



Mail or fax completed form to:
 Wichita Habitat for Humanity
 130 E. Murdock St. Ste. #102
 Wichita, KS 67214
 P: (316) 269-0755 | F: (316) 264-1108

Home Repair Request for Assistance

Homeowner Information

First Name:	Last Name:	Co-Applicant First:	Last:

Phone Number:	Secondary Number:	Email Address:

Home Address:

Name of Neighborhood:

City:	State:	Zipcode:

Estimate Annual Gross Household Income:	Household Size:*	Over 18:
\$		

*(You must list ALL in the household.)

Household Size	Annual Income
1	\$64,100
2	\$73,200
3	\$82,400
4	\$91,500
5	\$98,900
6	\$106,200
7	\$113,500
8	\$120,800

Based on this table, is your household's income less than or equal to the amount listed for your household size?

Yes _____ No _____

How did you hear about us?

Referral _____ Website _____ Other _____

If referred, who referred you? _____

If other, please describe: _____

Are you the current homeowner of record? Yes No
(Is your name on the title? You must be the homeowner listed on the title for us to assist you. If your answer is no, we recommend making sure the title is in your name before applying.)

Year Purchased: _____

Is this home your primary residence now? Yes No

Do you run a business in your home? Yes No

Are you current on your property tax? Yes No
(Applicants must be current on property taxes to be eligible for this program. If you are not current on your property taxes, you will need to take care of those first before we can assist you.)

Do you have homeowners insurance? Yes No

Is at least one person on the deed a US Citizen or Permanent Resident? Yes No

Are you a veteran of the US Armed Forces? Yes No

Do you have a mortgage on this home? Yes No

Did you purchase your home from Wichita Habitat for Humanity? Yes No

Are you or a household member an individual with a disability? Yes No
*If yes, indicate the type of disability below (check all that apply, please describe If "other"):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Uses a walker, cane, or crutches | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Wheelchair-Bound | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing Impaired | |

Do you have any court judgments against you? Yes No

Have you filed bankruptcy within the last three (3) years? Yes No

If Yes, how long ago?: _____

Have you had a property foreclosed on within the last three (3) years? Yes No

Are you currently involved in a lawsuit? Yes No

Have you received assistance from Wichita Habitat for Humanity Home Repair Program in the past? Yes No

House Conditions

- | | | |
|---|-----|----|
| 1. Is there a Roof Leak? | Yes | No |
| 2. Are there any foundation issues? | Yes | No |
| 3. Are all rooms accessible? | Yes | No |
| 4. Are you in a mobile or modular home? | Yes | No |
| 5. Do you currently have any code violations? | Yes | No |

Requested Repairs

Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of the WHFH Home Repair Program. The work done by WHFH Home Repair Program will focus on Minimum Housing Quality Standards. No Cosmetic repairs or those deemed of a luxury nature will be allowed.

What type of project are you requesting?

- | | |
|--|---|
| <input type="checkbox"/> Gas Line Leak | <input type="checkbox"/> Renovations |
| <input type="checkbox"/> Water | <input type="checkbox"/> Roof / Gutters |
| <input type="checkbox"/> Sewer (Sewer Leak/Collapse) | <input type="checkbox"/> Windows or Doors (Impacts Safety and Security) |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Code Violations |
| <input type="checkbox"/> Plumbing Repairs | <input type="checkbox"/> Siding Repair |
| <input type="checkbox"/> Furnace, A/C, HVAC | <input type="checkbox"/> Tree Removal (Endangering Home) |
| <input type="checkbox"/> Electrical Upgrade | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Painting | |
| <input type="checkbox"/> Accessibility Modifications | |

Release and Authorization

By signing below, I declare that I understand all of the following statements:

The information gathered on this form will be used to start the eligibility review process, and that completing this form in no way guarantees assistance of any kind. Additional information will be required to establish eligibility.

I am authorizing Habitat for Humanity to evaluate my home's need for repairs under the guidelines of the Home Repair Program. In addition, I am declaring that I have read and understand the following information.

The evaluation will be based on:

1. **Need for Repairs:** The evaluation process will include a personal visit to determine if the home qualifies for the program. The criteria will be explained in more detail at the qualifying home visit. A second, more detailed scope of work inspection will be completed if the household qualifies based on the Ability to Pay determination as explained below.
2. **Willingness to Partner:** This will include providing requested documentation in a timely manner and participating in sweat equity, volunteerism, and/or classroom training. The number of sweat equity hours required will be based on the size/scope of the project.
3. **Ability to Pay:** If the house qualifies for the program, I will then be evaluated on the ability to qualify for grant funding to cover the repair costs and/or to repay a 0% interest loan. This will require employment and income verification for which I will need to provide the requested documentation.

I am declaring to be the sole owner(s) of the property listed at the address given and I have answered all questions truthfully. If it is determined any information provided is not true I may be disqualified from the program, even if I have already been selected to receive assistance.

I understand the original or a copy of this Client Intake Form will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Applicant Demographics

Please read this statement before completing the box below. The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing 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 or not. 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 information below, 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 loan applied for.)

<i>Applicant</i>	<i>Co-Applicant</i>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other <input type="checkbox"/> Do Not Know/Want to Answer	Race/National Origin: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other <input type="checkbox"/> Do Not Know/Want to Answer
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
If you are Hispanic, please specify the origin. <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other	If you are Hispanic, please specify the origin. <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date: ___ / ___ / ___	Birth Date: ___ / ___ / ___
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including Single, Divorced, Widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including Single, Divorced, Widowed)