

# habitat home repair application



Thank you for your interest in Habitat for Humanity's **Habitat Home Repair Program** which is **currently focused on health and safety modifications**. Habitat for Humanity promotes dignity and independence for low-income homeowners by addressing critical health and safety needs within their homes. Each family must meet **all** of Habitat's homeowner selection requirements for repairs. Please note that our organization serves the geographic boundaries of Santa Barbara's South County only - this includes Gaviota to the north and Carpinteria to the south. Other eligibility criteria includes:

1. Have a demonstrated need for critical health and safety repairs
2. Household gross income must be below 80% of the Area Median Income
3. Be willing to partner with Habitat for Humanity, volunteers and the community.

This is an application for home repair service based on the three requirements mentioned above. Please complete all items. Items left blank or with no reply may deem this form as incomplete and may disqualify your request for home repair services. **Please note that funding for home repairs is limited and is not available in all locations. Habitat's ability to address your need is dependent on funding and project scope. Habitat does not do emergency repairs. If you need assistance with completing this application or have questions, please contact mail@sbhabitat.org or (805) 455-4919. When submitting this application, please provide copies of your identification, proof of your income, homeownership and homeowners insurance. Please see page 6 for a checklist of these items.**

## Part 1 – Applicant Information

1. a. Applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Co-applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Marital status:  Single  Married  Widowed

c. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA ZIP: \_\_\_\_\_

d. Telephone number (with area code): \_\_\_\_\_

Alternative Telephone number (with area code): \_\_\_\_\_

e. Email Address: \_\_\_\_\_

2. What type of home do you own? (please check)

single-family detached home  mobile home  townhome  condo

a. How many bedrooms: \_\_\_\_\_ How many bathrooms: \_\_\_\_\_

3. Is your home in a flood zone?  Yes  No



## Part 2 – Homeowner needs

4. a. Please indicate your critical health and safety needs by checking the boxes that apply.

Accessibility ramps	<input type="checkbox"/>	Grab bars	<input type="checkbox"/>
Exterior security lighting	<input type="checkbox"/>	Hand rails	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	Exterior stairs	<input type="checkbox"/>
ADA compliant kitchen repair	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Doors	<input type="checkbox"/>	Door widening	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Termite/rodent infestation	<input type="checkbox"/>

Other (please explain) \_\_\_\_\_

b. In which year was your home built? \_\_\_\_\_

## Part 3 – Household income and expenses

Please note that in this application process, you must meet all eligibility requirements, most specifically, HOUSEHOLD income. When submitting this application, please provide verification of all household income for each adult in the house (unless there is a full-time student with proof of registration provided and/or benefits for children).

5. Total number of household members currently living in your home: \_\_\_\_\_

6. List all household members and their information in the table below.

List of all household members		Age	Check all that apply	Relationship to head of household (spouse, child, other etc.)	Annual income (check all that apply)
Head of Household			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 2			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 3			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 4			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 5			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 6			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed



7. Total, combined gross income (before taxes) for all persons living in the home is:  
 \$ \_\_\_\_\_ per year.
8. Does your total household income fall below the income as indicated in the chart below?  
 Yes  No

Income Guidelines

Family Size	1	2	3	4	5	6	7	8
Maximum Income (80 % SB County)	66,750	76,250	85,800	95,300	102,950	110,550	118,200	125,800

Source: HUD Income Limits effective May 4, 2020.

9. Are you still making payments on your home?  Yes  No
10. Do you have a lien or reverse mortgage on your home?  Yes  No
11. Is your home in a trust?  Yes  No
12. Do you have homeowner's insurance?  Yes  No

<b>Assets and Liabilities Overview</b>			
<b>Assets</b>		<b>Liabilities</b>	
	Amount \$		Amount \$
Cash	\$ _____	Credit Cards	\$ _____
Stocks and Bonds	\$ _____	Real Estate Loans	\$ _____
Real Estate	\$ _____	Automobile Loans	\$ _____
Real Estate	\$ _____	Other Liabilities	\$ _____
Retirement (401K, IRA,	\$ _____		
Automobiles	\$ _____	<b>Total Liabilities:</b>	\$ _____
Other Personal	\$ _____	<b>Net Worth:</b>	\$ _____
<b>Total:</b>	\$ _____	<b>Total:</b>	\$ _____



## Part 4 – Additional information

- 13.** Are you willing to partner with Habitat, including sweat equity hours if you are able and if needed? Sweat equity is your contribution to your home repairs in the form of effort. If you are physically unable, you may have family and friends help you. (Actual hours vary on extent of repairs needed. Single head of household – 8 hours min. dual head of household – 16 hours min.).

Applicant:  Yes  No

Co-applicant:  Yes  No

- 14.** Are you on active military duty or a veteran?

Applicant:  Yes  No

Co-applicant:  Yes  No

- 15.** With this application, I have included copies of **ALL** required documentation as follows (full check-list on page 6):

identification  proof of income  proof of homeownership and insurance

**How did you hear about our program?** \_\_\_\_\_

- 16.** Have you ever applied for Habitat's home repairs or been a recipient of past repairs from Habitat?

Applicant:  Yes  No



## Part 5 – Homeowner agreement and release

I certify that the information on this application is accurate and that I own the property at the address listed 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 for Humanity volunteers. I confirm that, except for the conditions I listed above, my home is a safe place for volunteers. I acknowledge I am unable to financially support requested services.

I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate the need for critical repairs to my existing home, my ability to financially support requested services and my willingness to partner with Habitat for Humanity. I understand that this evaluation will include personal visits, a needs assessments and verification of income and homeownership. I have answered all questions on this application truthfully. I understand that if I have not answered any of these in a truthful manner, my application may be denied and that even if I have already been selected for the Program, I may be disqualified. The original or a copy of this application will be retained by Habitat for Humanity, even if the application is not approved.

With my signature below, I affirm that the information in this application is true to the best of my knowledge.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature (Co applicant) \_\_\_\_\_ Date \_\_\_\_\_

### Mail or email this completed form to:

**Habitat for Humanity of Southern Santa  
Barbara County  
Attn: Habitat Home Repair Program  
PO Box 176, Goleta CA 93116**

**Email: [mail@sbhabitat.org](mailto:mail@sbhabitat.org)**

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there is no barrier to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

### For Habitat Office use only:

\_\_\_\_\_  
**Application received by** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Application reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_



# habitat home repair application



Please submit **COPIES** of the following **REQUIRED** documents, otherwise, your application will not be processed. Habitat for Humanity Southern Santa Barbara County **will not accept originals** of the requested documents.

For Applicant and Co-Applicants only:

## Identification

- Driver's License or State Identification Card
- Other Government issued ID

## Proof of Income

**(minimum of 45 days worth of income. turn in all that apply)**

- Employment Income
- Tax Return Form 1040
- W2
- Food Stamps
- Alimony
- Child Support
- TANF – Temporary Aid for Needy Families
- WIC – Women, Infants and Children
- Cal Works
- Social Security – Benefits
- Social Security – Survivor Benefits
- Social Security – Disability
- Supplemental Security Disability
- Unemployment
- Commission/Tips
- Other – Annuities, Dividends, Gratuities (statements)
- Most recent checking account statement (showing monthly/biweekly, etc. deposits)

## Homeownership

- Current Mortgage Statement/Payment Slip/Space Rent
- Homeowner's Insurance

**Please attach copies of applicable documents to your application and return to:**

**Habitat for Humanity of Southern  
Santa Barbara County  
Attn: Habitat Home Repair Program  
PO Box 176, Goleta CA 93116  
mail@sbhabitat.org**

