



## HOME REPAIR APPLICATION

Applicants who believe they meet the initial requirements may complete a Home Repair Application and return required materials via U.S mail or dropped off at Habitat for Humanity of Waukesha County, 2020 Springdale Rd, Waukesha, WI 53186.

The application materials, including requested documentation, will be reviewed by HFHWC staff. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

This application is to qualify income.

### Section A. Documentation Requirements and Checklist

**Applicant must own their home in Waukesha County.**

Include proof of ownership with the application.

**Applicant must reside in the home for which repairs are requested.**

Include proof of insurance with the application.

Include verification of residence with the application.

**Applicant must meet the income guidelines – refer to income guidelines table below.**

Include the two most recent pay stubs for each household member employed with the application. Every individual over the age of 18 that is residing in the home and working must be included.

Include the most recent tax returns

If applicable, include documentation of non-employment income or assistance with the application if the residents over 18 years of age are not working and receiving benefits. [SSI, Welfare, child support, pension payments, Medicaid, etc.]

Household Income	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Min-Max	\$11,850- \$35,460	\$14,350- \$40,560	\$16,900- \$45,600	\$19,400- \$50,640	\$21,450- \$54,720	\$23,450- \$58,822

### Household Members

**Please list all individuals living in the house.**

1.

2.

3.

4.

5.

6.

**Section B. Home Information**

Best Telephone No.			
Home Address			
City		Zip Code	
Legal Owners (Names on Deeds)			

	Number and Types of Work Spaces in Home	Number and Types of Living Areas in Home	Number and Types of Pets Dwelling at the Home
Year Built _____	Garages # _____	Bedroom # _____	Family Room # _____
Year Purchased _____	Carpports # _____	Kitchen # _____	Living Room # _____
Homeowner's Insurance	Sheds # _____	Dinette/Breakfast # _____	Den # _____
Carrier _____	Barn # _____	Dining Room # _____	Office # _____
Policy No. _____	Other: _____	Full Bath # _____	Other: _____
		Half Bath # _____	
			Dogs # _____
			Cats # _____

If yes, what is the address?

Are any of the pets in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home? Yes  No

Are any of the residents in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home? Yes  No

Would youth volunteers be welcomed as members of the repair team? Yes  No

Do any member of the household have a physical disability? Yes  No

Are property taxes paid up to date? Yes  No

Do you own other real estate property? Yes  No

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please indicate if there are any known code violations at the home that have not been addressed.**

**Briefly describe the repairs necessary and why you are asking for Habitat for Humanity to assist you with the repair.**

**Are there any special instructions or information that the repair team should know prior to entering the home? If so, please describe below:**

Yes  No

### Section C. Sweat Equity and Partnership

Your help in renovating your home and the homes of others is called sweat equity. To be considered for the Habitat for Humanity repair program you must be willing to complete a determined number of “sweat equity” hours set for the value of services rendered, on your home or the homes of other Habitat families. Other family members or friends can help you in accumulating sweat equity hours. This may include landscaping, construction work, painting, attending educational sessions, working in the Habitat for Humanity of Waukesha County office or ReStore, or other approved activities.

*Note: Reasonable accommodations will be made for people with disabilities who may be unable to perform “sweat-equity” hours or certain physical activities. Other family members or friends may help fulfill the hours or other activities will be substituted. Further information will be provided at a meeting with the applicant.*

#### Applicant

Are you willing to complete sweat equity hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you be willing to take home ownership classes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be a partner with Habitat for Humanity of Waukesha County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you serve, or is currently serving, in the military	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be present and participate in a home interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be present and provide access to the home for a repair assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Co-Applicant

Are you willing to complete sweat equity hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you be willing to take home ownership classes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be a partner with Habitat for Humanity of Waukesha County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you serve, or is currently serving, in the military	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be present and participate in a home interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to be present and provide access to the home for a repair assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Other Adults over the Age of 18 Residing in the Household

Are other adults over the age of 18 residing in the household willing to complete sweat equity hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will any of these persons require reasonable accommodations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section D. Personal Statement**

Please write  
a brief explanation  
of why you feel  
you should be selected  
for assistance  
and how it will help you.  
If you need additional space,  
use the back side of this page.

**Section E. Commitment Statement and Signatures**

By signing or typing my name in the space provided below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal from the program and to such other penalties as may be prescribed by law or policies of Habitat for Humanity of Waukesha County.

**Applicant's Signature**

Date     /     /

**Co-Applicant Signature**

Date     /     /