



# Program Eligibility Form

## Critical Home Repair

It is the policy of Habitat for Humanity and Build United to offer the services of this program regardless of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

### 1. APPLICANT INFORMATION

Dear Applicant: Please complete this pre-screening application to determine if you qualify for the Habitat for Humanity or Build United critical home repair programs. Please fill out the application as completely and accurately as possible. All information you include will be kept confidential.

Physical Address of Residence:	Mailing Address (if different from physical address):
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<b>Applicant</b>	<b>Co-Applicant</b>
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<b>Applicant's Name:</b>	<b>Co-Applicant's Name (if applicable):</b>
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<b>Phone Number:</b>	<b>Phone Number:</b>
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<b>Email Address:</b>	<b>Email Address:</b>
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<b>Date of Birth:</b>	<b>Date of Birth:</b>
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<b>Preferred Contact Method:</b>	<b>Preferred Contact Method:</b>
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<b>Preferred Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<b>Preferred Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
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<b>Veteran / Military Affiliation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which branch?</b>	<b>Veteran / Military Affiliation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which branch?</b>
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<b>Who lives in the home in addition to the Applicant/Co-Applicant? (All residents of the home)</b>		
Name	Age	Relationship to Applicant / Co-applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Check if you currently receive or have ever received assistance from any of these agencies:</b>			
<input type="checkbox"/> Community Services Board	<input type="checkbox"/> Department for Aging and Rehabilitative Services	<input type="checkbox"/> Social Services	
<input type="checkbox"/> Valley Associates for Independent Living	<input type="checkbox"/> Valley Program for Aging Services	<input type="checkbox"/> Other: _____	

## 2. PRESENT HOUSING CONDITIONS

Describe the repairs / modifications needed: \_\_\_\_\_

Is the repair to the roof of your home?  Yes  No

Please check below which aspect of your home the repairs or modifications will improve (check all that apply):

- Weather-proofing / water resistance of the home.  Energy efficiency of the home.  
 Security of the home and property.  Safety of the people living in the home.  
 Mobility of residents throughout the home.  The built environment beyond curb appeal.

## 3. PROPERTY INFORMATION

Is your home a Mobile Home?  Yes  No

Do you own or rent your home?  Own  Rent  Lifetime Rights

Amount of Monthly Mortgage / Rent Payment? \$ \_\_\_\_\_ Unpaid Balance (if mortgaged) \$ \_\_\_\_\_

Are your Mortgage / Rent Payments up to date?  Yes  No > How many payments behind? \_\_\_\_\_

Property Taxes are paid or included in escrow?  Yes  No Is Homeowners Insurance current?  Yes  No

## 4. MONTHLY GROSS INCOME

What is your combined household gross monthly income? (before taxes are taken out) \$ \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

## 5. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity, Build United, and Rebuilding Hope to evaluate my actual need for the home repair program, my ability to pay a portion of the repair cost and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check, and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive home repairs, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity and Build United even if the application is not approved.

I also understand that all applicants are screened on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

By checking the box below, you are agreeing to participate in a network made up of health and social service partners ("The Network") who work together to connect clients with services using Unite Us, a web-based platform. In order to connect you to people/agencies that can help you, we ask you to allow us to share your information with those partners. Your information will be kept confidential and will be used to help you get the services you want. Some partners may ask you to sign another consent or authorization to share your information in order to comply with federal, state, and local privacy and data protection laws, such as federal HIPAA laws.

I give my consent for the information in this application to be submitted to Unite Virginia.

X \_\_\_\_\_  
Applicant Signature Date:

X \_\_\_\_\_  
Co-Applicant Signature Date: