

1111 Keith Street - Hendersonville, NC 2879
Tel: (828) 694-0340 Email: info@habitat-hvl.org
Fax: (828) 696-9657 Web: www.habitat-hvl.org

## **Home Repair Program Application**

<b>SECTION 1 ~ APPLICANT[</b>	S] INFORMATION				
Applicant Name:			Date of Birth:		
Social Security:	Telephone Numb	er:	Email:		
Co-applicant Name:			Date of Birth:		
Social Security:	Telephone Numb	er:	Email:	SUE	
Property Address:				41	
Mailing Address:					
Who lives in the home? [Beginning with yourself, list every	person living in your house	hold and the inform	nation requested.}		
FULL LEGAL NAME	DATE OF BIRTH	RELATIONS TO OWNER[S	OF	GROSS MONTHLY INCOME	
REQUIRED: Please submi			a ID for all he was		

age 18 and older. Missing documentation will delay processing.

FOR OFFICE USE ONLY

Date Received:	
Application Number:	

ECTION 2 ~ MILITARY SERV	ACE .	ومنسانوسات		
QUESTION	YES	NO	NAME	RELATIONSHI
Have you or anyone in your household ever served or are currently serving in the US Armed Forces?				

SECTION 3 ~ SPECIAL NE	EDS			
QUESTION	YES	NO	NAME	RELATIONSHIP
Do you require an				
interpreter?				0 0000
Are there any ADA				
modifications that you				
require?				

ECTION 4 ~ PROPERTY INFORMATION		
QUESTION	YES	NO
Is this your primary residence?		
Do you have homeowner's insurance?		
Are you current on property taxes?		

SECTION 5 ~ REQUE	STED REPAIRS		
Modifications/Minor			
home repairs and			
improvements			

SECTION 6 ~ HOMEOWNER'S AGREEMENT	
I certify that the information on this application is a address given on this application. I confirm that m	
To the extent permitted by law and without affecting	ng the coverage provided by the required
homeowners insurance, I agree to sign the release a	and waiver of liability.
Applicant Signature	Date
Co-Applicant Signature	Date

Please mail or return the completed application to:

Henderson County Habitat for Humanity 1111 Keith Street Hendersonville, NC 28792

TO BE COMPLETED BY AFFILIATE			
This application was taken by:	Received by [print or type name]:		
Face-to-face interview			
Mail			
Telephone	Signature	Date	

## **APPLICANT VOLUNTARY INFORMATION FORM**

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor the affiliate's compliance with the required regulations and/or reporting guidelines. You are not required to furnish this information but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the option below.

Applicant Ethnicity:	Co-Applicant Ethnicity:  Hispanic or Latino		
Hispanic or Latino			
MexicanPuerto RicanCuban	MexicanPuerto RicanCuban		
Other Hispanic or Latino—Enter origin:	Other Hispanic or Latino Enter origin:		
Examples: Argentinean, Columbian, Dominican, Nicaraguan	Examples: Argentinean, Columbian, Dominican, Nicaraguan		
Salvadoran, Spaniard, etc.	Salvadoran, Spaniard, etc.		
Not Hispanic or Latino	Not Hispanic or Latino		
I do not wish to provide this information	l do not wish to provide this information		
Race:	Race:		
American Indian or Alaskan Native	American Indian or Alaskan Native		
Enter name of enrolled or principle tribe:	Enter name of enrolled or principle tribe:		
Asian	Asian		
Asian IndianChineseFilipino	Asian IndianChineseFilipino		
JapaneseKoreanVietnamese	JapaneseKoreanVietnamese		
Other Asian—Enter race:	Other Asian—Enter race:  Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.		
Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.			
Black/African American	Black/African American		
Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander		
Native Hawaiian Guamanian or Chamorro Samoan	Native HawaiianGuamanian or ChamorroSamoan		
Other Pacific Islander—Enter race:	Other Pacific Islander—Enter race:		
Examples: Fijian, Tongan, etc.	Examples: Fijian, Tongan, etc.		
White	White		
I do not wish to provide this information	1 do not wish to provide this information		
Gender:	Gender:		
Female	Female Male		
Male			
I do not wish to provide this information	I do not wish to provide this information		