



# HOME REPAIR PROGRAM APPLICATION

HABITAT FOR HUMANITY OF GREATER LOS ANGELES' HOME REPAIR PROGRAM (HRP) HELPS LOW-INCOME HOMEOWNERS ALLEVIATE HEALTH AND SAFETY ISSUES IN AND AROUND THEIR HOME. THROUGH THE HRP, HOMEOWNERS ARE ABLE TO RECLAIM THEIR HOMES WITH PRIDE AND DIGNITY. THE HRP ALIGNS WITH HFH GLA'S DESIRE TO SERVE MORE HOUSEHOLDS IN A MANNER CONSISTENT WITH THE ORGANIZATION'S PRINCIPLES, VALUES AND MISSION GOALS. HOME REPAIRS AND SERVICES ARE PROVIDED AT ZERO OR DEFERRED COST DEPENDING ON PROJECT SCOPE OF WORK AND ESTIMATED COSTS.

## ELIGIBILITY REQUIREMENTS

- MUST OWN A HOME WITHIN THE HFH GLA SERVICE AREA
- HOUSEHOLD INCOME MUST BE WITHIN INCOME ELIGIBILITY GUIDELINES (*SEE CHART BELOW*)
  - HOUSEHOLD INCOME WILL BE DETERMINED BY ASSESSING INCOME FOR ALL MEMBERS LISTED ON AN APPLICATION AND ALL DEPENDENTS REPORTED ON APPLICANT'S FEDERAL INCOME TAX FORMS
- HOME MUST DEMONSTRATE NEEDS FOR REPAIRS
- HOME MUST BE OWNER-OCCUPIED AND SERVE AS THE PRIMARY RESIDENCE OF APPLICANT(S) OR QUALIFYING HOUSEHOLD MEMBER(S)
- OWNERS OF MULTIPLE REAL ESTATE PROPERTIES ARE NOT ELIGIBLE
- HOME MAY BE SINGLE-FAMILY RESIDENCES, CONDOMINIUMS OR MANUFACTURED HOMES
  - MULTI-FAMILY RESIDENCES (DUPLEXES, APARTMENT BUILDINGS, ETC.) ARE **NOT** ELIGIBLE
- HOMEOWNERS AND/OR HOUSEHOLD MEMBERS MUST BE WILLING TO COMPLETE 24 HOURS OF *SWEAT EQUITY*
  - SWEAT EQUITY IS A VALUABLE TOOL IN BUILDING THE PARTNERSHIP BETWEEN HOMEOWNERS, VOLUNTEERS, AND HFH GLA STAFF. HOMEOWNERS ARE CREDITED WITH SWEAT EQUITY HOURS FOR WORKING ALONGSIDE STAFF AND VOLUNTEERS WHENEVER POSSIBLE, BEING AVAILABLE TO MEET WITH HFH GLA STAFF OR DESIGNATED CONTRACTORS, BEING PRESENT ON SITE AND/OR BEING AN ACTIVE AMBASSADOR OF HFH GLA AND ITS PROGRAMS
- HOMEOWNERS MUST DEMONSTRATE THAT THE FOLLOWING ITEMS ARE CURRENT:
  - MORTGAGE LOAN PAYMENT
  - HOMEOWNER'S INSURANCE
  - PROPERTY TAXES
- MUST BE U.S CITIZEN OR PERMANENT LEGAL RESIDENT
- VETERANS MUST SHOW PROOF OF SERVICE DISCHARGE BY PROVIDING A COPY OF THEIR DD214 FORM

HOUSEHOLD MEMBERS	1	2	3	4	5	6
2014 GROSS ANNUAL INCOME LIMIT	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650

FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT US AT:

17700 SOUTH FIGUEROA STREET • GARDENA, CA 90248 • (310) 323-4663 • WWW.HABITATLA.ORG



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# APPLICATION CHECKLIST

Please complete all sections of this application. Upon review and confirmation of the information provided, you will receive notification regarding the status of your application. Please understand that our home repair program is offered on a first qualified, first served basis and is dependent on the availability of funding. Therefore, not all qualified applicants will be selected. If you have any questions, please feel free to call the Homeowner Relations Department at **424-246-3640**. Thank you.

- DID YOU COMPLETE ALL APPLICABLE SECTIONS?
- DID APPLICANT(S) SIGN THE HOME REPAIR PROGRAM APPLICATION? REFER TO SECTION 8.

**TO COMPLETE THIS APPLICATION, PLEASE INCLUDE COPIES OF ALL REQUIRED DOCUMENTS LISTED BELOW.**

**ALL DOCUMENTS SUBMITTED MUST SHOW THE NAME AND ADDRESS OF THE HOMEOWNER(S):**

- A COPY OF THE DEED ON YOUR HOME (DEED OF TRUST, QUITCLAIM DEED, ETC.)
- IF APPLICABLE, A COPY OF YOUR MOST RECENT MORTGAGE STATEMENT
- PROOF OF CURRENT HOMEOWNER'S INSURANCE (INCLUDING FLOOD/HAZARD INSURANCE WHEN APPLICABLE)
- A COPY OF YOUR MOST RECENT PROPERTY TAX STATEMENT
- A COPY OF ONE RECENT UTILITY BILL (GAS, POWER, WATER, PHONE, ETC...)
- A COPY OF A VALID PHOTO ID FOR ALL APPLICANTS AND HOMEOWNERS
- A COPY OF A SOCIAL SECURITY CARD FOR ALL APPLICANTS
- DOCUMENTATION TO VERIFY HOUSEHOLD INCOME:
  - FEDERAL INCOME TAX RETURNS AND W-2 AND/OR 1099 FORMS FOR THE PREVIOUS TWO YEARS FOR ALL EMPLOYED HOUSEHOLD MEMBERS, 18 YEARS OF AGE AND OLDER (**PLEASE SUBMIT COPIES OF SIGNED TAX RETURNS OR SIGN THE COPIES YOU SUBMIT**)
  - IF SELF-EMPLOYED, INCLUDE FORM 1040 WITH SCHEDULE C, E OR F
  - PAY STUBS FOR THE PREVIOUS **THREE CONSECUTIVE MONTHS** FOR EACH EMPLOYED HOUSEHOLD MEMBER (**MUST RUN CONSECUTIVELY**)
  - IF APPLICABLE, CHILD SUPPORT, ALIMONY, AND MONTHLY BENEFIT STATEMENT LETTERS FOR ALL HOUSEHOLD MEMBERS RECEIVING ANY FORM OF BENEFIT (E.G. RETIREMENT/PENSION, UNEMPLOYMENT, SSI, TANF, SSDI, ETC.)
- CURRENT CHECKING AND/OR SAVINGS ACCOUNT STATEMENTS FOR **THREE CONSECUTIVE MONTHS** (INCLUDING BUT NOT LIMITED TO STOCKS, IRA'S, PENSION ACCOUNTS, MUTUAL FUNDS ETC.). **MUST INCLUDE ALL PAGES**
- FOR VETERANS, PLEASE PROVIDE A COPY OF THEIR DD-214 DISCHARGE FORM
- IF YOU ARE A WIDOW/WIDOWER OF A VETERAN, PLEASE PROVIDE A COPY OF THE DECEASED MEMBER'S DISCHARGE FORM AND DEATH CERTIFICATE

## APPLICATION PROCESS

- **HOMEOWNER SUBMITS AN APPLICATION AND SUPPORTING DOCUMENTS**
- **HFH GLA REVIEWS APPLICATIONS FOR COMPLETENESS AND ELIGIBILITY**
- **IF HOUSEHOLD IS ELIGIBLE, HFH GLA ASSESSES PROPERTY TO EVALUATE REPAIR NEEDS**
- **BASED ON PROGRAM FUNDING AND PROPERTY ASSESSMENT RESULTS, APPLICATIONS ARE REVIEWED FOR PROGRAM APPROVAL**
- **APPROVED HOMEOWNERS REVIEW SCOPE OF WORK AND SIGN PROGRAM AGREEMENTS WITH HFH GLA STAFF**

**HOME REPAIR PROJECTS ARE SCHEDULED BASED ON PROGRAM CALENDAR AVAILABILITY**



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# HOME REPAIR PROGRAM APPLICATION

**SUBMIT COMPLETE APPLICATIONS TO:  
 HFH GLA HOME REPAIR PROGRAM  
 17700 S. Figueroa Street, Gardena, CA 90248**

**SECTION 1 – HOUSEHOLD INFORMATION**

Full Name of Homeowner:	Age:
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Full Name of Spouse/Co-Owner:	Age:
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Property Address:

City:	Zip Code:
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Number of Years at this Address:

Home Phone #:	Cell Phone #:
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Email Address:

Have you or has anyone in the household served in the military?  Yes  No

Is anyone in the household an active military service member?  Yes  No

List the names, ages and relationships of all people living in the home. Please attach a separate page if more space is needed. If you answered **YES** to any of the questions above, please indicate Military Status (Active/Inactive) and Date of Discharge (if inactive).

Full Name	Relationship	Age	Military Status	Date of Discharge

Is anyone in the household a widow of a former veteran?  Yes  No If **YES**, please complete the section below

Full Name	Relationship	Dates Served	Date of Discharge

Military Branch Served	
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**SECTION 2 – SPECIAL NEEDS**

Is anyone in the home disabled?  Yes  No If **YES**, please describe below:

Do you or any of the applicants require translation?  Yes  No If **YES**, in what language:

**SECTION 3 – HOUSEHOLD INCOME**

Please indicate the gross monthly income figure for each member	Homeowner	Spouse/ Co-Owner	Household Member with Income	Household Member with Income	Non-Household Member listed on Property Title
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/WC	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Foster Parent income	\$	\$	\$	\$	\$
Military/Veteran Pay	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

**SECTION 4 – MORTGAGE AND PROPERTY INFORMATION**

Are you making mortgage loan payments on your home?  Yes  No  
If **YES**, How much is your payment:

Are you current on your mortgage?  Yes  No  
If **NO**, please explain:

Do you have Homeowner's insurance?  Yes  No  
If **NO**, please explain:

Do you have Hazard insurance?  Yes  No

Do you have Flood insurance?  Yes  No

Is your home located in a historic neighborhood or have a historic designation?  Yes  No  Not Sure  
If **YES**, please indicate here:

Do you own any other real estate?  Yes  No  
If **YES**, please list here:



**SECTION 5 - REQUESTED REPAIRS**

Have you applied for Habitat for Humanity of Greater Los Angeles programs in the past?  Yes  No

If **YES**, please indicate the year you applied:

Has Habitat for Humanity of Greater Los Angeles worked on your home in the past?  Yes  No

If **YES**, please indicate the year you received repairs:

**Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. Please understand that items listed below will be considered but the final decision regarding repairs provided is at the discretion of Habitat for Humanity of Greater Los Angeles**

AREA OF NEED	DESCRIPTION OF REPAIR NEED
<b>Accessibility Modifications:</b> Example: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
<b>Carpentry repairs:</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed.	
<b>Electrical repairs:</b> List rooms where wall outlets, switches and light fixtures do not work.	
<b>Plumbing repairs:</b> Describe sink, tub or toilet leaks, etc.	
<b>Roofing Repairs:</b> Identify where roof leaks.	
<b>Painting:</b> List all interior and exterior painting requirements.	
<b>Doors and Windows:</b> Describe repairs required, including locks, glass, and frames and weather-stripping.	
<b>General Cleaning:</b> Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.	
<b>Other:</b> Identify other repairs requested but not listed above.	

**SECTION 6 – SHARING APPLICANT INFORMATION**

If HFH GLA has partnerships with other nonprofit organizations that can provide free or low cost services to low income families, may we share your contact information and/or any application details with them?

*If you do not give us permission to share your information with other organizations, your application will remain confidential and for sole use by HFH GLA. If you check yes, you give HFH GLA your consent to share the information you provide on this application with similar organizations if HFH GLA is not able to assist you or if your specific needs may be met through the assistance of outside organizations. You will have the choice to pursue assistance with these organizations based on their program terms.*

Yes, I consent

No, I do not consent



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**WHERE DID YOU HEAR ABOUT HFH GLA'S HOME REPAIR PROGRAM?**

<input type="checkbox"/> Television	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Community/Civic Group	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Habitat ReStore	<input type="checkbox"/> Church:	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> Radio	<input type="checkbox"/> CE-SB	<input type="checkbox"/> Work/Job Fair	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Habitat Website	<input type="checkbox"/> CE-H4H	<input type="checkbox"/> School:	<input type="checkbox"/>

**SECTION 7 – STATEMENT OF NEED**

Please tell us why you think you should be selected for the Home Repair Program and how it will help your household. Please feel free to attach additional sheets if necessary.

**SECTION 8 – OPTIONAL**

Please complete the following demographic information. This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnic Background	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan native & African American	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Black African American & White <input type="checkbox"/> Asian & White



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**SECTION 9 – APPLICANT AGREEMENT**

- I/We certify that the information on this application is true and accurate and that I /we own the property at the address given on this application.
- I/We grant permission to HFH GLA to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant for the HFH GLA’s Home Repair Programs, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and credit history (2) personal references, including all parties listed in this application and/or any other parties which HFH GLA desires to contact, (3) family composition and marital status and related issues, (4) credit worthiness, (5) immigration status, (6) police records and other information relative to criminal charges and/or convictions, (7) any additional information that HFH GLA deems necessary to evaluate this application.
- I/We agree that if Habitat for Humanity of Greater Los Angeles selects my/our home to be repaired, photos of the applicant(s), household members and the home may be taken and a bio/summary about the applicant(s) and/or project may be written and shared with the general public or utilized for public relations, promotional or program development purposes
- I/we understand that HFH GLA may reject this application based upon the results of these inquiries. I/we understand that the HFH GLA is a nonprofit corporation with limited resources and cannot afford to provide assistance for each applicant. Consequently, I/we agree that HFH GLA, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for HFH GLA or any claims of any nature associated herewith.

Signature of Homeowner

Date

Signature of Spouse and/or Co-Homeowner

Date

Signature of Additional Member Listed on Property’s Title

Date

Signature of Additional Member Listed on Property’s Title

Date



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