



**Home Repair Application**  
 Habitat for Humanity of Carroll County  
 255 Clifton Blvd. Suite 301  
 Westminster, MD 21157



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.

**Applicant**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Marital Status (circle one)  
 single          married separated          widowed  
 Phone Number  
 (home) \_\_\_\_\_  
 (cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Monthly income \$ \_\_\_\_\_  
 Type of Income (circle one)  
 Social Security Disability          Other \_\_\_\_\_

**Co-Applicant**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Marital Status (circle one)  
 single          married separated          widowed  
 Phone Number  
 (home) \_\_\_\_\_  
 (cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Monthly income \$ \_\_\_\_\_  
 Type of Income (circle one)  
 Social Security Disability          Other \_\_\_\_\_

| <b>All Members Living in Household</b> |               |
|--|---------------|
| Name                                   | Date of Birth |
| _____                                  | _____         |
| _____                                  | _____         |
| _____                                  | _____         |

**Home Repairs Needed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Monthly Bills**

|                             |  |
|-----------------------------|--|
| Mortgage                    |  |
| Utilities                   |  |
| Car Payment                 |  |
| Insurance                   |  |
| Child Care                  |  |
| School Lunch                |  |
| Student Loans               |  |
| Alimony/Child Support       |  |
| Average Credit Card Payment |  |
| <b>TOTAL</b>                |  |

**Applicant Employment Information**

Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
\_\_\_\_\_  
Employer's Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Years at this Job \_\_\_\_\_  
Monthly Wages (gross) \$ \_\_\_\_\_

**Co-Applicant Employment Information**

Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
\_\_\_\_\_  
Employer's Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Years at this Job \_\_\_\_\_  
Monthly Wages (gross) \$ \_\_\_\_\_

**Combined Assets**

Name of Bank/Savings and Loan/Credit Union  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Account Number \_\_\_\_\_  
Balance \$ \_\_\_\_\_

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\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Account Number \_\_\_\_\_  
Balance \$ \_\_\_\_\_

**Applicant Monthly Income**

TANF \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Co-Applicant Monthly Income**

TANF \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Outstanding Debt**

Name of Company \_\_\_\_\_  
Address of Company \_\_\_\_\_

Name of Company \_\_\_\_\_  
Address of Company \_\_\_\_\_

Unpaid Balance \$ \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Months Left to Pay \_\_\_\_\_

Unpaid Balance \$ \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Months Left to Pay \_\_\_\_\_

**Where did you hear about Habitat for Humanity of Carroll County's Program and How did you access the application:**

**Please briefly describe why you need Habitat for Humanity's assistance (use back of application if additional space is needed):**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home repair and my ability to pay the no-interest loan. I understand that the evaluation will include personal visits, photographs of my property, a credit check, and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE**

Date Application Received \_\_\_/\_\_\_/\_\_\_       Accepted       Denied  
Date of Home Visit \_\_\_/\_\_\_/\_\_\_