



APPLICATION FOR LOVE YOUR NEIGHBORHOOD HOME & YARD REPAIR

Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION:

NAME OF APPLICANT: _____ SOCIAL SECURITY #: _____ - _____ - _____
 ALSO KNOWN AS: _____ DATE OF BIRTH: _____

NAME OF CO-APPLICANT: _____ SOCIAL SECURITY #: _____ - _____ - _____
 ALSO KNOWN AS: _____ DATE OF BIRTH: _____

ADDRESS: _____ Somerset, KY _____

PHONE NUMBERS - HOME: _____ WORK: _____ CELL: _____

PLEASE LIST ALL CURRENT HOUSEHOLD MEMBERS:

NAME:	DATE OF BIRTH:	AGE:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE PETS? _____ IF YES, WHAT KIND AND HOW MANY? _____

2. INCOME INFORMATION:

List all sources of current income received on a regular basis, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work.

NAME:	TYPE OF INCOME:	PLACE OF EMPLOYMENT:	INCOME START DATE:	\$ Per HOUR:	# HOURS/WK:	GROSS MONTHLY:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

FOR OFFICE USE ONLY: Total Qualifying Monthly: \$ _____
 Total Qualifying Yearly: \$ _____

3. GENERAL INFORMATION:

1. Do you have proof of legal United States residency? (ie - United States birth certificate, United States passport, permanent resident card, I-94 Card) Yes No

2. How long have you lived in Pulaski County? _____ years (1 year minimum)

3. Have you declared bankruptcy? Yes No If yes, when was it discharged? _____

4. YOUR HOME:

1. Who owns the home/who is listed on the deed to the home? _____

2. Do you have a mortgage or mortgages on the home? _____

If yes, how much do you owe? _____

If yes, with what company/organization do you have a mortgage or mortgages? _____

If yes, are your mortgage payments current? _____

3. Do you currently have homeowner's insurance? _____

4. Have you and your home been cited by Code Enforcement? _____

If yes, for what have you been cited? _____

5. What repair projects are needed at your home? Please list in order of most needed to least needed.

6. Please write a brief explanation of why you believe you need Habitat's help with your home repairs?

How did you hear about this program? _____

I/We authorize HFHPC to disclose the above information to other organizations that may help me/us:

Yes No

By my signature I affirm that the above information is true. I understand that providing false information will cause me to be disqualified from being selected as a Pulaski County Habitat partner family. I also give HFHPC permission to do a credit check and a check of all adult household members on the National Sex Offender Registry.

Applicant Date Co-Applicant Date



**EQUAL HOUSING
OPPORTUNITY**

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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C. 20580.

Mail Application to: Habitat for Humanity, PO Box 1690, Somerset, KY 42502

OFFICE USE ONLY

Notes: _____

