



Habitat Critical Repair Pre-Application

Application is open to anyone who owns a home Williamson or Maury County. Please **PRINT** answers clearly using an ink pen. Please mail or fax this completed form to Habitat for Humanity Williamson-Maury, 109 Noah Drive, Franklin, TN 37064, Fax: (615) 690-8097. **Unsigned forms cannot be processed.** A letter will be sent to you within 3-4 weeks with the next steps. If you have any questions about filling out the form, contact the Critical Repair Department at (615) 690-5680.

APPLICANT INFORMATION	
APPLICANT	CO-APPLICANT
Applicant Name:	Co-Applicant Name:
Address:	Address:
Apt#: City: , TN Zip:	Apt#: City: , TN Zip:
Date of Birth:	Date of Birth:
Social Security Number: - -	Social Security Number: - -
Email:	Email:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Home Phone #:	Home Phone #:
Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Are you a veteran or in the military? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is anyone who will live with you a veteran or in the military? <input type="checkbox"/> yes <input type="checkbox"/> no	
WORK INFORMATION	
APPLICANT	CO-APPLICANT (if you have one)
Current Employer:	Current Employer:
Rate of Pay: \$_____ per hr or _____ per wk	Rate of Pay: \$_____ per hr or _____ per wk
How many hours do you work per week? _____	How many hours do you work per week? _____
If not hourly, how much do you get paid? _____	If not hourly, how much do you get paid? _____
How often are you paid this amount? _____	How often are you paid this amount? _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks
<input type="checkbox"/> 2 times/month <input type="checkbox"/> Monthly	<input type="checkbox"/> 2 times/month <input type="checkbox"/> Monthly
How long have you worked here? _____	How long have you worked here? _____
Are you self-employed? _____	Are you self-employed? _____
Please list below <u>monthly</u> income the <i>applicant</i> receives other than their main job and child support.	Please list below <u>monthly</u> income the <i>co-applicant</i> receives other than their main job and child support.
Supplemental Security Income (SSI)	Supplemental Security Income (SSI)
Social Security	Social Security
Disability	Disability
Families First/TANF	Families First/TANF
Second Job	Second Job
Food Stamps	Food Stamps
Other:	Other:

FAMILY INFORMATION List all other persons who will be living in the home with you, including children.					
Name	Date of Birth	Relationship to Applicant	Do they receive income?	If so, how much?	Income Source (i.e. job, SSI, etc.)
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
			<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
GENERAL ELIGIBILITY				Applicant	Co-applicant
Do you own AND live in a home on a solid foundation in Williamson or Maury County (e.g., slab, crawl space, manufactured home)?				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you lived in your home for at least three years?				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a bankruptcy that has not been discharged/dismissed for at least two years?				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had steady income in the U.S. for the past two years?				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
HOUSING NEED					
Do you or anyone in your home have a special need, including physical, mental, or developmental disabilities?					<input type="checkbox"/> yes <input type="checkbox"/> no
What is your current monthly mortgage payment?					\$
WILLINGNESS TO PARTNER					
Are you willing to contribute "sweat equity" hours by attending homeownership classes and volunteering to restore your home and/or repay for repairs?					<input type="checkbox"/> yes <input type="checkbox"/> no
Where did you hear about this Habitat program?			Please describe in detail the repairs that you are requesting be done in your home:		
<input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Habitat for Humanity Office <input type="checkbox"/> Internet <input type="checkbox"/> Another Agency - Who? _____ <input type="checkbox"/> Habitat Homeowner - Who? _____ <input type="checkbox"/> Other - Where? _____			_____ _____ _____ _____		

Please tell us anything else important to know about your current living or financial situation.

By signing and submitting this questionnaire, I/we request consideration for Habitat for Humanity of Williamson-Maury (HFHWM) homeownership program. I understand that my credit report will be used by HFHWM Counties to help determine my eligibility.

Applicant Signature

Co-Applicant Signature

Date



We are pledged to the letter and spirit of the 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.