

APPLICANT INFORMATION

Name of Homeowner _____ Age: _____

Name of Co-Homeowner _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____

Email: _____

HOUSEHOLD INFORMATION (please list everyone who resides at this address, including minors).

List all sources of current **gross** monthly income for ALL HOUSEHOLD MEMBERS, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, TANF, or income earned from seasonal work.

NAME & AGE OF HOUSEHOLD MEMBER	SOURCE OF INCOME (if Applicable)	AMOUNT PER MONTH
_____ Age: _____	_____	_____
_____ Age: _____	_____	_____
_____ Age: _____	_____	_____
_____ Age: _____	_____	_____
_____ Age: _____	_____	_____

Total Gross Monthly Income \$ _____

HOUSE/BUILDING INFORMATION

What year did you purchase your home? _____ Age of Home/Year Built: _____

Do you have a mortgage? YES: _____ NO: _____

If yes, what is the monthly payment, including tax and insurance: \$ _____

Do you have homeowner's insurance? YES: _____ NO: _____

Have you received insurance claim money for any of the repairs you are requesting assistance for or have you filed an insurance claim?

YES: _____ NO: _____

If yes, please explain: _____

Does your home have working smoke detectors? YES: _____ NO: _____

EXPLAIN THE REPAIR WORK NEEDED AT YOUR HOME:

How did you hear about our program?: _____

AUTHORIZATION, RELEASE OF INFORMATION & SIGNATURE

I/We understand that by filing this application, I/we are authorizing Hancock County Habitat for Humanity to evaluate my/our need for home repairs. I/we understand my/our application can be denied if Habitat for Humanity determines it cannot perform the needed repair work for any reason.

I/We further certify that the information contained in this application is true and complete to the best of my/our knowledge. I/We understand that if I/we give false information or withhold information or if there are any changes in the information set forth in this application, my/our application will be denied.

APPLICANT'S SIGNATURE: _____

DATE: _____

CO-APPLICANT'S SIGNATURE: _____

DATE: _____



NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C.

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW.

We are requesting the following information to monitor our compliance with the federal Equal Opportunity Credit 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	<input type="checkbox"/> I do not wish to furnish this information
Race (applicant may select more than one racial designation)	Race (applicant may select more than one racial designation)
American Indian or Alaska Native	American Indian or Alaska Native
Black/African American	Black/African American
Native Hawaiian or other Pacific Islander	Native Hawaiian or other Pacific Islander
Asian	Asian
White	White
Ethnicity	Ethnicity
Hispanic or Latino	Hispanic or Latino
Non-Hispanic or Latino	Non-Hispanic or Latino
Gender Identity	Gender Identity
female	female
male	male
Non-Binary	Non-Binary
transgender-female	transgender-female
transgender-male	transgender-male
Veteran	Veteran
yes	yes
no	no

Mail Completed Application or scan and send to:

Habitat for Humanity
 Attn: Sherry Billings
 PO BOX 343 Ellsworth, ME
 04605
 director.hchh@gmail.com