



Habitat of Humanity of Boone County
Critical Home Repair Application



Thank you for your interest in Habitat for Humanity's Critical Home Repair Program.

If you have any questions about qualifications, please call 765-483-5134

Incomplete applications will not be reviewed. Mail completed application to:

PO Box 5015 Zionsville, IN 46077

The person whose name(s) is on the application below MUST legally own and live in the house to be repaired.

Section 1 - Applicant (Homeowner) Information

Applicant (legal name): _____ Date of Birth: _____

email: _____ phone (include area code): _____

Co-Applicant (legal name): _____ Date of Birth: _____

email: _____ phone (include area code): _____

Address (where you live and where the repair work will be done):

Street: _____ City: _____ Zip: _____

Number of years at this address: _____

Year home was built, if known: _____

List ALL people that live in the home (including applicants)

Name	Relationship to Applicant	Are you over age 65?	Veteran or currently serving in US Armed Forces?	Gross Monthly Income (Before taxes)	Net Monthly Income (After taxes)	Is this person listed on the house mortgage/ deed?

Section 2 - Property Information

This program only does exterior repairs for low-income homeowners who need assistance to do the necessary work. Please mark the items that need to be repaired or replaced:

details or description of need

_____ painting _____

<input type="checkbox"/> siding repair/powerwash	_____
<input type="checkbox"/> gutters/downspouts	_____
<input type="checkbox"/> landscape	_____
<input type="checkbox"/> sidewalks	_____
<input type="checkbox"/> fence	_____
<input type="checkbox"/> windows	_____
<input type="checkbox"/> doors	_____
<input type="checkbox"/> porch	_____
<input type="checkbox"/> garage	_____
<input type="checkbox"/> storage shed	_____
other	_____

**Have you gotten quotes from licensed contractors for the needed work? If so, please attach.
If not, you may be asked to obtain a quote from licensed contractor.

Section 3 - Habitat Partnership

initial

I read and understand the Repair brochure and accept the financial responsibilities.

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 years.

I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside Habitat of Humanity of Boone County volunteers.

I confirm that, except for the conditions listed on this application, my home is a safe place for volunteers and that I will prepare the site in advance for volunteers and contractors.

I will return phone calls and submit paperwork in a timely manner

I will be at my home at all times and working on Habitat for Humanity related activities while work is being completed on my home

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

Next Steps:

*Return fully completed application to: PO Box 5015 Zionsville, IN 46077

*The HFHBC Repair Team will contact you to arrange a visit to evaluate the scope of the project

*A written proposal, if appropriate will be prepared by the Repair team

*If Habitat is unable to do your needed repairs, HFHBC may, with your permission, share your Repair project with another agency that may be able to assist you

*If your Repair project is approved, you will be required to sign the Repair Work Proposal and provide all required documents and payments as outlined