

Instructions

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

Critical Home Repair

repairs@spshabitat.org

360-956-3456 x131

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.
- Applications must include a copy of the most recent Form 1040 for each person in the household.

Submitting your application

You may email the application to repairs@spshabitat.org or mail it to PO Box 2225 Olympia, WA 98507.

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, [click here to see income limits](#).
- 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
Date of Birth	Date of Birth

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

Household and Dependent Questions	
Total number of household dependents? _____	Do you have any physical barriers or consider yourself to be differently-abled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of people in your household? _____	Are there children under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the nature of your repair request or accessibility improvement:

Residence Information

- Do you own you home: Yes No
- Do you have insurance: Yes No
- Is your homeowners insurance current Yes No
- Name of insurance company _____
- Number of bedrooms: _____
- Number of bathrooms: _____
- Monthly payment: _____ Is your mortgage payment current: Yes No
- Are you or the co-applicant currently in an open bankruptcy: Yes No
- Style of home: Stick build Mobile Duplex Other _____

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	

INFORMATION FOR MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by us to use in our reporting and for tracking purposes. You are not required to furnish this information but are encouraged to do so. The law provides that we do not discriminate on the basis of this information, nor on whether you choose to furnish it or not.

Where did you hear about our Home Repair Program?

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish the information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other (Specify): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish the information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other (Specify): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)