



# 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 drop off this completed form to Habitat for Humanity Williamson-Maury, 109 Noah Drive, Franklin, TN 37064. **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) 690-8090.

APPLICANT INFORMATION			
APPLICANT (Person's name on the property deed)		CO-APPLICANT (spouse of name on the property deed)	
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:	
Phone #: _____ (circle one: cell or home)		Phone #: _____ (circle one: cell or home)	
Work Phone #:		Work 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 lives with you a veteran or in the military? <input type="checkbox"/> yes <input type="checkbox"/> no			
WORK INFORMATION			
APPLICANT		CO-APPLICANT (if there is one)	
Current Employer:		Current Employer:	
Position Name:		Position Name:	
Start Employment Date:		Start Employment Date:	
Please describe how you are paid: <input type="checkbox"/> Hourly # of hours per week: _____ Rate of pay: \$ _____ per hour <input type="checkbox"/> Salary Rate of pay: \$ _____ per week Are you paid bonuses or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you make monthly? _____		Please describe how you are paid: <input type="checkbox"/> Hourly # of hours per week: _____ Rate of pay: \$ _____ per hour <input type="checkbox"/> Salary Rate of pay: \$ _____ per week Are you paid bonuses or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you make monthly? _____	
<b>Please list below monthly income the applicant receives other than their main job and child support.</b>		<b>Please list below monthly income the co-applicant receives other than their main job and child support.</b>	
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 per month?	Income Source (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	\$	

GENERAL ELIGIBILITY	Applicant and/or Co-Applicant
Do you live in <b>AND</b> own your home?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your house built on a permanent foundation, which means you do not own a mobile or manufactured home? (Critical Repair services are not available for mobile or manufactured homes.)	<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
Do you have a bankruptcy that has not been discharged/dismissed for at least 2 years?	<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
Have you received Critical Repair services in the past? If so, when: _____.	<input type="checkbox"/> yes <input type="checkbox"/> no
Did you purchase your home through Habitat for Humanity Williamson-Maury?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have homeowner’s insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no

HOUSING NEED	
Do you/anyone in your home have physical, mental, developmental disabilities or special needs?	<input type="checkbox"/> yes <input type="checkbox"/> no
What is your current monthly mortgage payment?	\$

WILLINGNESS TO PARTNER	
Are you or a family member willing to contribute “sweat equity” hours by volunteering on the build site or at the ReStore?	<input type="checkbox"/> yes <input type="checkbox"/> no

Where did you hear about this Habitat program? <ul style="list-style-type: none"> <li><input type="checkbox"/> Friend or Family Member</li> <li><input type="checkbox"/> Habitat for Humanity Office</li> <li><input type="checkbox"/> Internet</li> <li><input type="checkbox"/> Another Agency – Who? _____</li> <li><input type="checkbox"/> Habitat Homeowner – Who? _____</li> <li><input type="checkbox"/> Other – Where? _____</li> </ul>	Please describe in detail the repairs that you are requesting be done in your home:
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Please list important details regarding your current living/financial situation or use this area to describe your repair in more detail.

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.

\_\_\_\_\_  
**Date**                                  **Applicant Signature**                                  **Co-Applicant Signature**