

Habitat for Humanity Hawaii Island seeks to share the love of Christ by bringing people together to build homes, communities, and hope!

What is the Critical Home Repair Program? We help homeowners in Hawaii County maintain their homes by offering critical home repairs at a fraction of the actual cost!

To participate in the program, you must be able to meet ALL the following qualifications:

Are you a U.S citizen or permanent resident?
Have you owned AND lived in your current home for at least the past 12 months?
Is your home located within Hawaii County?
We may prioritize applications from VETERANS living anywhere in Hawaii County.

Is your household's annual income below 80% of the Area Median for Hawaii County?

Household Size	Maximum Household Income	
1	\$56,500	
2	\$64,550	
3	\$72,600	
4	\$80,650	
5	\$87,150	
6	\$93,600	
7	\$100,050	
8	\$106,500	

ABILITY TO PAY

<u>WI</u>	LLINGNESS TO PARTNER
	Can you make a one-time payment up front to cover 10% of the total repair costs? We will determine the specific payment amount before you make your final commitment.
	Are you current on all payments due for housing costs, such as mortgage, property taxes & homeowners insurance?

Are you willing to maintain a law-abiding household?
Are you willing to maintain a safe environment for repair work?
Are you willing to contribute sweat equity, helping to work on your own home or the home of others in our homeownership program. <i>Generally, 5 hours of sweat equity will be allotted per \$1,000 of the cost.</i>
Are you willing to fulfill all requirements in a timely, honest manner?
Are you willing to be present and engaged while all repair work is performed?

Are you willing to share your experience through conversations, events, and media?

If you can say "YES!" to ALL the above questions, YOU MIGHT BE ELIGIBLE!



Please contact our Family Services Manager at (808) 331-8010, ext 110 or (808) 935-6677 for details!



REQUIRED DOCUMENTATION CHECKLIST

You must include a copy of ALL the following documents with your application packet! Failure to submit all required documentation may result in denial of your application.

	accumontation may recall in actual of your application.
	Photo ID for the applicant(s)
٢	Proof of U.S. citizenship or permanent residence for the applicant(s)
	Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or U.S. permanent resident card.
٢	Current statement showing amount due for any mortgages or liens on the residence
	Current statement showing amount due for any property taxes on the residence
	Current homeowners insurance declaration page
	Current statement showing balance in any bank accounts held by applicant(s)
	Documentation of the previous year's income for applicant(s) Acceptable documentation includes Tax Return (Form 1040), a tax transcript from the IRS, OR a non-filing letter from the IRS accompanied by documentation of stable income from another source for at least the previous 12 months (e.g., 1099, W2, DSS Benefit History).
	Documentation of the past 6 months' gross earnings for all adult household members <u>Household</u> includes everyone residing in your home at the time of this application and your spouse if legally married unless a separation of more than 12 months can be documented.
	Documentation of ALL other income currently received by adult household members

DD 214 form for any veterans in the household

Section 8, SNAP / Food Stamps, Child Support, Alimony, etc.

Different or additional documentation may be required in unique circumstances.

Call (808) 331-8010, ext 110 or (808) 935-6677 if you have questions on any of the required documentation!

Examples include Supplemental Security Income, Social Security, Disability, Housing Choice Voucher /

EQUAL HOUSING OPPORTUNITY STATEMENT



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. 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. We pledge to keep



information in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.

SECTION I: HOUSEHOLD INFORMATION						
Applicant (Homeowner)	Co-Applicant (Co-Homeowner, if applicable)					
Name:	Name:					
Birth Date: Age: Gender: M / F	Birth Date: Age: Gender: M / F					
Social Security Number:	Social Security Number:					
Marital Status (check one):	Marital Status (check one):					
□ Married □ Separated □ Unmarried	□ Married □ Separated □ Unmarried					
Phone Number:	Phone Number:					
Email Address:	Email Address:					
All Other Household Members (Adults & children who a						
Name Relationship	Birth Date (MM/DD/YY) Age Gender					
	M/F					
	M/F					
	M/F					
	M/F					
	M/F					
	M/F					



Read this statement BEFORE completing the information below:

The following information is requested by Habitat for Humanity Hawaii Island, Inc. to monitor our efficacy in serving diverse populations in need of housing assistance. **You are not required to furnish this information but are encouraged to do so!** In accordance with the letter and spirit of the law, we will not discriminate based on information in this section, nor on whether you choose to furnish it.

□ I do not wish to furnish this information. (If you check this, please leave the rest of this section blank.)					
# of Household Members with a Diagnosed Mental or Physical Disability:					
# of Household Members who have ever been a member of the U.S. Military:					
# of Household Members of Race / Ethnicity: American Indian / Alaska Native; Asian; Native Hawaiian / Pacific Islander; Black / African-American; Hispanic / Latino; White / Caucasian;					
Other:					
SECTION II: CURRE	NT HOUSING CONDITIONS				
Provide all the following information about your current he	ousing to the best of your present knowledge:				
Street Address:	Mailing Address (if different):				
Total Years at this Residence:	Total Monthly Mortgage Payment: \$				
Type of house: □ Standard single-family □ Mobile / manu	ufactured Multi-family:				
Mobile / manufactured and multi-family housing may be subject to additional limitations on repairs.					
Year Built: Square Footage:	# of Stories: # of Bedrooms:				
Year of Last Roof Replacement:					
Have rooms, garages, or other spaces been added since the original construction? Y / N					
If yes, please briefly describe all additions:					
-					



Provide any details you can about repair work in the history of the home:				
Roof Repairs: Y / N	If yes, when?	By whom?		
Brief description:				
Electrical Repairs: Y / N	If yes, when?	By whom?		
Brief description:				
Plumbing Repairs: Y / N	If yes, when?	By whom?		
Brief description:				
Other Repairs: Y / N	If yes, when?	By whom?		
Brief description:				
Please list all repairs reque possible:	ested, ranking them first to last in	order of importance to you, and including as much detail as		
possible:	•	order of importance to you, and including as much detail as		
possible: 1:				
possible: 1: 2:				
possible: 1: 2:				
possible: 1: 2: 3: 4:				



SECTION III: EMPLOYMENT			
Applicant (Homeowner)	Co-Applicant (Co-Homeowner)		
Current Job Title:	Current Job Title:		
Current Employer:	Current Employer:		
Address:	Address:		
Phone Number:	Phone Number:		
Years on this Job:	Years on this Job:		
Previous Job Title:	Previous Job Title:		
Previous Employer:	Previous Employer:		
Address:	Address:		
Years on this Job:	Years on this Job:		
Reason for Leaving:	Reason for Leaving:		



SECTION IV: INCOME				
Income Source	Applicant (Homeowner)	Co-Applicant (Co-Homeowner)	Household Members	Total (\$ / Month)
Earnings	\$	\$	\$	\$
Alimony, Child Support, or Separate Maintenance*	\$	\$	\$	\$
Housing Choice Voucher (Section 8, etc.)	\$	\$	\$	\$
Social Security (SS, SSD, etc.)	\$	\$	\$	\$
Supplemental Security Income (SSI, SSDI, etc.)	\$	\$	\$	\$
Supplemental Nutrition (SNAP, Food Stamps, etc.)	\$	\$	\$	\$
Temporary Assistance (TANF / FI)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Monthly Income:				

^{*}As a Special Purpose Credit Program, we are authorized to inquire about income from alimony, child support, or separate maintenance. Applicants may request that this income not be used in determining their ability to repay a loan.



SECTION V: ASSETS					
Provide the following information regarding ALL financial accounts or other assets held by applicant(s):					
CIRCLE ONE:	Bank / Finan	cial Institution	Account Type (e.g., checking)	Current Balance	
Applicant / Co-Applicant				\$	
Applicant / Co-Applicant				\$	
Applicant / Co-Applicant				\$	
Applicant / Co-Applicant				\$	
Do you own any land? Y	/ N	Est. Value: \$_	Unpaid Balanc	e: \$	
Do you own any vehicles	? Y/N	Est. Value: \$_	Unpaid Balanc	e: \$	
Do you own any other ho	uses? Y / N	Est. Value: \$_	Unpaid Balanc	e: \$	
			am, you will be required to pay a ribe your plan to save up this mo		project



SECTION VI: WILLINGNESS TO PARTNER				
Describe any recent experience with volunteer work or community involvement:				
Please list names & phone numbers for anyone you know who would be willing to volunteer to help you:				
How did you hear about our Critical Home Repair Program? Please check all that apply:				
Familiar with Habitat	Saw a post on social media	Referred by another agency		
Shopped in the ReStore	Read about it in the news	Heard from family or friends		
Referred by a homeowner	Heard about it on the radio	Heard from work		
Referred by a volunteer	Watched a TV report on it	Heard from church		



SECTION VII: AUTHORIZATION & RELEASE

READ THE FOLLOWING INFORMATION <u>VERY CAREFULLY</u> BEFORE SIGNING BELOW! ASK OUR STAFF ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING BELOW!

By signing below, I confirm the following:

I understand that, by submitting this application packet, I am authorizing Habitat for Humanity Hawaii Island, Inc. and its designees to evaluate my qualifications for its Critical Home Repair Program. I understand that this evaluation will include an assessment of my actual need for the assistance, my ability to make any required payments, and my willingness to partner in the completion of Sweat Equity and other program requirements.

I understand that this evaluation includes verification of all information contained in this application packet regarding all household members, including, but not limited to, information pertaining to residence, income, employment, assets, debt, and background. I understand that verification may include, but is not limited to, credit checks, criminal background checks, sex offender registry checks, and public records checks of all household members, and I have the necessary authorization to submit these household members to such checks. I understand that verification may also include contact with volunteers, current and former employers, landlords, creditors, and financial institutions disclosed in this packet and throughout the application process, as well as photos of my current residence. By submitting this application packet, I am authorizing Habitat for Humanity Hawaii Island and its designees to conduct this evaluation.

I have completed this application packet truthfully and to the best of my present knowledge. If any information included in this packet changes while my application is under review, I understand that I am required to promptly notify Habitat for Humanity Hawaii Island's staff and may be required to provide documentation verifying such changes. I understand that any discovery of inaccuracy, incompleteness, fraudulence, or change in the information supplies in this packet may result in the delay or denial of my application or deselection from the program, even after I have been offered approval to participate.

I understand that, if I am approved for the Critical Home Repair Program, I must abide by all program requirements to ensure the successful completion of repairs. I understand that I may be liable for the full cost of any repair work performed on my behalf if I fail to abide by all program requirements through the time of completion. I understand that Habitat for Humanity Hawaii Island and its designees offer no warranties, expressed or implied, regarding repair work done on my behalf, except for defects in materials or workmanship specific to the project, which will be warrantied for six months following project completion.

I hereby release Habitat for Humanity Hawaii Island, its staff, its volunteers, and all its designees associated with the Critical Home Repair Program of all liability of all kinds.

I understand that the original or a copy of this application packet and its attachments may be retained by Habitat for Humanity Hawaii Island, even if the application is not ultimately approved or deselection occurs.

Applicant Signature	Date	Co-Applicant Signature	 Date

