



Mail completed form to:

Caroline Habitat  
P.O. Box 365  
Bowling Green, VA  
22427

For Office Use Only

Date Received:
Application Fee:
Referred By:
Phone #:
Application #:

**SECTION 1 - Homeowner Information**

Legal Name of Homeowner:		Age:
Home Address:	City:	Zip:
Email:	County:	
Telephone Numbers: Please include area code	H: C: W:	Number of Years at Address: Name of Neighborhood:
List the names, ages, and relationship to homeowner of all people living in the home (attach a list if more space is needed):		
Name/relationship: _____	Age: _____	
Name/relationship _____	Age: _____	
Name/relationship _____	Age: _____	
Name/relationship _____	Age: _____	
Has anyone in your household ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name _____ Branch _____
Is anyone in your household currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name _____ Branch _____

**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 - Household Income and Mortgage Information**

The total, combined income before taxes for ALL persons living in the home is: \$ \_\_\_\_\_ per year

**You must attach verification of all HOUSEHOLD income** for each owner of the home and adult resident, unless a full time student (provide proof of registration) and/or benefits for children  
(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.).

Do you have any of the following: IRA, 401, savings account, stocks, bonds, rental property or annuity  Yes  No  
Please indicate which you have: \_\_\_\_\_

Are you still making loan payments on your home?  Yes  No

If yes, what is your monthly payment? \$ \_\_\_\_\_ / month      How much are your property taxes? \$ \_\_\_\_\_

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$ \_\_\_\_\_ / month

## SECTION 4 - Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs may we share it with them?

Yes  No

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Caroline Habitat your consent to share the information you provide on this application with similar organizations like Rebuilding Together or Work Camp if Caroline Habitat not able to assist you.*

## SECTION 5 - Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the **Habitat volunteers**. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your name: \_\_\_\_\_

Your daytime phone number: \_\_\_\_\_

Is homeowner aware of this application?

Yes  No

## SECTION 6 - House Information / Exterior

### HOUSE INFORMATION

Place a large "X" over the house (below), which most resembles the size of your house.



1 story    1.5 story    2 story    2.5 story

Year Purchased: \_\_\_\_\_ Year Built: \_\_\_\_\_

Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

### House Exterior

Siding	Trim
<input type="checkbox"/> wood	<input type="checkbox"/> wood
<input type="checkbox"/> brick	<input type="checkbox"/> vinyl
<input type="checkbox"/> shakes	<input type="checkbox"/> metal
<input type="checkbox"/> stucco	
<input type="checkbox"/> painted stucco	
<input type="checkbox"/> asbestos/slate	
<input type="checkbox"/> aluminum	
<input type="checkbox"/> vinyl	

### Garage Exterior

Siding	Trim
<input type="checkbox"/> wood	<input type="checkbox"/> wood
<input type="checkbox"/> brick	<input type="checkbox"/> vinyl
<input type="checkbox"/> shakes	<input type="checkbox"/> metal
<input type="checkbox"/> stucco	
<input type="checkbox"/> painted stucco	
<input type="checkbox"/> asbestos/slate	
<input type="checkbox"/> aluminum	
<input type="checkbox"/> vinyl	

### Parts of house and garage that need painting:

- House siding
- House trim (around doors, windows, overhangs, etc.)
- Garage siding
- Garage trim (around doors, windows, overhangs, etc.)
- Other \_\_\_\_\_

### Repairs needed on exterior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 7 - Checklist

- Did you complete all 11 sections of this application?
- Application fee:** Please include a \$20.00 per couple, \$10 for each additional adult. Check or Money order (cash payments only excepted if in person)
- Did you sign the application? (SECTION 5 AND 7)**
- Did you enclose a copy of the deed on your home or other proof of ownership,** such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Do you currently have homeowner's insurance?  Yes  No
- Are you current on your homeowner's insurance premiums?  Yes  No
- Did you include a statement verifying income?** This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. *All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.*

\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE

## SECTION 8 - Application History

- Have you applied to **Habitat** in the past?  Yes  No What year(s)? \_\_\_\_\_  
Has **Habitat** done work at your home in the past?  Yes  No Year(s)? \_\_\_\_\_

## SECTION 9 - Media and Publicity

Where did you learn about **Habitat's** repair program?

- TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization  
OTHER: \_\_\_\_\_ *please describe*

If **Habitat** selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- YES Interviews are okay  YES Visits by elected officials are okay  
 NO I do not want interviews  NO I do not want visits by elected officials

## SECTION 10 - Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you.

## SECTION 11 - Requested Repairs

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all 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 Caroline Habitat. The work done by Caroline Habitat will focus on warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs.**

*Please print*

Area of Repair	Description
<p><b>Accessibility Modifications.</b> Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p> <p>Would you like an assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Carpentry Repairs.</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</p>	
<p><b>Electrical Repairs.</b> List rooms where wall outlets, switches and light fixtures do not work. (The opportunity to have this work done is dependent on the limited availability of a licensed electrician)</p>	
<p><b>Plumbing Repairs.</b> Describe sink, tub or toilet leaks, etc. (The opportunity to have this work done is dependent on the limited availability of a licensed plumber)</p>	
<p><b>Roofing Repairs.</b> Identify where roof leaks.</p>	
<p><b>Painting.</b> List all interior rooms that require painting and any exterior painting requirements.</p>	
<p><b>Appliances.</b> Identify appliances such as stove, refrigerator or hot water heater that do not work or need repair.</p>	
<p><b>Doors and Windows.</b> Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p><b>General Cleaning.</b> Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.</p>	
<p><b>Other.</b> Identify other repairs requested but not listed above.</p>	