



Habitat
for Humanity®
Hawai'i Island



Critical Home Repair Application Packet

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:

NEED FOR ASSISTANCE

- 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

- Are you current on all payments due for housing costs, such as mortgage & property taxes?
- 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.

WILLINGNESS TO PARTNER

- 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. *Generally, 5 hours of sweat equity will be allotted per \$1,000 of the cost.*
- 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!



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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.

- Photo ID for the applicant(s)
- 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.
- 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 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
Household 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
Examples include Supplemental Security Income, Social Security, Disability, Housing Choice Voucher / Section 8, SNAP / Food Stamps, Child Support, Alimony, etc.
- DD 214 form for any veterans in the household

**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!**

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



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

SECTION I: HOUSEHOLD INFORMATION

Applicant (Homeowner)

Name: _____

Birth Date: _____ Age: ____ Gender: M / F

Social Security Number: _____

Marital Status (check one):

Married Separated Unmarried

Phone Number: _____

Email Address: _____

Co-Applicant (Co-Homeowner, if applicable)

Name: _____

Birth Date: _____ Age: ____ Gender: M / F

Social Security Number: _____

Marital Status (check one):

Married Separated Unmarried

Phone Number: _____

Email Address: _____

All Other Household Members (Adults & children who also live in the home)

Name	Relationship	Birth Date (MM/DD/YY)	Age	Gender
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F



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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: CURRENT HOUSING CONDITIONS

Provide all the following information about your current housing 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 / manufactured 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:



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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 requested, ranking them first to last in order of importance to you, and including as much detail as possible:

1: _____

2: _____

3: _____

4: _____

5: _____



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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: _____



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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.*



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SECTION V: ASSETS

Provide the following information regarding ALL financial accounts or other assets held by applicant(s):

CIRCLE ONE:	Bank / Financial 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 Balance: \$ _____

Do you own any vehicles? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

Do you own any other houses? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

If you are approved for the Critical Home Repair Program, you will be required to pay a percentage of the project budget, and this will have to be paid in advance. Describe your plan to save up this money:



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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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Familiar with Habitat | <input type="checkbox"/> Saw a post on social media | <input type="checkbox"/> Referred by another agency |
| <input type="checkbox"/> Shopped in the ReStore | <input type="checkbox"/> Read about it in the news | <input type="checkbox"/> Heard from family or friends |
| <input type="checkbox"/> Referred by a homeowner | <input type="checkbox"/> Heard about it on the radio | <input type="checkbox"/> Heard from work |
| <input type="checkbox"/> Referred by a volunteer | <input type="checkbox"/> Watched a TV report on it | <input type="checkbox"/> Heard from church |



INFORMATION AUTHORIZATION

Date:

To: WHOM IT MAY CONCERN

Bank, Savings & Loan, Employer, Prior Employer, Credit Bureau, Mortgage Company, Commercial Retailer, Agreement of Sale Seller, Collection Agency, etal.

In order to process a current, complete and accurate account on my credit report, I/WE hereby authorize you to promptly release in written or verbal form to Service 1st all the necessary information pertaining to my/our employment verification, credits and/or deposits with you.

You are authorized to give ratings, salaries, bonus and overtime information, loan balance and any other information requested to provide Service 1st assistance in completing the loan application.

I/WE authorize Service 1st to reproduce this form as many times as necessary in order to obtain said information, therefore a copy of this form bearing my/our signature(s) carries the same authority as the original.

Your company, officers, and employees are held harmless by me/us for furnishing true and correct information; however we specifically request your prompt response at your earliest convenience.

I understand that all information is furnished for the purpose of procuring credit and will remain in strict confidence.

Very truly yours,

Signature of Applicant

Signature of Co-Borrower

PLEASE ATTACH A CHECK OR MONEY ORDER FOR \$23.30 PER PERSON OR \$38.10 FOR MARRIED COUPLES; MADE PAYABLE TO “**Habitat for Humanity Hawaii Island**”

