

Home Repair Program

Habitat for Humanity of the River Valley helps current homeowners who are struggling to maintain the integrity of their home, due to age, disability, or family circumstances. We offer affordable home repairs and energy efficient upgrades to homeowners in Madison, Limestone, and Jackson Counties. This program aims to bring community together as we restore owner-occupied homes to a state of safety and accessibility.

Home Repair Program Criteria

1. **Need:** The home is in need of a minor to moderate repair that is within HFHRV's scope of work and the homeowner is unable to physically and/or financially complete the repair themselves.
2. **Ability to Pay:** The homeowner is required to pay a portion of the repair cost based on a sliding scale that considers the homeowner's income.
3. **Residency:** The home in need of repair must be the homeowner's primary residence and located within HFHRV's service area, which includes Madison, Limestone, or Jackson County. Additionally, the homeowner must be up to date on property taxes, mortgage payments (if applicable), and homeowner's insurance premiums.
4. **Willingness to Partner:** The homeowner must be present during the duration of the repair work.

We are only accepting applications at this time for 4 HVAC replacements due to funding restrictions. Incomplete applications will be denied. If you need assistance completing this application please give us a call at 256-533-2282 ext. 124.

Documents Needed for Home Repair Application

If you need assistance in completing this application, please call the Habitat Office at 256-533-2282 ext. 124

Please provide the following documents with your completed application:

Habitat can make copies for you.

- Photo ID
- Social Security Card
- Proof of Income
 - Paystubs
 - Four most recent pay stubs, if paid biweekly
 - Two most recent pay stubs, if paid monthly
 - Most Current Award Letter for Income received from:
 - Social Security
 - SSI
 - Pension/Retirement
 - Disability (SSDI)
 - Veteran Benefits
 - Food Stamps
 - If Self-Employed, please provide your last two years of federal tax returns (IRS Form 1040) including all schedules. Tax Returns must be signed.
 - Child Support
 - Court Order and proof of payment for last six months
 - Alimony
 - Court Order and proof of payment for last six months
- Last Two Month's Bank Statements for all accounts.
- Proof of Homeowner's Insurance
- Release of Information for all household members over 18 years of age
- Application fee - \$35 for each applicant
 - Money order or cashier's check

How to Submit Your Application

Drop off application to the Habitat office or mail your completed application and supporting documentation to:

Habitat for Humanity of the River Valley
Attn: Family Services Department
400 Pratt Avenue NW
Huntsville, AL 35801



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.

Home Repair Application

Note: The person whose name is on the application must be one of the people who legally owns and lives in the house to be repaired.

SECTION 1 – Homeowner Information

Applicant's Full Name: _____

Maiden or other name used: _____

Date of Birth: _____ Social Security #: _____

Marital Status: Unmarried(includes single, divorced, widowed) Married Separated

Phone #: _____ Email: _____

Co-Applicant's Full Name: _____

Maiden or other name used: _____

Date of Birth: _____ Social Security #: _____

Marital Status: Unmarried(includes single, divorced, widowed) Married Separated

Phone #: _____ Email: _____

SECTION 2- Household Information

Address: _____

City: _____ State: _____ Zip Code: _____ How long
have you lived here? _____

Do you own the home in needed of repair? _____

Is the home in need of repairs a mobile or manufactured home? Yes No

**We are unable to complete repairs on mobile or manufactured homes at this time.*

Are you or someone in your household a veteran? Yes No

Additional Household Members:

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

How did you hear about the Home Repair Program? _____

SECTION 3 – Income and Mortgage Information

Please list all monthly Income sources:	Applicant	Co-Applicant
Wages (List Employer):	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Other(Please Describe)_____	\$	\$
Other(Please Describe)_____	\$	\$

Please list all monthly expenses:		
Mortgage Payment	\$	\$
Car Payment	\$	\$
Utilities	\$	\$
Cable/Internet/Phone	\$	\$
Auto/Life Insurance	\$	\$
Personal Loans/Credit Cards	\$	\$
Furniture/Rent-to-own	\$	\$
Cash/Payday/Title Loan	\$	\$

Do you have any court ordered debt payments, judgements or liens? _____

If yes, please

explain: _____

Are you currently required to pay child support? _____

Have you declared bankruptcy in the last seven years? _____

Are you currently involved in a lawsuit? _____

Are you currently in default or delinquent with a federal loan/debt? _____

Have you had a foreclosure or defaulted on a mortgage in the past seven years? _____

Are you a co-signer on anyone else's note or loan? _____

Do you understand the repairs completed by Habitat are paid back through a loan (at no interest)? _____

***You must own your home and be current on your mortgage to be eligible.**

SECTION 4 – Homeowner’s Insurance/Property Tax

Do you have homeowner’s Insurance? _____

Insurance Company: _____ Policy #: _____

Have you filed a claim with your insurance company regarding the needed repair? _____

Was the claim approved? _____

***You must own your home and have Homeowner’s Insurance to be eligible.**

Repair Needs:

☐ HVAC replacement

Please explain what is going on with your HVAC? _____

Have you tried to address these repairs previously? If so, what challenges did you face?

How will completing these repairs improve your living conditions or quality of life?

Have you experienced any financial hardships that make it difficult to complete the repairs on your own? If comfortable, please share any details that may help us understand your situation better. _____

Do you see these repairs as a way to help you stay in your home for the long term? If yes, how?

How do you think having a safe and well-maintained home will positively impact your family or the community around you?

Privacy Act Notice

- 1) We collect nonpublic personal information about you from the following sources:
 - Information we receive from you on applications or other forms;
 - Information about your transactions with us, or others, and;
 - Information we receive from a consumer-reporting agency.
- 2) We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in household.
 - Information about your transactions with us, such as your loan balance, and payment history.
- 3) We DO NOT disclose any nonpublic personal information about our customers to anyone, except as permitted by law.
- 4) We may disclose nonpublic personal information about you to the following types of third parties:
 - Financial service providers, such as mortgage servicing agents, and;
 - Non-profit organizations of government agencies.
 - Nonaffiliated third parties as permitted by law.
- 5) We restrict access to nonpublic personal information about you to:
 - Habitat for Humanity's agents and employees that need to know that information to provide Habitat for Humanity services to you;
 - Disclosures to other non-affiliated third parties as permitted by law.
- 6) We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

NOTE: If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures that is you may direct us not to make those disclosures. If you wish to opt out of disclosures to nonaffiliated third parties, you must call Habitat for Humanity of the River Valley at 533-2282 ext.

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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.

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, Federal Trade Commission, 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

Applicant's Name

Date

Co-Applicant's Signature

Co-Applicant's Name

Date

Application Declaration

I declare that all information on this application is true, accurate, and complete, and is given with no intention of misrepresentation. I understand that if any of the information is false, this application will be rejected. I understand that the completion of this application in no way guarantees that I will receive assistance through Habitat for Humanity of the River Valley. I understand that the omission of any information will slow down the selection process. I hereby agree to immediately notify Habitat for Humanity of the River Valley in writing of any changes in the information provided in this application, or of any changes in my circumstances. This includes but is not limited to changes in address, phone number, income, place of employment, marital status, number of household members, or the possibility of inheritance of real and/or personal property having a value of \$7500.00 or more.

I understand that if I have any such changes in circumstances and fail to promptly notify Habitat for Humanity of the River Valley of such change, such failure may disqualify me/us from this or any other program through Habitat for Humanity of the River Valley.

Applicant's Signature

Date

Co-Applicant's Signature

Date



*Building lives...
One home at a time*

Release of information

To whom it may concern:

I respectfully request and authorize you to furnish to Habitat for Humanity of the River Valley any and all information, including that of a confidential or privileged nature you may have concerning me. This information includes, but **NOT** limited to:

Receiving/Reporting Credit Reports	Landlord References
Employment Income Verification	Criminal Background Check
Social Services Income/Assistance Verification	Public Inquiry Records (Judgements, Liens, Court records, etc)
Child Support (receiving or paying) Verification	And other information requested
Financial Records (Banking, Retirement, Loans, Account, Collection, etc.)	

This information will assist in determining my qualifications for being chosen as a recipient for a Habitat home repair.

Intending to be legally bound, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested.

Copies of this authorization carry the same authority as the original.

Applicant signature

Date

Print Name

Social Security

Date of Birth

Co-applicant signature

Date

Print Name

Social Security

Date of Birth

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

THIS SECTION TO BE COMPLETED BY APPLICANT(S)

APPLICANT

☐ I do not wish to provide this information

RACE/NATIONAL ORIGIN

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Hispanic
☐ Black, not of Hispanic origin
☐ White, not of Hispanic origin
☐ Other (specify) _____

SEX

☐ Female ☐ Male

MARITAL STATUS

☐ Married
☐ Unmarried (inc. single, divorced, widowed)
☐ Separated

AGE

Date of birth _____
month day year

CO-APPLICANT

☐ I do not wish to provide this information

RACE/NATIONAL ORIGIN

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Hispanic
☐ Black, not of Hispanic origin
☐ White, not of Hispanic origin
☐ Other (specify) _____

SEX

☐ Female ☐ Male

MARITAL STATUS

☐ Married
☐ Unmarried (inc. single, divorced, widowed)
☐ Separated

AGE

Date of birth _____
month day year

THIS APPLICATION WAS TAKEN BY:

☐ FACE-TO-FACE INTERVIEW
☐ MAIL
☐ TELEPHONE
☒ OTHER (SPECIFY) **RETURNED W/ APPLICATION**
INTERVIEWER'S NAME (PRINT OR TYPE): _____

INTERVIEWER'S PHONE NUMBER: (256) 533-2282

Date: _____

PLEASE REMOVE FORM AND RETURN TO FAMILY SERVICES COORDINATOR

APPLICATION CODE: _____

AMI: _____

Results of Application: _____

THIS SECTION TO BE COMPLETED BY HABITAT OFFICE ONLY!!!!