

Neighborhood Revitalization Program
Application Documents Checklist

Applicant: _____

Co-Applicant: _____

Address: _____

Copies of the documents below are required from all applicants, co-applicants and household members (if applicable) ages 18 and over to have an application processed for our Neighborhood Revitalization Program. Please make copies and do not submit originals of the documents.

For Applicant and Co-Applicant

Check Mark

- | | |
|--|-------|
| <input type="checkbox"/> Completed and signed Habitat for Humanity application | _____ |
| <input type="checkbox"/> Signed Homeowner Agreement | _____ |

For ALL Household Members (ages 18 and over)

- | | |
|--|-------|
| <input type="checkbox"/> Last 30 days paystubs (3 paystubs if paid bi-weekly) | _____ |
| <input type="checkbox"/> Most recent tax return for the last 2 years (if Applicable) | _____ |
| <input type="checkbox"/> Most recent W2 or 1099 forms for the last 2 years (if Applicable) | _____ |
| <input type="checkbox"/> Signed 4506T form (IRS Transcripts for last 2 years) | _____ |
| <input type="checkbox"/> Social security benefit letter (if Applicable) | _____ |
| <input type="checkbox"/> Other income verification letter (Veteran disability income, etc | _____ |
| <input type="checkbox"/> A copy of a driver's license | _____ |
| <input type="checkbox"/> Signed Release of Information | _____ |





**Habitat
for Humanity®**

**Neighborhood
Revitalization**

Application



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.

Dear Applicant: Please complete this application for repairs on your home. Please fill out the application as completely and accurately as possible. All information you include will be kept confidential.

SECTION 1 - Homeowner Information

Applicant Name: _____

Co-applicant Name: _____

Date of birth: _____

Date of birth: _____

Social Security Number:

Social Security Number:

Married **Single** **Widowed**

Married **Single** **Widowed**

Property Address: _____

City, State and Zip Code: _____

Email Address: _____

Number of Years at this address: _____

Telephone:

Co-applicant Telephone:

Cell: _____

Cell: _____

Home: _____

Home: _____

Work: _____

Work: _____

Other Household Members:

List the names, ages, **and relationship** to homeowner of **all** people living in the home

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Is anyone in your household a veteran? Yes No Name: _____

Is anyone in your household currently in the military? Yes No Name: _____

Do you currently have an active homeowner's insurance policy? Yes No If not, why? _____

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired

Loss of Limb Mentally Disabled Other: _____

Is translation needed? Yes No If yes, what language: _____

SECTION 3 - Employment Information

Applicant:

Name and Address of Current Employer

Phone No.: _____

Type of Business: _____

Years on this job: _____

Monthly (Gross) wages: \$ _____

Co-applicant:

Name and Address of Current Employer

Phone No.: _____

Type of Business: _____

Years on this job: _____

Monthly (Gross) wages: \$ _____

SECTION 4 - Authorization and Release

I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my ability to repay the no-interest loan and other expenses of homeownership and my willingness partner with Habitat. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application 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 approved for Neighborhood Revitalization services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Photographic/Recording Release. I hereby grant and convey unto Habitat for Humanity of South Palm Beach County, Inc. all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Applicant Signature

Date

Co-applicant Signature

Date

SECTION 5 – Home Repair Details

**Habitat for Humanity of SPBC provides exterior repairs only.
Emergency repair services are not available.**

Homeowner must be a U.S. Citizen or Permanent Legal Resident.

The home must be in Boca Raton, Delray Beach or Boynton Beach, Florida and be a single-family residence. Condominiums, townhouses, multi-family units, manufactured homes or trailers do not qualify.

The home must be owner-occupied and serve as the primary residence of the applicant. Owners of multiple real estate properties are not eligible.

The homeowner must have resided in the home for at least twelve (12) months.

Applicants MUST provide proof of home ownership, 2 years of tax returns for all members of the household, be current on mortgages and taxes as well as submit to a criminal & sex offender background check. Other documents may be requested.

Household income must be within the income eligibility guidelines. Household income will be determined by assessing income for all members.

Homeowner must be willing and able to partner financially with HFHSPBC towards payment of the project: \$200 for A Brush With Kindness and 20% (up to \$2,000) of the total project cost for Critical Repairs. A payment plan is available for qualified applicants.

Homeowners and household members must be willing to complete Sweat Equity hours. This is a valuable tool in build the partnership between the homeowner, volunteers and staff. Homeowners are credited with Sweat Equity hours for working during the project, providing water and snacks, attending educational classes or being present at other HFHSPBC events or programs.

The home must demonstrate need for repairs or replacement. HFHSPBC will complete scope of work after complete application is submitted.

Please specify your exterior home repair needs below:

A Brush With Kindness

- Exterior Pressure Wash/Prime and Paint
- Yard Clean-up
- Mailbox Replacement
- Exterior Light Fixtures
- Minor Landscaping

Critical Repair

- Roof
- Impact Window
- Doors
- Handicap Ramp
- Fascia Board/Soffit

Are you currently facing any code enforcement violations? No Yes*

*If yes please include a copy of your notice(s) with this application

SECTION 6 – Family Questionnaire

What is your current occupation?

If retired, what was your previous occupation before retirement?

Tell us about yourself and your family?

Describe your involvement in your community?

What do you like to do with your free time?

Why should we consider you for repairs?

Applicant's name _____ Co-applicant's name _____

SECTION 7 – Monitoring Information

Please Read This Statement Before Completing the Box Below: The following information is requested by Habitat for Humanity of South Palm Beach County, Inc., in order to monitor our compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. Habitat will neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, Habitat will note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) Ethnicity: ____Hispanic ____Non-Hispanic Sex: ____Female ____Male	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) Ethnicity: ____Hispanic ____Non-Hispanic Sex: ____Female ____Male

Please use this space for any additional information you would like to share:

**AUTHORIZATION TO RELEASE INFORMATION
BLANKET AUTHORIZATION**

I/We hereby give my/our consent for information contained in this application and in other documents required in connection with this application, either before the application process is closed or as part of its quality control program, to be verified or re-verified by:

**Habitat for Humanity of South Palm Beach County
181 SE 5th Ave
Delray Beach, FL 33483**

And its agents, successors and assigns either directly or through a credit report agency.

Such information includes, but is not limited to, employment history; income; licensing; credit history, rental history and copies of income tax returns and/or W-2 forms; criminal background checks.

A photographic copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

Applicant Name: _____

Applicant Signature: _____

Date of Birth: _____ Social Security #: _____

Co-Applicant Name: _____

Co-Applicant Signature: _____

Date of Birth: _____ Social Security #: _____

Date: _____

