call 1-877-322-8228 to request via phone, or mail a request to Annual Credit Report Service, PO Box 105281, Atlanta, GA 30348-5281.



Home Repair Program Materials Checklist (for applicant use)

All materials must be turned in for your application to be considered complete

- A completed application**
- Current mortgage statement or proof of mortgage paid**
- Copy of Deed for the property** (showing legal property description)
- Homeowner's insurance policy – declaration summary page**
(If you do not have homeowner's insurance, Habitat will work with you to obtain it.)
- Proof of income from all applicable sources**
 - Wages – 60 days of consecutive paycheck stubs from employer(s)
 - Social Security - Current award letter
 - Self Employed -Three (3) years of Income Tax - 1040 Schedule C – (Profit or Loss)
 - Child support income/payments for the past 12 months, if applicable
 - Other income sources
- Federal Tax Return from the most recent year**
- Proof of U.S. residency for adults.** Please submit one of the following:
 - Birth Certificate
 - Driver's License AND Social Security Card
 - US Passport
 - Perm Resident/Green Card
- Copies of the most recent month's utility bills** (gas, electric, water)
- For other adults over the age of 18 living in the household** (if applicable)
 - Proof of income
 - Proof of residency
 - General Release Form (signed for background checks)

If you have any questions about completing this application, please call our office at (920) 954-8702.

Please drop off or mail your completed application to:
Home Repair Program
c/o Greater Fox Cities Area Habitat for Humanity
921 Midway Road Menasha, WI 54952

Office use only:		
Date received: _____		
Project type: <input type="checkbox"/> RTB	<input type="checkbox"/> HRP	<input type="checkbox"/> BWK

1. APPLICANT INFORMATION

Applicant:

Co-Applicant:

Full legal name (first, middle, last) _____

Full legal name (first, middle, last) _____

Alternate and former name(s) (including maiden names) _____

Alternate and former name(s) (including maiden names) _____

Social Security number _____ Date of birth _____

Social Security number _____ Date of birth _____

Phone #: _____ cell home work

Phone #: _____ cell home work

Phone #: _____ cell home work

Phone #: _____ cell home work

Email: _____

Email: _____

Married Separated Unmarried

Married Separated Unmarried

*Unmarried includes single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship

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2. OTHERS LIVING IN THE HOME

Please list all others living in your home. Individuals over 18 will need to complete the general release form.

Name:	Birthdate:	Relationship:

Are any of the children enrolled in Medicaid or BadgerCare plus? Yes No

3a. HOUSING INFORMATION

Property address _____

Mortgage payment: \$ _____ / month

City, State, Zip _____ County _____

Escrow included? Yes No

If no escrow: Homeowner Insurance: \$ _____ / year

Property Taxes: \$ _____ / year

Dates of ownership: (_____ to present)

What year was the home built? _____

3b. UTILITY BILLS

Name of water provider: _____ Monthly average bill: \$ _____
Name of gas/oil provider: _____ Monthly average bill: \$ _____
Name of electric provider: _____ Monthly average bill: \$ _____

4. DECLARATIONS

- 1a.** Have you lived in the home for 2 years or more? Yes No
Dates you have lived in the home: _____ to present
- 1b.** If you have lived in the home less than two years, please list previous address and dates of occupancy:
Address: _____ Dates: _____ to _____
- 2.** Is this a single-family home? Yes No
- 3.** Do you have any renters? Yes No
- 4.** Do you plan to sell your home in 2 years? Yes No
- 5a.** Do you have any judgements or liens against you? Yes No
5b. If yes, are you currently in a payment plan? Yes No
- 6.** Do you have any collections? Yes No (Home Repair Applicants – a credit report will be pulled)
6b. If yes, are you currently in a payment plan? Yes No
- 7.** Are you involved in a lawsuit? Yes No
7b. If yes, please explain: _____

- 8.** Have you declared bankruptcy within 7 years? Yes No
Date of satisfaction: _____
- 9.** Does anyone in your household have any convictions other than traffic? Yes No
9b. If yes, please explain: _____

- 10a.** Are you, or someone in your household, currently or have ever served in the U.S. Armed Services? Yes No
If yes, please list their name(s): _____
- 10b.** Are you, or someone in your household, a surviving spouse or dependent child of a deceased person that served in the U.S. Armed Services? Yes No
- 11.** Are you a U.S. citizen or permanent resident? Yes No

5a. FINANCIAL INFORMATION – EMPLOYMENT

Please include all employers for the past 2 years.

Applicant:

Does not apply Current Employment Previous

Name of employer

Address of employer

City, State, Zip Business phone #

_____ to _____
Dates of Employment (mm/dd/yyyy)

Hourly wage Avg. hours/week Avg. weeks/year

Pay: Weekly Bi-weekly Monthly Semi-Monthly

Type of Employment:

Full Time Temporary Seasonal

Part Time Limited Term _____

If work is seasonal or you are off work regularly each year, is unemployment received? Yes No N/A

Co-Applicant:

Does not apply Current Employment Previous

Name of employer

Address of employer

City, State, Zip Business phone #

_____ to _____
Dates of Employment (mm/dd/yyyy)

Hourly wage Avg. hours/week Avg. weeks/year

Pay: Weekly Bi-weekly Monthly Semi-Monthly

Type of Employment:

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Part Time Limited Term _____

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Applicant:

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Name of employer

Address of employer

City, State, Zip Business phone #

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Part Time Limited Term _____

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5b. FINANCIAL INFORMATION – OTHER INCOME

Please list all other income sources, including SSI/SSDI, child support, alimony, retirement (e.g. pension) unemployment benefits, VA compensation, military entitlements, and any other sources of income.

Does not apply

_____	_____	_____	_____
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?

5b. FINANCIAL INFORMATION – DEBTS & LIABILITIES

Please list the minimum payment or monthly payment on ALL credit cards, auto loans, installment loans, revolving accounts, student loan debt, or other debts or leases for the applicant and co-applicant.

_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
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_____	\$ _____	\$ _____	_____ months
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Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)

If someone other than the homeowner is preparing this form, please complete the following:

_____	_____	_____
Name	Relationship/Organization	Phone



Home Repair Program Homeowner Disclosure Agreement and General Release

My signature indicates that all the information provided in this application is accurate and complete. I understand that to knowingly submit false information is considered fraud and may make me ineligible for services provided through Greater Fox Cities Area Habitat for Humanity (hereinafter referred to as "HFH"). I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive services through the Greater Fox Cities Area Habitat for Humanity. I give permission to HFH to check any and all information, including but not limited to home ownership history, employment, and credit references included herein. I give permission to HFH to check my credit rating, criminal record, and sexual offender registry. I also authorize HFH to take pictures of my house for review and documentation of repairs.

To my creditor:

I/We authorize you to provide HFH any and all information and documentation they request. Such documentation may include, but is not limited to, the following types of information:

1. Employment history
2. Credit history and reports
3. Balances on savings accounts, checking accounts, investment accounts, etc.
4. Payment history and delinquencies
5. Amounts owed on accounts
6. Cash values on life insurance policies
7. Security agreements and pledges for purpose of security
8. Loan amounts, terms, payment schedules, etc.
9. Copies of tax returns or W2 forms
10. Criminal background check
11. National Sexual Offender Registry
12. Social security awards, child support debts, or residency verification
13. Any other documents pertaining to my financial, credit & liability circumstances

Applicant's Name	Last 4 of Social	Applicant's Name	Last 4 of Social
Applicant's Signature	Date	Applicant's Signature	Date

Within the limits of the law, HFH will do its best to keep the information in this application confidential.

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity through 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, family status or national origin.



General Release

For all other adults (18 years+ / non-applicants) in the household

I/We give permission to Greater Fox Cities Area Habitat for Humanity to check my criminal record and sexual offender registry. I understand that by completing this application, I am submitting to all such inquiries.

Name

Social Security #

Date of Birth (mm/dd/yyyy)

Signature

Date

Name

Social Security #

Date of Birth (mm/dd/yyyy)

Signature

Date

Name

Social Security #

Date of Birth (mm/dd/yyyy)

Signature

Date

Name

Social Security #

Date of Birth (mm/dd/yyyy)

Signature

Date

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Office use only:
Year home was built: _____
Project type: <input type="checkbox"/> RTB <input type="checkbox"/> HRP <input type="checkbox"/> BWK
Address: _____

Exterior Repair Needs:

Please list any exterior repairs that would improve your home’s **safety**. Please briefly describe the need for each. Some repairs may be contracted, depending on the extent or type of repair needed, and some repairs are subject to volunteer availability.

Siding/exterior walls: _____

Roof: _____

Gutters/downspouts: _____

Windows/exterior doors/storm doors: _____

Foundation: _____

Porch/railing/steps: _____

Yard/fence: _____

Home Health and Safety Assessment	Yes	No
Do you or any family member have accessibility issues in or around your home? (such as: need for grab bars, hand rails or wheelchair ramps; access to bathtub; tripping hazards; icy spots; uneven ground)		
Do all levels of your home have working smoke and carbon monoxide detectors?		
Do your exterior doors and first floor windows have functioning locks?		
Are any floors, stairs or railings unstable? (such as loose treads, soft subfloors, missing handrails)		
Do you have faucet or toilet leaks?		
Do your ceilings sag or have visible water damage?		
Does your home have exposed or unsafe wiring?		
Do your exhaust fans work?		
Are you aware of any mold issues on the surfaces of your home?		
Are there signs of water leaking near your windows or bathtub?		
Does the heating system work?		
Does the hot water heater work?		
Does your home have any current code violations?		

If you indicated any concerns above, please explain:

For **Health and Safety** issues, we will need to schedule a time to assess the interior of your home. What is the best way to contact you:

Phone #: _____ or Text #: _____ or Email: _____

*** Completing this form is not a guarantee of services***