

Home Repair Application

Your Name: _____ Today's Date: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____ All owners on the home's legal title: _____

Do you own & live in this home? _____ Is this a mobile home? _____

Do you have homeowner's insurance? _____ Number of kids under 18 in the home: _____

Is anyone in the home a veteran/widow? _____ Number of adults (18+) in the home: _____

Is anyone in the home disabled? _____ Total number of people in the home: _____

May we share your application with another program, if they can better meet your needs? _____

Gross Monthly Income (before taxes/deductions) for ALL Household Members

List **all adults** (anyone age 18 or older) currently living in the home & their gross monthly income from all sources including wages, disability, social security, pension, unemployment, child support, TAF/GA and other income.

Applicant: _____ Gross monthly income: _____ Source: _____
Gross monthly income: _____ Source: _____

Adult #2: _____ Gross monthly income: _____ Source: _____
Relationship: _____ Gross monthly income: _____ Source: _____

Adult #3: _____ Gross monthly income: _____ Source: _____
Relationship: _____ Gross monthly income: _____ Source: _____

Check Your Home Repair Needs

___ Roof ___ Water heater ___ Air conditioner
___ Ramp ___ Electrical ___ House painting
___ Furnace ___ Plumbing ___ Interior accessibility

only for age 55+ ___ Siding repair
___ Porch repair ___ Gutter/soffit repair
___ Handrails ___ Trip/fall hazard

Discuss briefly or add additional comments:

I understand that by filing this application, I am authorizing Lawrence Habitat to evaluate my need for home preservation repairs, my willingness to be a partner family and their ability to do the work. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive Critical Home Repair Program services, I may be disqualified from the program. Lawrence Habitat will retain this application even if the application is not approved.



Sign here: _____

Please be advised that this form is NOT an agreement for program acceptance

-----for office use only-----

Total reported: \$ _____ % Total submitted: \$ _____ %

Lawrence Habitat for Humanity

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