



HOME PRESERVATION PROGRAM APPLICATION

Applicants who believe they meet the initial requirements may complete a Home Repair Application and return required materials via U.S mail or dropped off at Habitat for Humanity of Waukesha County, 2020 Springdale Rd, Waukesha, WI 53186.

The application materials, including requested documentation, will be reviewed by HFHWC staff. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

This application is to qualify income.

Section A. Documentation Requirements and Checklist

Applicant must own their home in Waukesha County.

Include proof of ownership with the application.

Applicant must reside in the home for which repairs are requested.

Include proof of insurance with the application.

Include verification of residence with the application.

Applicant must meet the income guidelines – refer to income guidelines table below.

Include the two most recent pay stubs for each household member employed with the application. Every individual over the age of 18 that is residing in the home and working must be included.

Include the most recent tax returns, six months of checking account statements, two months of savings account statements

If applicable, include documentation of non-employment income or assistance with the application if the residents over 18 years of age are not working and receiving benefits. [SSI, TANF, child support, pension payments, Medicaid, etc.]

Household Income	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Min-Max	\$19,850- \$53,816	\$22,650- \$61,504	\$25,500- \$69,192	\$28,300- \$76,880	\$32,470- \$83,030	\$37,190- \$89,181

Household Members

Please list all individuals living in the house.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Section B. Home Information

Best Telephone No.

Home Address

City

Zip Code

Legal Owners (Names on Deeds)

Number and Types
of Work Spaces
in Home

Number and Types
of Living Areas
in Home

Number and Types
of Pets
Dwelling at the Home

	Garages #	Bedroom #	Family Room #	Dogs #
Year Built				
Year Purchased	Carports #	Kitchen #	Living Room #	Cats #
Homeowner's Insurance	Sheds #	Dinette/ Breakfast #	Den #	
Carrier	Barn #	Dining Room #	Office #	
Policy No.	Other:	Full Bath #	Other:	
		Half Bath #		

Are any of the pets in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?

Yes No

Are any of the residents in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?

Yes No

Would youth volunteers be welcomed as members of the repair team?

Yes No

Do any member of the household have a physical disability?

Yes No

Are property taxes paid up to date?

Yes No

Do you own other real estate property?

Yes No

If yes, what is the address?

Street:

City:

State:

Zip:

Please indicate if there are any known code violations at the home that have not been addressed.

Briefly describe the repairs necessary and why you are asking for Habitat for Humanity to assist you with the repair.

Are there any special instructions or information that the repair team should know prior to entering the home? If so, please describe below:

Yes No

Section C. Sweat Equity and Partnership

Your help in renovating your home and the homes of others is called sweat equity. To be considered for the Habitat for Humanity repair program you must be willing to complete a determined number of “sweat equity” hours set for the value of services rendered, on your home or the homes of other Habitat families. Other family members or friends can help you in accumulating sweat equity hours. This may include landscaping, construction work, painting, attending educational sessions, working in the Habitat for Humanity of Waukesha County office or ReStore, or other approved activities.

Note: Reasonable accommodations will be made for people with disabilities who may be unable to perform “sweat-equity” hours or certain physical activities. Other family members or friends may help fulfill the hours or other activities will be substituted. Further information will be provided at a meeting with the applicant.

Applicant

Are you willing to complete sweat equity hours? Yes No

Will you be willing to take home ownership classes? Yes No

Are you willing to be a partner with Habitat for Humanity of Waukesha County? Yes No

Did you serve, or is currently serving, in the military? Yes No

Are you willing to be present and participate in a home interview? Yes No

Are you willing to be present and provide access to the home for a repair assessment? Yes No

Co-Applicant

Are you willing to complete sweat equity hours? Yes No

Will you be willing to take home ownership classes? Yes No

Are you willing to be a partner with Habitat for Humanity of Waukesha County? Yes No

Did you serve, or is currently serving, in the military? Yes No

Are you willing to be present and participate in a home interview? Yes No

Are you willing to be present and provide access to the home for a repair assessment? Yes No

Other Adults over the Age of 18 Residing in the Household

Are other adults over the age of 18 residing in the household willing to complete sweat equity hours? Yes No

Will any of these persons require reasonable accommodations?

Yes No

Section D. Personal Statement

**Please write
a brief explanation
of why you feel
you should be selected
for assistance
and how it will help you.
If you need additional space,
use the back side of this page.**

Section E. Commitment Statement and Signatures

By signing or typing my name in the space provided below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal from the program and to such other penalties as may be prescribed by law or policies of Habitat for Humanity of Waukesha County.

Applicant's Signature

	Date / /
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Co-Applicant Signature

	Date / /
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PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)