

Office Use Only: Case # _____ Packet received: _____ Income: _____ AMI % _____
 Applicant's photo ID _____ DD214 on file _____ Disability paperwork _____ Copy of Deed on file _____ Current on property taxes _____
 Last year's tax return _____ Last month's pay stubs _____ Last month's bank statements _____
 Date of Repairs Assessment/Home Visit _____ Date of Decision Letter _____



Colorado County Habitat for Humanity Home Repair Program

Name _____

Phone Number: _____

Address: _____
(House Number) (Street) (Apt#) (City) (Zip)

Email address: _____

We must be able to contact you

HOUSEHOLD COMPOSITION & CHARACTERISTICS – List the Head of Household and all other people currently living in the home. Indicate the relationship of each family member to the Head of Household. If you have additional family members, please include them on page 2

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB

INCOME INFORMATION – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal income, Social Security, Supplemental Security, food stamps, child support, and any other income/benefits your household may receive).

Household Member Name	Source of Income (Include employer's name)	Amount of Gross Income for 30 days prior to application date

Utility Providers:

Electric Provider _____

Gas/Propane Provider (if you use to heat your home): _____

Water Provider: _____

I certify that I do not have the financial means to make the repairs for which I am applying. My signature below indicates that the information provided in this application is accurate and complete. I give CCHFH permission to inspect my home for purposes of home selection. I realize that there is a limited number of homes that will be selected and that I am not guaranteed of receiving repairs from CCHFH.

 (Applicant's Signature)

 (Date)

How long have you lived at this address? _____ How long do you plan on living at this address? _____
 Do you have a mortgage on this property? _____
 Do you own any other land or property not previously mentioned? Yes _____ No _____
 Explain _____
 Are any household members handicapped or disabled? Yes _____ No _____
 Are any household members active or former members of the military? Yes _____ No _____

DESCRIBE NEEDED REPAIRS – Please explain why you are currently in need of assistance and your current needs. What area in your home is in greatest need of repair?

Additional Family Members:

Household Member Name	Relationship to Head of HH	Race	Sex	Highest Level of Education	DOB

INCOME INFORMATION – Includes all wages (i.e. salaries, unemployment benefits, part-time income, seasonal) You may return your completed application with supporting documents by mailing it or dropping it through the mail slot on our door at the address below.

**Mail: Colorado County Habitat for Humanity
 602 Walnut Street
 Columbus, TX 78934**

CCHFH will contact you by phone when appointments are being scheduled. Completion of this request does NOT guarantee assistance. Assistance is based on applicant being eligible, and AVAILABILITY of funds. An incomplete pre-application can be DENIED. Additional information will be required if an appointment is scheduled. There will be a home visit from Colorado County Habitat for Humanity to determine extent and cost of desired repairs.

Supporting Documents Include:

1. Copies of your photo ID
2. Copy of your deed or mortgage
3. DD 214 if a veteran
4. Disability paperwork if applicable
5. Last month's paystubs and bank statements
6. Last year's tax return or W2 or proof of income (12 months' worth pay stubs)
7. Explanation why you cannot provide required documents

For Office Use only:
