

Instructions

Read all instructions carefully and complete the entire application. If you need assistance, please ask by contacting the Housing Coordinator;

Housing Coordinator

Eileen Dalton
Housing Coordinator
eileen@spshabitat.org
360-956-3456 x4

Completing your application

To complete this application, every section must be filled in if applicable, if it is not, please write "N/A" in its place. Application must be filled out in black or blue ink only.

Background authorization forms must be completed and signed by any head of household member (adults listed on the deed of the home).

Submitting your application

You may email the application or drop it off in person during business hours at our office: 711 Capitol Way S, Ste 401, Olympia WA. 98503.

Program requirements

- This is a repayment program; parties will be responsible for a portion of the cost of the repairs on a payment plan structure
- You must be the homeowner and this must be your primary place of residence
- Interested parties must be considered a low-income household as defined by HUD <https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn>
- There will be a in home inspection completed as part of the application process
- It is required to engage in a minimum of 8 hours sweat equity per adult in the home

APPLICANT INFORMATION

Applicant	Co-Applicant
Full Legal Name	Full Legal Name
Other Names Used	Other Names Used
Social Security Number	Social Security Number
Date of Birth	Date of Birth

Contact Information			
Home/Cell Phone			
Home Address	City	State	Zip
Email			

Total number of household dependents other than the applicant and co-applicant
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the nature of your repair request or improvement (i.e.: adding a ramp, grab bars, widening doorways)

Residence Information	
• Do you own you home:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you have Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is your homeowners insurance current	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Name of insurance company	_____
• Number of bedrooms:	_____
• Number of bathrooms:	_____
• Monthly payment:	_____ Is your mortgage payment current <input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you or the co applicant currently in an open bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Style of home: Stick build	<input type="checkbox"/> Mobile <input type="checkbox"/> Duplex <input type="checkbox"/> Other <input type="checkbox"/> _____

Income

List all income received by members of your household. **You must include all household income.** This may include income from work, public assistance like Social Security, retirement or pension funds, or any other source of income. **All income requires documentation.** If you need more space, attach a separate page. Please state Gross income, not take home(net income).

Type	Company / Agency	Whose Income?	Gross Monthly Amount
Total			

Assets

Type of account: checking, savings, IRA, etc. Please list all

Type	Financial Institution	Whose Assets	Total Account Balance
Total			

Debt

List all debt you (and co-applicant) currently owe. Debt includes any loan, credit account, accounts in collections, liens, or civil judgments that are reported on your credit report.

Type	Company	Unpaid Balance	Monthly Payment
Total			



Home Repair Application



WILLINGNESS TO PARTNER

To be considered for the program, you and your household members must be willing to partner. Each adult in your household is considered a program participant who is required to complete program requirements. This includes applicants and any person over the age of 18 at the time of the application. This is what is called "sweat equity", each applicant must contribute 8 hours minimum.

Are you willing to partner? Applicant [] Yes [] No
Co-Applicant [] Yes [] No

Background Check Authorization Form

A background check is required for all applicant(s) or head of household members. If there are more than one person(s), please make copies of this authorization form and complete and sign for each person. Please complete the following Disclosure Statement and attached Washington State Patrol Request for Criminal History Information.

I, _____ give South Puget Sound Habitat for Humanity permission to run a State Patrol Request for Criminal History for myself, named: _____

1. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adult as defined by Chapter 74.34 and adults of any age who lack the functional, mental, or physical ability to care for themselves.) If yes, explain below.

- First, second, or third degree extortion
• Forgery
• First second or third degree theft
• Any of the foregoing crimes as they may have been renamed
• First or second degree robbery

2. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? If yes, explain below.

3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? If yes, explain below.

4. Have you ever been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor? If yes, explain below.

5. Please list all other names or alias (maiden names) that you have used in the past.

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date _____

Printed Name: _____