



Home Repair Application

Mailing Address: PO Box 516 Gallatin, TN 37066

Phone: (615) 452-9606

This application is for residents of Sumner County, Tennessee only.



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 are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Marital Status: (circle one)

single married separated widowed

Phone Number

Home: _____

Cell: _____

Monthly income: \$ _____

Type of Income: (circle one)

Social Security Disability Other _____

Co-Applicant

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Marital Status: (circle one)

single married separated widowed

Phone Number

Home: _____

Cell: _____

Monthly income: \$ _____

Type of Income: (circle one)

Social Security Disability Other _____

All Members Living in Household

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Home Repairs Needed (please describe thoroughly)

Summary of Monthly Bills

Mortgage: \$ _____
 Utilities: \$ _____
 Car Payment: \$ _____
 Insurance: \$ _____
 Child Care: \$ _____
 School Lunch: \$ _____
 Student Loans: \$ _____
 Alimony/Child Support: \$ _____
 Average Credit Card Payment: \$ _____
TOTAL: \$ _____

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 Student Loans: \$ _____
 Alimony/Child Support: \$ _____
 Average Credit Card Payment: \$ _____
TOTAL: \$ _____

Applicant Employment Information

Employer's Name: _____
 Employer's Address: _____

 City: _____ State: _____
 Employer's Phone Number: _____
 Type of Business: _____
 Years at this Job: _____
 Monthly Wages (gross): \$ _____

Co-Applicant Employment Information

Employer's Name: _____
 Employer's Address: _____

 City: _____ State: _____
 Employer's Phone Number: _____
 Type of Business: _____
 Years at this Job: _____
 Monthly Wages (gross): \$ _____

Combined Assets

Name of Bank/Savings and Loan/Credit Union:

 Address:

 Account Number:

 Balance:
 \$ _____

Name of Bank/Savings and Loan/Credit Union:

 Address:

 Account Number:

 Balance:
 \$ _____

Applicant Monthly Income

Base Employment Income: \$ _____

Food Stamps: \$ _____

Social Security: \$ _____

SSI: \$ _____

Disability: \$ _____

Alimony: \$ _____

Child Support: \$ _____

Other: \$ _____

TOTAL: \$ _____

Applicant Monthly Income

Base Employment Income: \$ _____

Food Stamps: \$ _____

Social Security: \$ _____

SSI: \$ _____

Disability: \$ _____

Alimony: \$ _____

Child Support: \$ _____

Other: \$ _____

TOTAL: \$ _____

Outstanding Debt

Name of Company: _____

Address of Company: _____

Unpaid Balance: \$ _____

Monthly Payment: \$ _____

Months Left to Pay: _____

Name of Company: _____

Address of Company: _____

Unpaid Balance: \$ _____

Monthly Payment: \$ _____

Months Left to Pay: _____

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home repair. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

I certify that I own and reside in the property at the address given on this application. I understand that the people who may work on my house are unpaid volunteers; and that HFHSC MAKES NO WARRANTIES REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. AS A CONDITION OF APPROVAL, I/WE WILL PROVIDE WRITTEN CONFIRMATION FROM THE MORTGAGE LENDER THAT THE PROPOSED REPAIRS ARE PERMITTED. I hereby release HFHSC and all associated with it from any and all liability whatsoever.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Application Received: _____ / _____ / _____ **Accepted** **Denied**

Date of Home Visit: _____ / _____ / _____

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: FTC Regional Office for the Southeast Region, Suite 1500, 225 Peachtree Street, NE, Atlanta, GA 30303 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

HOME REPAIR ATTACHMENTS

- Copy of Deed to the Home
- Copy of the Homeowners Insurance
- Copy of proof of Income for Applicant & Co-applicant
 - Copy of last two months of bank statements
 - Last two years of Tax Returns (if applicable)