

Application for Home Repair

PO Box 416, Little Silver, New Jersey
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HOMEOWNER APPLICANT INFORMATION:

Full Name:

Phone #:

Address:

Email:

City, State, Zip:

of years at Address:

Do you own & live in the house at this address? Yes _____ No _____

Is your house a single or multiple family house? _____ Single _____ Multiple

HOUSEHOLD INFORMATION:

How long have you owned your present home? _____ years

Does the Applicant own or lease the property? _____ own _____ lease _____ other

List the names, ages & relationship to the applicant of all people living in the home:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Does anyone living in the home have a disability? _____ Yes _____ No

If yes, please describe the disability:

Do you plan to live in your house for the next 5 years? _____ Yes _____ No

FINANCIAL INFORMATION:

If you are selected to participate in our Home Repair Program verification of income will be required. Verification may be provided through the most recent income tax return, monthly social security statement, employment check stub, etc.

List the total combined income (before taxes) for all persons living in the house: _____ per year.

Are you still making mortgage payments on your home? _____ Yes _____ No

If yes, how much per month? _____

How much are your monthly real estate taxes? \$ _____ Monthly \$ _____ Annually

REQUESTED REPAIRS:	
Briefly describe all the repairs you would like to have completed on your home. Requested work could include, but is not limited to painting, minor repairs, weatherization, deck repairs, minor carpentry, sheet rock repairs, siding and roof repairs, etc.:	
Please note that while our Habitat affiliate will provide volunteer labor, the homeowner is responsible for the payment of all materials necessary to make the repairs. Also note that we do not provide repairs that require a licensed professional, such as plumbing, electrical and heating repairs.	
I am willing and able to pay for the materials necessary to make the repairs. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If township permits are necessary for any repairs it is the home owner's responsibility to obtain the permits.	
APPLICATION AGREEMENT:	
<p>I certify that the information contained within this application is complete and accurate to the best of my knowledge; that I own and reside in the property at the address given in the application; and that I have no present intention to move or offer my house for sale in the next five (5) years. I certify that except for the repairs listed in this application, my house is a safe place for volunteers to work.</p> <p>I understand that the people who may work at/on my home are unpaid volunteers who may not be skilled in their work and that HFHNMC makes no warranties, expressed or implied, regarding any materials or work done on my home.</p> <p>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.</p>	
_____	_____
Signature	Date
<p><u>Completed application should be returned to:</u></p> <p>Habitat for Humanity of Northeast Monmouth County</p> <p>PO Box 3306</p> <p>Long Branch, NJ 07740</p> <p>Att: Home Repair Program</p>	