

home repair program application



Habitat
for Humanity®
of Southern Santa
Barbara County

Thank you for your interest in Habitat for Humanity's **Home Repair Program which is currently focused on critical 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. The homeowner(s) must meet **all** of Habitat for Humanity'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 (see income guidelines on page 3)
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 for Humanity's ability to address your need is dependent on funding and project scope. Habitat for Humanity does not do emergency repairs. If you need assistance with completing this application or have questions, please contact repairs@sbhabitat.org or (805) 692-2226. 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 – Homeowner & Co-Homeowner Information

1. a. Homeowner Name: _____ Date of birth: ____ / ____ / ____
Co-Homeowner Name: _____ Date of birth: ____ / ____ / ____
b. Marital status: Unmarried Married Separated
c. Street Address: _____
d. City: _____ State: CA ZIP: _____
e. Telephone number (with area code): _____
f. Alternative Telephone number (with area code): _____
g. Email Address: _____
2. a. What type of home do you own? (please check)
 single-family detached home mobile home townhome condo

b. How many bedrooms: _____ How many bathrooms: _____

3. a. Is your home in a flood zone? Yes No Don't know

Part 2 – Homeowner needs

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

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> Landscaping | <input type="radio"/> Stair repairs | <input type="radio"/> Electrical |
| <input type="radio"/> Grab bars | <input type="radio"/> Kitchen repairs | <input type="radio"/> Termite/rodent infestation |
| <input type="radio"/> Exterior painting | <input type="radio"/> Window repairs | <input type="radio"/> Roof repair/replacement |
| <input type="radio"/> Flooring | <input type="radio"/> Doors | <input type="radio"/> Other: _____ |

b. Please describe the requested home repairs: _____

c. In which year was your home built? _____

Part 3 – Household income & assets

Please note that in this application process, you must meet all eligibility requirements, most specifically, income. When submitting this application, please provide verification of all income for all homeowners.

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

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

	Name	Age	Check all that apply	Annual income (check all that apply)
Homeowner			<input type="radio"/> Disabled <input type="radio"/> Male <input type="radio"/> Senior <input type="radio"/> Female	\$ _____ <input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed
Co-Homeowner, if applicable			<input type="radio"/> Disabled <input type="radio"/> Male <input type="radio"/> Senior <input type="radio"/> Female	\$ _____ <input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed
Household member			<input type="radio"/> Disabled <input type="radio"/> Male <input type="radio"/> Senior <input type="radio"/> Female	N/A
Household member			<input type="radio"/> Disabled <input type="radio"/> Male <input type="radio"/> Senior <input type="radio"/> Female	N/A

Household member			<input type="radio"/> Disabled <input type="radio"/> Male	N/A
Household member			<input type="radio"/> Senior <input type="radio"/> Female	N/A
Household member			<input type="radio"/> Disabled <input type="radio"/> Male	N/A
Household member			<input type="radio"/> Senior <input type="radio"/> Female	N/A

7. Total combined gross income (before taxes) for homeowners: \$ _____ per year.

8. Does your total household income fall below the income as indicated in the chart below? To determine this, select the number of members in your household. Your combined income must be below the dollar statde amount in your household size category. Example: Family size = one person, then income must be below \$70,050.

Yes No

Income Guidelines:

Household Size	1	2	3	4	5	6	7	8
Maximum Income (80 % SB County)	\$70,050	\$80,050	\$90,050	\$100,050	\$108,100	\$116,100	\$124,100	\$132,100

HUD numbers effective April 26, 2021. These numbers are subject to change.

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

13. Fill out the following Assets and Liabilities Worksheet for homeowners. This summarizes your financial position as it is at this moment. It is a record of everything you own (assets) and everything you owe (liabilities):

Assets	Amount \$	Liabilities	Amount \$
Cash / Other Liquid Assets (not IRA / Roth or Pension Assets)	\$	Credit Cards	\$
Real Estate (other than main residence)	\$	Real Estate Loans	\$
Retirement (401K, IRA, etc.)	\$	Automobile Loans	\$
Automobiles	\$	Other Liabilities	\$
Other Personal	\$		
Total Assets: \$		Total Liabilities: \$	

Part 4 – Additional information

14. Are you willing to partner with Habitat for Humanity, 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/or 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.).

Homeowner: Yes No

Co-Homeowner: Yes No

15. Are you on active military duty or a veteran?

Homeowner: Yes No

Co-Homeowner: Yes No

16. How did you hear about our program? _____

17. Have you ever applied for Habitat for Humanity's home repairs or been a recipient of past repairs from Habitat for Humanity?

Homeowner: Yes No

18. Who is the point of contact for this application?

Name: _____ Phone Number: _____

Email Address: _____

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 **five** 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 qualify for a conventional mortgage loan for the requested services.

I understand that by submitting this application, I am authorizing Habitat for Humanity including qualified committee members 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 assessment, a sex offender registry check 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.

Signature

Date

Signature (Co-Homeowner)

Date

Mail or email this completed form to:

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

Email: repairs@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.

This program is funded in part with assistance provided by the County of Santa Barbara, through its Community Development Block Grant (CDBG), Program.

For Habitat for Humanity Office use only:

Application received by

Date

Application reviewed by

Date

home repair program 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 Homeowner and Co-Homeowner, if applicable:

Identification

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

Proof of Income

- Two months of Income Statements
 - Paystubs
 - Social Security – Benefits
 - Social Security – Survivor Benefits
 - Social Security – Disability
 - CalFresh / EBT
 - Alimony
 - Child Support
 - TANF – Temporary Aid for Needy Families
 - WIC – Women, Infants and Children
 - Cal Works
 - Supplemental Security Disability
 - Unemployment
 - Commission/Tips
- Three months of asset statements
 - Bank statements showing checking and savings account and transactions
- W-2 or Tax Return for previous year

Homeownership

- Deed of trust to the property or title to the manufactured home
- Current Mortgage Statement/Payment Slip/Space Rent
- Homeowner's Insurance (REQUIRED)

Please attach copies of applicable documents to your application & return to:

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

OR

repairs@sbhabitat.org

Demographics Form

Program name: Habitat for Humanity of Southern Santa Barbara County Home Repair Program

CERTIFICATION: I certify that the information that I provide below is an accurate and complete disclosure. I understand that this self-certification may be subject to further verification by the agency providing services, the County of Santa Barbara, or the U.S. Department of Housing & Urban Development. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.) Your response to this form does not affect your qualification to the Home Repair Program. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Signature _____ **Date** _____

Head of Household Name _____
 (Used to ensure non-duplication of data, ONLY. Your name will not be entered into a database.)

1. **Female Headed Household:** Yes _____ No _____

2. **Indicate the Ethnicity of the Head of Household (choose one):**

Hispanic or Latino	
Non-Hispanic or Non-Latino	

3. **What is the Race of the Head of Household (choose one from the list to the right):**

American Indian/Alaskan Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White
Asian & White
American Indian/Alaskan Native & White
Black/African American & White
American Indian/Alaskan Native & Black/African American
Other Multi-Racial

4. **How many people are living in your household? _____ Persons**
 Include children, adults, students, and any unrelated persons currently living in your household. Do not include visitors.

5. Considering your answer to #4 above, **what is the Total Household Annual Income that most closely describes the income of all the persons 16 and older currently living in your household**, from the chart below.

(i.e. "Below \$26,250" or "\$50,000-\$80,050): _____.

# Persons in Household	30% Median	50% Median	80% Median	> 80% Median
1	Below \$26,250	\$26,250 - \$43,750	\$43,750 - \$70,050	Over \$70,050
2	Below \$30,000	\$30,000 - \$50,000	\$50,000 - \$80,050	Over \$80,050
3	Below \$33,750	\$33,750 - \$56,250	\$56,250 - \$90,050	Over \$90,050
4	Below \$37,450	\$37,450 - \$62,450	\$62,450 - \$100,050	Over \$100,050
5	Below \$40,450	\$40,450 - \$67,450	\$67,450 - \$108,100	Over \$108,100
6	Below \$43,450	\$43,450 - \$72,450	\$72,450 - \$116,100	Over \$116,100