



**Habitat for Humanity**<sup>®</sup> Of The Middle Keys  
**Critical Home Repair-Irma Recovery**

Mail, drop off, or email completed application and documents to:

HFHMK/CHR-Irma  
 8055 Overseas Hwy  
 Marathon, FL 33050

[execdirector@habitatmiddlekeys.org](mailto:execdirector@habitatmiddlekeys.org)

Questions? Call us at 305-743-9828

For Office Use Only
Date Received:
Application # :
MCPAFL ALT Key:
CAN Review Completed:

**Section 1 - Homeowner and Household Information**

Name of Homeowner #1 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name of Homeowner #2 \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Home Address:

Telephone #:

Email:

List the name, relationship and age of all people in the household (attach separate list if necessary):  
 (excluding owners stated above)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Is anyone in your household a Veteran?  Yes  No Name: \_\_\_\_\_

Are you a widow of a Veteran?  Yes  No Name: \_\_\_\_\_

Is anyone in your household disabled?  Yes  No

If Yes, please indicate the type of disability from the list below (check all that apply):

- Uses a Walker, Cane or Crutches
- Mentally Disabled
- Wheelchair Bound
- Blind
- Hearing Impaired
- Other: \_\_\_\_\_

If English is not your 1st language, is translation needed?  Yes  No

**Section 2 - Income and Mortgage Information**

TOTAL COMBINED income BEFORE TAXES for ALL persons living in the home is \$ \_\_\_\_\_/year.  
 (this includes everyone 18 years and older unless they are a registered student)

Do you currently have a mortgage on the home?  Yes  No

If yes, what is your current mortgage payment? \$ \_\_\_\_\_/month

Do you escrow your Insurance & Taxes?  Yes  No If not, total payment: \$ \_\_\_\_\_/yr.

After paying your monthly bills (gas, electric, water, insurance, food, phone, medical, etc.)  
 approximately how much money do you have left to spend on house repair? \$ \_\_\_\_\_/month

**Section 3 - Income Verification and other required Information**

Complete the following as **GROSS** family monthly income and expenses (collective household)  
 (this includes everyone 18 years and older unless they are a registered student)

Monthly Income		Monthly Expenses	
Employment	\$ _____	Mortgage Payment	\$ _____
Social Security	\$ _____	Utilities (include phone, internet)	\$ _____
Disability	\$ _____	Car Payment	\$ _____
Alimony	\$ _____	Car Insurance	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Other	\$ _____	Average Credit Card	\$ _____
<b>Total Monthly Gross Income</b>	\$ _____	Other Expenses	\$ _____
Attach additional pages if necessary.		Other Expenses Description	_____
		<b>Total Monthly Expenses</b>	\$ _____
Total Monthly Income \$ _____ x 12 = \$ _____		Total Yearly Income	

**Section 4 - Homeowner's Agreement and Release and Waiver of Liability**

I certify that the information on this application is accurate and that I am the homeowner of the subject property. I have no present intention to move or offer my home for sale for at least 5 years.  
 I certify that all physically able persons residing in my home or visiting for the project day(s) will partner with Habitat and work alongside Critical Home Repair (CHR) volunteers. I confirm that my home is safe for volunteers to perform the work agreed upon.

I affirm that: I have no outstanding liens against the property other than a mortgage (if applicable).  
 I affirm that: Once the agreement is made on scope of work and costs, I have the ability to repay.  
 I affirm that: I will make bathroom facilities available to volunteers and Habitat Personnel but that no one will enter the home without the homeowner being present.  
 I affirm that: This project may be discontinued by Habitat at any time if the environment becomes hazardous, life threatening or hostile.

In consideration for services, I hereby release, discharge and agree to indemnify, hold harmless and defend Habitat, their officers', directors, employees, agents, representatives and all persons, firms, corporations, contractors or all performing work under this program, from any and all claims, demands, damages, causes of action or suits at law or in equity of whatsoever kind of nature, for or because of any matter or thing done, omitted or suffered to be done to me, my heirs, executors, administrators, representatives, assigns or houseguest by an said party hereby released arising out of or relating to the performance of the service mentioned above.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree and sign to the release and waiver of liability.

By signing, I authorize Habitat to verify all information I provided as well as conduct any background checks that would be necessary. I also agree to allow my information to be shared with other groups providing Irma recovery assistance that may be able to help me further should I need it.

Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Are you not the Homeowner and are assisting the homeowner in completing this application? If so, please provide the following:

Name of person completing this form: \_\_\_\_\_  
 Relationship to Homeowner: \_\_\_\_\_ Phone #: \_\_\_\_\_



**Section 7 - Document Checklist VERY IMPORTANT**

Copied

(please do not send originals)

- 1. Most recent Income Tax Return.
- 2. Retirement Statement and/or 2017 YTD paystub
- 3. Social Security Award Letter and Award Letters from any other programs (if applicable).
- 4. Any additional income documentation not included above.
- 5. Proof of Homeowner Insurance.
- 6. Most recent mortgage statement.
- 7. Most recent bank statements for all accounts.

More documentation may be requested if necessary for the Board to process application.

**Section 8 - Sponsors and/or Partners**

Habitat relies on volunteers for most of the work we perform. Your family, friends, church or civic groups are good sources. Please let us know what groups you are connected with that may sponsor or partner with us to complete the repairs:

Name & Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name & Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Section 9 - Media and Publicity**

Where did you learn about Critical Home Repair?

- TV     Radio     Newspaper     Flyer     Friend     Neighbor
- Other: \_\_\_\_\_ Please describe

If CHR selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- YES Interviews are ok                       YES Visits by elected officials are ok
- NO I do not want Interviews                 NO I do not want visits by elected officials

**Mail, drop off, or email this completed application with attached documentation to:**

HFHMK / CHR-Irma  
8055 Overseas Hwy  
Marathon, FL 33050                      [execdirector@habitatmiddlekeys.org](mailto:execdirector@habitatmiddlekeys.org)

Once received, your application will be reviewed and then you will be contacted and we will advise you if we can move forward with your application. In the event you are not selected for our Critical Repair Program, Habitat will refer you to other organizations that may be able to provide you assistance.

Questions? Contact Christine Todd Young, Executive Director @ 305-743-9828  
OR email [execdirector@habitatmiddlekeys.org](mailto:execdirector@habitatmiddlekeys.org)



## 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____ / _____ / _____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)  Interviewer's signature <span style="float: right;">Date</span>  Interviewer's phone number

## EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at [FTC Regional Office for the \_\_\_\_\_ region, \_\_\_\_\_ — insert address for region in which the affiliate operates (see instructions for link)] or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program. [HABITAT: CONFIRM ALL APPLICANTS ARE REQUIRED BY YOUR POLICY TO PROVIDE THIS INFORMATION AND THEN DELETE THIS PARANTHETICAL.]

Applicant(s):

X \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_