



Getting Started

MCDA Critical Home Repair Loans are **zero-interest loans**, but Habitat for Humanity Loans may differ. Only two Critical Home Repair Loans will be made, but if the MCDA receives more funding there may be more offered. One of the Critical Home Repair Loans is reserved for veterans.

Q. What exactly is a Critical Home Repair Loan?

A. Critical Home Repair is defined as extensive interior or exterior work performed to alleviate critical health, life and safety issues or code violations for homeowners in need. This could include roof repair, deck repair, heating systems, electrical repair and more.

Q. Do I qualify for a Critical Home Repair Loan?

A. To qualify for a Critical Home Repair Loan, you must meet the following requirements:

- You must be a City of Marlborough homeowner
- The home you own must be a single-family home in the French Hill Neighborhood (click link to view [map](#))
- You must be current on local taxes and assessments
- You must meet income requirements (please refer to chart below)
- You cannot have a prior MCDA mortgage

Q. Who qualifies for the Veteran Critical Home Repair Loan?

A. Veteran status includes those that have been honorably discharged or are currently serving in the Military. This also includes those that have served or are currently serving in the National Guard or Reserves. Veteran status also extends to spouses of veterans and to those that are caregivers to a veteran household member. Veterans must be able to provide proof of their status as well as proof of honorable discharge.

Qualifying Incomes for Critical Home Repair Loans

Area Median Income Standards 30%-60%

Number of People Per Household	1	2	3	4	5	6	7	8
Income Range	\$21,700-\$45,291	\$24,800-\$50,874	\$27,900-\$56,457	\$31,00-\$62,040	\$33,500-\$67,003	\$36,000-\$71,966	\$38,450-\$76,929	\$41,320-\$82,512

If you qualify for a Critical Home Repair Loan, please use the following steps to access the application:

Step 1. Visit www.marlborough-ma.gov/Gen/MarlboroughMA_CommDvlpmt/index

Step 2. Select the link for the MCDA's Critical Home Repair Loan Application

Step 3. Refer to "Getting Started" Form to determine eligibility

Step 4. If eligible, fill out the MCDA's Critical Home Repair Loan Application

Step 5. Once you have filled out the MCDA's Critical Home Repair Loan Application, fill out Habitat for Humanity Critical Home Repair Loan Application

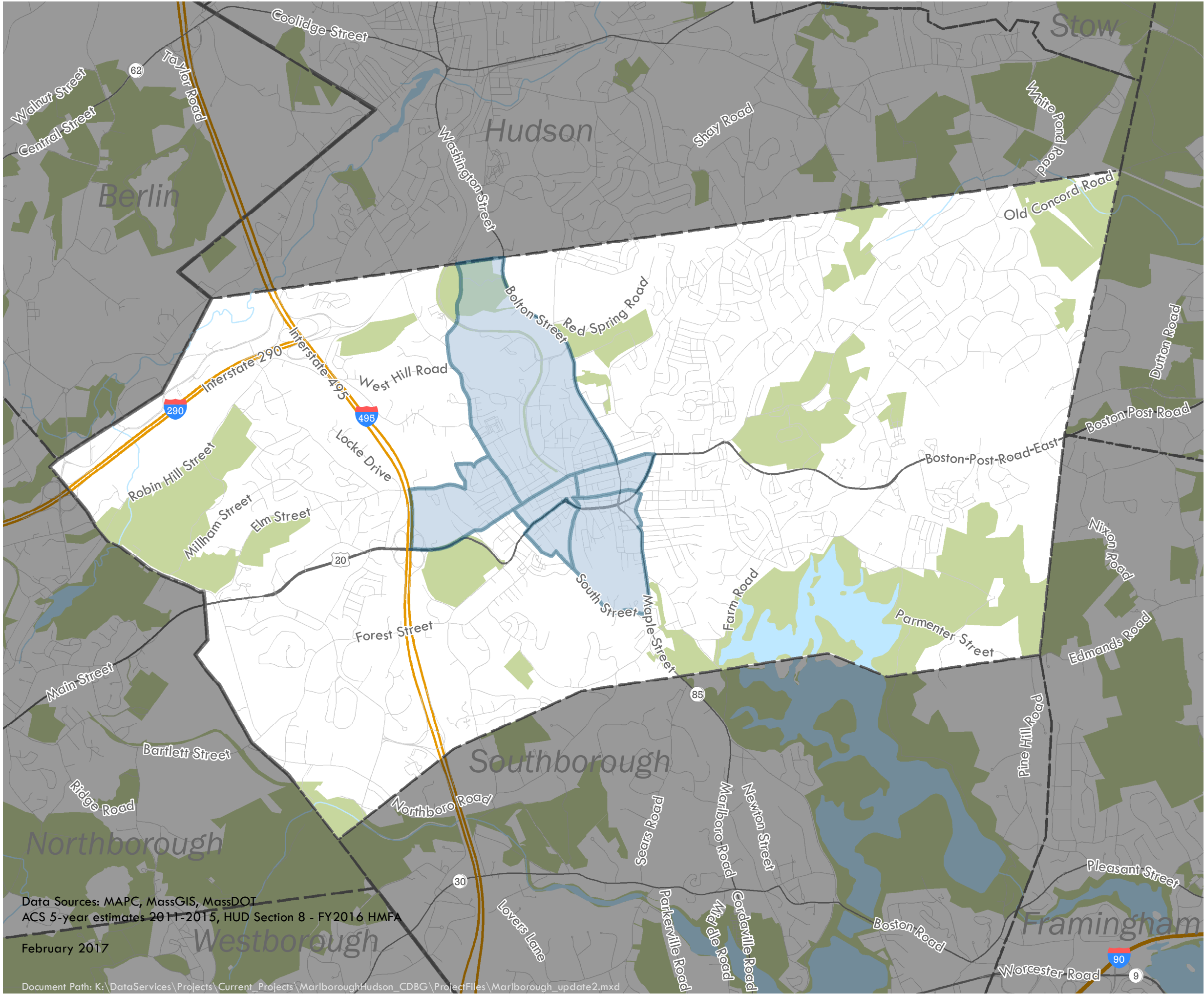
Step 6. Fill out and return both applications by **Wednesday June 28th, 2017** at 4:00pm. Hand in at 250 Main Street, Marlborough, MA or mail to ATTN: Critical Home Repair, 250 Main Street, Marlborough, MA 01752.

Have more questions?

Email Douglas M. Bushman, the Executive Director of the Marlborough Community Development Authority, at dbushman@marlborough-ma.gov with the subject line "Critical Home Repair Loan" or call 508-624-6908 during regular business hours.



Target Area Map and Streets



City of Marlborough Target Area - FY2017

CDBG Application

Census tract 3215, block groups 1 & 2
Census tract 3213, block groups 1, 2, 5, & 6

4,128 Households, which is 27% of the 15,558 total households (ACS 2011-2015).

61% of target area households make under \$75,000 (ACS 2011-2015).
80% of HUD's Section 8 FY2016 MFI of \$91,000 for the Boston-Cambridge-Quincy, MA-NH HMFA is \$78,480.

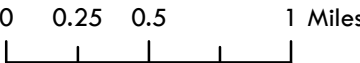
54% of target area households make under \$60,000 (ACS 2011-2015).
80% of the City's Median Household Income of \$71,790 is \$57,432 (ACS 2011-2015).

% Target Area Households by Income ACS 5-Year Estimates (2011-2015)

Income	% of Target Area Households
Under \$20k	16%
\$20k-\$39,999	22%
\$40k-\$59,999	15%
\$60k-\$74,999	7%
\$75k-\$99,999	11%
\$100k+	29%

CDBG Household Low-Moderate Income (LMI) Levels & HUD

HUD Section 8 - FY2016 - MFI Boston-Cambridge-Quincy, MA-NH HMFA				
MFI	30%	50%	60%	80%
\$98,100	\$29,430	\$49,050	\$58,860	\$29,430

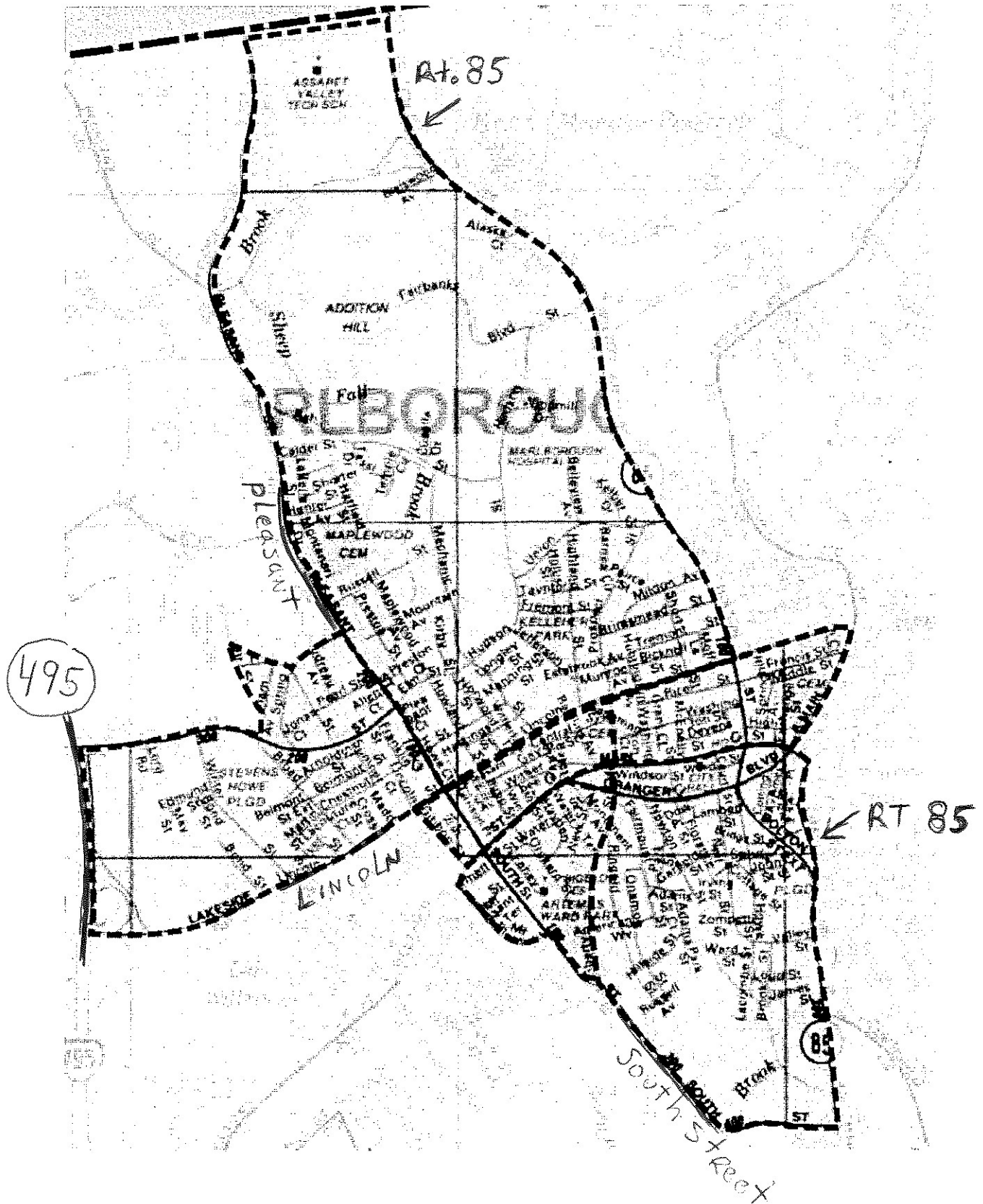


Data Sources: MAPC, MassGIS, MassDOT
ACS 5-year estimates 2011-2015, HUD Section 8 - FY2016 HMFA

February 2017

Document Path: K:\DataServices\Projects\Current_Projects\MarlboroughHudson_CDBG\ProjectFiles\Marlborough_update2.mxd

CITY OF MARLBOROUGH – COMMUNITY DEVELOPMENT STRATEGY – FY2016



1. ALLEN CT
2. AMERICAN WAY
3. AMES PL
4. AMES ST
5. ARNOLD ST
6. ADAMS ST
7. ASH ST
8. BARNES CIR
9. BELLEVIEW AVE
10. BELMONT ST
11. BELMONT ST EXT
12. BELMORE PL
13. BICKNELL ST
14. BLAISWOOD AVE
15. BOLTON ST
16. BOND ST
17. BRIMSMEAD ST
18. BROAD ST
19. BROOK ST
20. BROWN ST
21. CALDER ST
22. CASHMAN ST
23. CENTRAL ST
24. CHARLES ST
25. CHESTNUT ST
26. COTTING AVE
27. CROSS ST
28. DEVENS ST
29. ELM PL
30. ELM ST
31. EMMETT ST
32. ESTABROOK AVE
33. FAHEY ST
34. FAIRMOUNT ST
35. FITCHBURG ST
36. FLORENCE ST
37. FRANKLIN ST
38. FREMONT ST
39. GARFIELD ST
40. GAY ST

41. GIBBON ST
42. GRANT CT
43. GRANT ST
44. HARRISON PL
45. HASTINGS ST
46. HATFIELD ST
47. HAYDEN ST
48. HIGHLAND ST
49. HOLLIS ST
50. HOWE CT
51. HOWE ST
52. HUDSON ST
53. HUNTER AVE
54. HUNTINGTON AVE
55. IRVING ST
56. JEFFERSON ST
57. JOHN ST
58. JONAS CT
59. KIRBY ST
60. LABELLE ST
61. LACOUTURE CT
62. LAKESIDE AVE
63. LAMBERT ST
64. LINCOLN CT
65. LINCOLN ST
66. LONGLEY ST
67. MANNING ST
68. MAPLE ST
69. MAPLE TER
70. MAPLEWOOD AVE
71. MARTIN ST
72. MCENELLY ST
73. MECHANIC ST
74. MELODY LN
75. MILDON AVE
76. MONTANARI DR
77. MOUNTAIN AVE
78. NEIL ST
79. NEW ST
80. NEWTON ST

81. NORWOOD ST
82. ONAMOG ST
83. ORCHARD ST
84. PARK ST
85. PEARL ST
86. PEIRCE ST
87. PLEASANT CT
88. PLEASANT PL
89. PLEASANT ST
90. PRESTON ST
91. PROSPECT ST
92. RICE ST
93. RUSSELL ST
94. SHORT ST
95. SILVER ST
96. SOUTH ST
97. SPRUCE ST
98. SUMNER ST
99. TASSI DR
100. TEMPLE CIR
101. 101.TREMONT ST
102. 102.UNION ST
103. VALLEY ST
104. WEST MAIN ST
105. WINDMILL DR
106. WINTER AVE
107. WINTER ST
108. WINTHROP ST
109. WITHERBEE ST
110. ZOMPETTI ST



MCD A PRE-APPLICATION FORM



MCDA Pre-Application for Critical Home Repair Loans

Please refer to the "Getting Started" document if you have any questions

Applicant's Name: _____ Date: _____

Current Address: _____

Do you reside in a single-family home? ☐ Yes ☐ No

How many years have you lived at the residence? _____

Do you own the home you reside in? ☐ Yes ☐ No

Are you current with your water and sewage? ☐ Yes ☐ No

Are you current with your property taxes? ☐ Yes ☐ No

Have you ever received an MCDA Loan? If so, when?

☐ No ☐ Yes, I received a loan in _____

Have you or were you ever a MCDA or City of Marlborough employee? ☐ Yes ☐ No

Do you have any loans on your property? If so, please indicate the number of loans and the value of each:

☐ No ☐ Yes, I have received _____ loans, valued at _____

Are you a veteran (includes National Guard and Reserves)? ☐ Yes ☐ No

Why are you applying for this loan?

☐ Roof Repair ☐ Deck Repair ☐ Heating ☐ Electrical ☐ Basement

☐ Windows ☐ Doors ☐ Other: _____

☐ Other: _____

Contact Information:

Phone: (____) - ____ - ____ Email Address: _____

How did you hear about this loan?

☐ Newspaper Ad ☐ Television Ad ☐ Flyer ☐ Letter ☐ Email

Signature: _____ Date: _____

During the application process, we will be conducting an evaluation to determine if there is sufficient equity.

*You must complete both this form and the Habitat for Humanity Loan application by **Wednesday June 28th, 2017** to be eligible for the loan. Hand in at 250 Main Street, Marlborough, MA or mail to ATTN: Critical Home Repair, 250 Main Street, Marlborough, MA 01752.*



Habitat
for Humanity®

HABITAT FOR HUMANITY
APPLICATION FORM

Application

Critical Home Repair Program



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



Habitat for Humanity®
MetroWest/Greater Worcester

11 Distributor Road
Worcester, MA 01605
508-799-9259

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity Critical Home Repair project. Please fill out this application as completely and accurately as possible. All information you include on this application will be kept confidential. Your application and all supporting documentation you provide will become the property of Habitat for Humanity-MetroWest/Greater Worcester, therefore, we ask that you please provide us copies and not originals documents.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name:	Co-applicants Name:																																																
Date of Birth:	Date of Birth:																																																
Social Security Number:	Social Security Number:																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)																																																
Home Phone:	Home Phone:																																																
Cell Phone:	Cell Phone:																																																
E-mail:	E-mail:																																																
Dependents and others who live with you (not listed by co-applicant)	Dependents and others who live with you (not listed by co-applicant)																																																
<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
How long have you been living at this address? _____	How long have you been living at this address? _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
How long have you been living at this address? _____	How long have you been living at this address? _____																																																

2. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

Date Letter Sent: _____

More Information Requested? Yes No

Date of Home Visit: _____

Date Application Completed: _____

Date Letter Sent: _____

Accepted Denied

3. WILLINGNESS TO PARTNER

To be considered for a Habitat Critical Home Repair project, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home and continuing to support the Habitat for Humanity mission long after your home is built/repared.

During the partner phase of your relationship with Habitat, you and your family must complete a mandatory number of “sweat-equity” hours. “Sweat equity” is earned by you when you help to build your home and the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required “sweat equity” hours.)

Please sign below indicating that you and your family are willing to partner with Habitat for Humanity— MetroWest/Greater Worcester while your home is being built/repaired and thereafter continuing to be a good neighbor in support of the mission of Habitat. By signing below you are also indicating that you are willing to complete all “sweat equity” requirements.

Date _____

4. PRESENT HOUSING CONDITIONS / SITUATION

Do you own your home? ☐ Yes ☐ No

Number of Bedrooms: _____ Number of Bathrooms: _____ Describe Laundry Facilities: _____

Other rooms in the home in which you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Family Room ☐ Finished Basement ☐ Finished Attic☐ Other Rooms:

Are you current on your mortgage? (Please attach current mortgage documentation) Yes ☐ No ☐

If no, are you in danger of foreclosure? _____

Are you current on your property taxes? (Please attach current documentation) Yes ☐ No ☐

Do you have Homeowner's Insurance? Yes ☐ No ☐

Who is your Homeowner's Insurance provider? _____

Are you current on your Homeowner's insurance premiums? (Please attach documentation) Yes ☐ No ☐

In the space below, please describe your current housing situation and/or the house condition. What are the repairs you are requesting to be done? **If needed, please attach your response on a separate sheet of paper.**

[illegible]

5. PERSONAL STATMENT

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

6. MILITARY BACKGROUND

Applicant	Co-Applicant
Branch of Service:	Branch of Service:
Year of Service:	Year of Service:
Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>	Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please attach DD214	If yes, please attach DD214
Rank:	Rank:

5. PROPERTY INFORMATION

Do you own land? ☐ Yes ☐ No If yes, please describe, include location: _____

Land monthly loan payment: \$ _____ Total unpaid loan balance on land: \$ _____

If you are approved for a Veterans Critical Home Repair, how should your name(s) appear on the legal documents?

How did you hear about Habitat for Humanity? _____

6. APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			
If you have been employed at your current job less than one year, please provide your previous employment information			
Name and Address of Previous Employer:			Business Phone:
Employed From: To:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

7. CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			
If you have been employed at your current job less than one year, please provide your previous employment information			
Name and Address of Previous Employer:			Business Phone:
Employed From: To:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

8. COMBINED MONTHLY EXPENSES

Monthly Expenses	Name of Creditor *	Monthly Payment	Past Due?/ Amount Owed
Household Expenses			
Mortgage			
Property Taxes			
Gas/Electric			
Trash/Water/ Sewer			
Cable/Satellite TV/Internet			
Telephone			
Furniture			
Groceries			
Loans			
Auto			
Student			
Personal			
Medical/ Dental			
Doctor			
Hospital			
Dental			
Prescriptions			
Insurance			
Homeowner's Insurance			
Auto			
Medical/ Health			
Dental			
Life			
Misc. Personal Care			
Cell Phones			
Hair Care/Salon Services			
Clothing			
Entertainment			
Ex-Family Expenses			
Child Support			
Alimony			
Other Expenses			
Car Repair			
Car Gas			
Credit Card:			
Credit Card:			
Children School Expenses			
Childcare			
Other:			
Total Monthly Expenses		\$	

* Please attach copies of the last three (3) months worth of bills.

9. MONTHLY INCOME— APPLICANT/ CO- APPLICANT

Monthly Income Source	Applicant Income *	Co-Applicant Income *	Others in Household Income*
Base Employment Income			
Second Job Income			
AFDC/ TANF			
Food Stamps			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			

* Please attach copies of 3 months worth of paychecks and proof of assistance

Combined Monthly Income

\$

Are either you the Applicant or the Co-Applicant self-employed? ☐ Yes ☐ No If yes please explain _____

Are there additional members of your household over the age of 18 who are earning income? ☐ Yes ☐ No

If yes, please list below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

10. ASSETS

Please list all Checking and Saving Accounts below:

Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: Balance: \$	Account Number: Balance: \$
Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: Balance: \$	Account Number: Balance: \$

Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Saving Bonds, etc.:

Source	Value	Source	Value
_____	_____	_____	_____
_____	_____	_____	_____

10 ASSETS CONT.

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

11. DEBT

	Loan Name and Address of Company	Monthly Payment	Unpaid Balance	Months Remaining
Mortgage				
Car		\$	\$	
Furniture, Appliances and Televisions		\$	\$	
Credit Card		\$	\$	
Medical		\$	\$	
Cell Phone Contracts		\$	\$	
Alimony/Child Support		\$	\$	
Job-Related Expenses		\$	\$	
Child Care, Union Dues, etc.		\$	\$	
Other		\$	\$	
		Total: \$	Total: \$	

15. INFORMATION FOR GOVERNEMENT MONITORING PURPOSES

Please read this statement before completing the information below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observations or surname. If you do not wish to furnish the information below, please check the box indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify) _____ Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify) _____ Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)

Applicant's Name : (Print) _____ (Sign) _____

Co-Applicant's Name: (Print) _____ (Sign) _____

13. DECLARATIONS

Please circle "yes" or "no" for the following questions:

Applicant		Co-Applicant	
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

A. Are you currently involved in a lawsuit?

B. Do you have debt because of a court decision against you?

C. Are you presently delinquent or in default on any federal debt or any loans?

D. Are you a co-signer on another note?

E. Are there any outstanding judgments against you?

F. Have you declared bankruptcy the past seven years?

G. Have you had any property foreclosed upon in the past seven years?

H. Have you had anything repossessed within the last seven years?

I. Have any of your accounts been placed into collections in the past three years?

J. Have you ever been convicted of a felony?

K. Are you paying alimony or child support?

L. Are you a U.S citizen or permanent resident

If you have answered *yes* to any questions "A" through "K", or *no* to question "L" please attach on a separate piece of paper a detailed explanation.

14. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home repair, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment 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 receive a Habitat Critical Home Repair, I may be disqualified from the program. The original or copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex-offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature

Date

Co-Applicant Signature

Date

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.