



## Home Repair Application

**Submit completed form to:**  
**HFHWRA**  
1211 8<sup>th</sup> Street, P.O. Box 38  
Baraboo, WI 53913  
Ph. 608-448-2888  
Fax 608-448-2889  
office@hfhwisconsinriver.org

### SECTION 1 - Homeowner Information

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Phone No: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

County: \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_

List the names, ages, and relationship to homeowner of all people living in the home:\*

*\*you may attach an additional page if more space is needed*

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Anyone in the household who has served – or is currently serving – in the military? ☐ Yes ☐ No

Anyone in the home who is currently disabled? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Is translation needed? If so, what language: \_\_\_\_\_ ☐ Yes ☐ No



HFHWRA is a locally operated, ecumenical Christian organization dedicated to revitalizing our community through affordable housing programs. HFHWRA supports the Fair Housing Act and offers programs open to all qualifying people regardless of race, color, ethnicity, creed, religion, political belief, sex, sexual orientation, marital status, or age.

#### FOR OFFICE USE ONLY

Date Received:

Referred By:

Phone No.

Application No.

## SECTION 2 - Household Income & Debt Information

### **Income Information** (includes wages, Social Security/SSI, pension, etc.)

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (with proof of registration) and/or benefits for children. See checklist in Section 7 for more information.

Monthly income – before taxes - for each member of the household over 18 years of age:

Household member #1: \$ \_\_\_\_\_ Household member #2: \$ \_\_\_\_\_

Household member #3: \$ \_\_\_\_\_ Household member #4: \$ \_\_\_\_\_

Total combined income before taxes for ALL persons living in the home is \$ \_\_\_\_\_ per year

### **Asset Information** (include 401ks, IRAs, savings, CDs, land, etc.)

Current value of:

401K and/or IRA accounts: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ CDs: \$ \_\_\_\_\_

Other assets: \$ \_\_\_\_\_ Type of asset (describe): \_\_\_\_\_

### **Mortgage**

Are you still paying a mortgage? ☐ Yes ☐ No If yes, your payment is \$ \_\_\_\_\_/month

### **Other Debts:**

Auto Loan: \$ \_\_\_\_\_ Credit Card Balance \$ \_\_\_\_\_ Medical Expenses: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Type of debt (describe): \_\_\_\_\_

**Ability to re-pay a new loan:** After paying your monthly living expenses (utilities, insurance, food, phone, etc.) and any other debts (mortgage, credit cards, car payments, etc.) approximately how much per month can you afford to pay on this new loan?\*

\$ \_\_\_\_\_ /month

*\*Please remember that Habitat offers affordable home repairs in keeping with our belief in “a hand up, not a handout” and you will be expected to repay the costs of any repairs performed on your home. Therefore, answering “\$0.00” to this question may result in denial of your application.*

*The amount that you indicate available for repayment is NOT necessarily the same amount as the monthly repayment cost for any repairs performed by HFHWRA. If the project is approved, a repayment schedule will be mutually agreed upon prior to beginning the repair.*

## SECTION 3 – Community Involvement

Are you involved in any community organizations (such as churches or civic groups) that may be interested in participating in a Habitat repair project? \* If yes, please provide their contact information (including name of primary contact and phone/email):

*\*providing this information has no impact on selection or denial of your project.*

## SECTION 4 - Requested Repairs

### House Information

Place a large "X" over the house (below), which most resembles the size of your house.



1 Story



1.5 Story



2 Story



2.5 Story

Year Purchased: \_\_\_\_\_ Year Built: \_\_\_\_\_

### House Exterior

#### Siding

- ☐ wood  
☐ vinyl  
☐ aluminum  
☐ brick  
☐ shakes  
☐ asbestos/slate  
☐ stucco

#### Trim

- ☐ wood  
☐ vinyl  
☐ metal

**Briefly describe the type of work you would like done on your home.** Attach a separate piece of paper if there is not enough space to list all repairs.

*Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Habitat for Humanity of Wisconsin River Area (HFHWRA). The work done by HFHWRA focuses on items determined to be critical for the safety and independence of household members. Our volunteers are not professionals and may not be able to make all repairs.*

Area of Repair	Description
<b>Accessibility Modifications</b> such as wheelchair ramp, bathroom grab bars, accessible shower stall, etc.	
<b>Carpentry Repairs.</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.	
<b>Electrical Repairs.</b> List rooms where wall outlets, switches and light fixtures do not work.	
<b>Plumbing Repairs.</b> Describe sink, tub or toilet leaks, etc.	
<b>Roofing Repairs.</b> Identify where roof leaks.	
<b>Painting.</b> List all interior rooms that require painting and any exterior painting requirements.	
<b>Appliances.</b> Identify essential appliances such as hot water heater that don't work or need repair.	
<b>Doors and Windows.</b> Describe repairs such as locks, glass, frames, weather-stripping, etc.	
<b>General Cleaning.</b> Indicate if yard work and/or trash removal is necessary.	
<b>Other.</b> Identify other repairs requested but not listed above.	

## SECTION 5 – Privacy Information

### SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with other, similar programs may we share it with them? ☐ Yes ☐ No

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give HFHWRA your consent to share the information you provide on this application with similar organizations if we are not able to assist you.*

### MEDIA AND PUBLICITY

Where did you learn about the Habitat Repairs program?

Please describe so we may thank them: \_\_\_\_\_

Habitat depends largely on community support to provide affordable housing services. If HFHWRA selects your house to be repaired, pictures of you and your home may be taken and shared with Habitat supporters. Are you willing to be interviewed by media reporters?

☐ YES, interviews are okay ☐ NO, I do not want interviews

## SECTION 6 – Authorization To Release Information

I confirm that the information on this application is accurate and that I own the property at the address given on this application. In addition, I understand that this program is intended to provide safe, decent and affordable housing for our household, and I have no present intention to move or offer my home for sale for at least three years.

I understand that this program is designed as a hand up, not a hand out. As such, I will make the agreed upon monthly repayments for the repair so that others can be helped as well. And I confirm that as far as possible, members of this household will work alongside the HFHWRA volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I authorize HFHWRA to verify any information I have provided on this application, including verification of income and/or assets, credit worthiness, criminal history, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

\_\_\_\_\_  
**Applicant Name (please print)**      **Signature**      **Date of Birth**      **Social Security No.**

\_\_\_\_\_  
**Co-Applicant Name (please print)**      **Signature**      **Date of Birth**      **Social Security No.**

Did someone assist you with this application? If so, please provide their contact information:

\_\_\_\_\_  
**Name (please print)**      **Relationship to Applicant**      **Phone Number**

**Before submitting your application, please use the checklist on page 5**

## SECTION 7 – Applicant Checklist

- ☐ Did you complete all 6 sections of this application?
- ☐ Did you sign the authorization to release (Section 6, Page 4)?
- ☐ Did you submit proof of home ownership (*such as property deed or property tax receipt showing homeowner's name & address*)?
- ☐ Did you include proof of household income (*such as two months' paystubs, current monthly Social Security statement, most recent tax return, etc.*)?
- ☐ Did you attach a copy of your current homeowner's insurance?

**Thank you for your interest in Habitat's Repair Program!**

Applications are accepted by mail, fax, email or in person.  
Our housing office is open Monday through Friday, 9am to 5pm.

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**P.O. Box 38**  
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**[office@hfhwisconsinriver.org](mailto:office@hfhwisconsinriver.org)**

Any questions? Please call our office at (608) 448-2888.