



For Office Use Only		
Date Received:		
Application # :		
MCPAFL ALT Key:		
BWK	WEATHER	CHR

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

HFHMK/Home Repair
 8055 Overseas Hwy
 Marathon, FL 33050

fsm@habitatmiddlekeys.org

Questions? Call us at 305-743-9828 ext 2

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 Wheelchair Bound Hearing Impaired

Mentally Disabled Blind 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

Please provide 3mo recent mortgage payment receipts

Do you escrow your Insurance & Taxes? Yes No

If not, total payment: \$ _____/yr.

Please provide supporting documents of current policies and up to date Property Tax Bill Receipt

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	\$ _____
Disability	\$ _____	phone, internet)	\$ _____
Alimony	\$ _____	Car Payment	\$ _____
Child Support	\$ _____	Car Insurance	\$ _____
Other	\$ _____	Child Support	\$ _____
Total Monthly Gross Income	\$ _____	Average Credit Card	\$ _____
		Other Expenses	\$ _____
		Other Expenses Description	_____
		Total Monthly Expenses	\$ _____
Attach additional pages if necessary.			
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 Home Repair 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 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 5 - Home Condition

Home Composition: CBS Modular Mobile Wood Combo Other (circle one)

Do you have the following insurances: Flood Y/N Wind Y/N Hazard Y/N None (circle if none)

Did you file a claim for Irma damages? Y/N If you filed, how much did you or will you receive for repairs? \$ _____

Have you received any monetary assistance from any source for home repair in the past 5 years Y/N

If yes, please state below from whom, how much, and for what repairs? Were they completed?

Please state below the type of repairs you are requesting help with

Section 6 - Personal Statement

Please write a brief description about you/your family to help us get to know you better (ex: how long have you lived in Marathon, in your home, community involvement, kid(s) achievements employment, clubs, boards, activities, etc)

Section 7 - Document Checklist VERY IMPORTANT

Copied

(please do not send originals)

- 1. Most recent Income Tax Return with W-2 and/or 1099.
- 2. Retirement Statement and/or THREE months most recent paystubs (all parties)
- 3. Social Security Award Letter and Award Letters from any other programs (if applicable).
- 4. Any additional income documentation not included above (FEMA/Ins payouts included).
- 5. Proof of current Homeowner Insurance (Flood and Wind if you have)
- 6. THREE months most recent mortgage statements and proof of payment
- 7. TWO months recent bank statements for all accounts.
- 8. Receipts for repair work completed using Insurance or FEMA money for past 5 years

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 the Home Repair Program?

- TV Radio Newspaper Flyer Friend Neighbor
- Other: _____ Please describe

If your house is selected to be repaired, pictures of you and/or 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 /Home Repair
8055 Overseas Hwy
Marathon, FL 33050 fsm@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 Home Repair Program, Habitat will try to refer you to other organizations that may be able to provide you assistance.

Questions? Contact Meghan Richardson, Family Services Manager @ 305-743-9828 ext 2
OR email fsm@habitatmiddlekeys.org

