



For office use - # _____
Date received _____
Referred by _____
City citation _____

Goodhue County Habitat for Humanity's **Home Revitalization Programs** are intended to help lower income families remain comfortably in their homes for as long as possible.

Homeowner _____ H Phone (____) _____ - _____
 Address _____ C Phone (____) _____ - _____
 City _____ Zip code _____ Email _____
 County _____ Age ____ Yrs. in home ____ Military? ____ Veteran? ____

People in Household

Name _____ Relationship _____ Age ____ Military? ____ Veteran? ____
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Special Needs

English the first language? ____ Translation needed? ____ Language _____
 Anyone in the home disabled? ____ If so, please describe – Mentally disabled ____
 Wheelchair ____ Mobility impaired ____ Hearing impaired ____ Blind ____
 Other / describe - _____

Household Income and Mortgage Information

Total combined *before tax* income of *all* adult persons living in the home \$ _____ per month
 Provide documentation to verify the income noted, unless the adult is a fulltime student.
 (Most recent income tax return(s), social security statement(s), retirement income statement(s), employment check stub(s), etc... Please note if statements represent annual, monthly, twice-monthly, or weekly income.)
 Fulltime adult students, provide verification of school registration.
 Making mortgage payments? ____ Including taxes and insurance? ____ Monthly \$ _____
 After paying monthly bills, approximately how much is left to spend on house repairs? \$ _____
 Comments _____

Requested Assistance

Requested items will be considered, but **Goodhue County Habitat for Humanity** will make the final decision regarding what work, if any, that will be done. Project scope, work conditions, work skill requirements, volunteer availability, timing, and financial resources will influence the final decision. Much of the work is accomplished with volunteer labor.

Mostly, is the work? Exterior painting _____ Yard work _____ General carpentry _____

Roof repair _____ Window or door repair _____ Mobility or accessibility related _____

Type of exterior and trim? _____

Briefly describe the type of work for which you would like assistance. Use the back page and/or attach a separate piece of paper and/or drawings if it would be helpful. Please print.

Application History

Have you applied to or has Habitat worked on your home previously? _____ When? _____

Have you applied to other organizations for assistance? _____ Who? _____



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Media and Publicity

Goodhue County Habitat for Humanity is a not-for-profit organization and relies on volunteers, financial donors, and a positive reputation to continue their mission. If your application is accepted in part or in total, Goodhue County Habitat for Humanity will take pictures for potential use for marketing purposes. Media outlets may also be willing to cover the work.

Is this acceptable to you? _____ Are you willing to be interviewed? _____ Are you willing to visit with elected officials if any wish to visit the work site? _____ How did you learn about Habitat's Home Revitalization Programs? _____

Personal Statement

Briefly, how will you be helped if Goodhue County Habitat is able to work on your home?

Homeowner Agreement

I certify that I am the owner of the property as described and that the information provided is accurate. I will provide proof of ownership when required. *I intend to continue residing in the home on this property for at least three (3) more years.* I am willing to permit representatives of Goodhue County Habitat for Humanity visit the property to evaluate the requested work. If work project is approved, I permit representatives of Goodhue County Habitat for Humanity to enter my home and/or work on my property to accomplish the agreed upon work. I certify that my property is safe for Goodhue County Habitat for Humanity volunteers and contractors. *I certify that my homeowner's insurance is paid and in force.* To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign a release and waiver of liability. I agree to allow Goodhue County Habitat for Humanity media coverage of the work.

Signature _____ Date ____/____/____

You are not the homeowner, but assisted the homeowner complete this application. You are:

Printed name _____ Relationship to homeowner _____

Phone number (____)____-____ I certify the homeowner is aware of this application.

Signature _____ Date ____/____/____