Helping Hands Application

Please return to:



720 Story Street Boone, Iowa 50036



We are pledged to the letter and the 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.



For Office Use Only					
Date application received:	Date of home visit:				
Received by:	Date denied/accepted:				
	Applicant Name				

Application Information						
Name:	SSN:					
Marital Status: ☐ Married ☐ Single ☐ Divorced	☐ Widow ☐ Separated Birthdate:					
Home Phone: Cell Phone:	E-Mail:					
Co-Ap	pplicant Information					
33 / ₁						
Name:	SSN:					
Marital Status: ☐ Married ☐ Single ☐ Divorced	☐ Widow ☐ Separated Birthdate:					
Home Phone: Cell Phone:	E-Mail:					
Other's Liv	ring in Applicant's Home					
(1) Name:	Age:					
(2) Name:	Age:					
(3) Name:	Age:					
(4) Name:	Age:					
(5) Name:	Age:					
	Employment					
Applicant	Co-Applicant					
Employer Name:	Employer Name:					
Employer Address:						
Employer Address: Employer Address:						
Position	Position:					
Number of Years Employed: Number of Years Employed:						
Number of rears employed. ————————————————————————————————————						
Income						
List all sources of income for all adults living in the home.						
Source Annual Amount	Source Annual Amount					
Source Annual Amount	Source Annual Amount					
Source Annual Amount	Source Annual Amount					

			Asset	S						
Savings Accoun	t									
Financial Institution			Location				Balance			
Checking Accou	ınt									
Financial Institution	n	Locatio	on				Balance			
Investment/Ref	tirement Accoun	t								
 Financial Institution	n	Location	on				Balance			
Other Real Esta	te Owned									
 Describe			ess				Market Value	Market Value		
Vehicles Owned	d		1							
Make	Model	Year	-	Make			Model	Year	,	
Make	Model	Year		Make			Model	Year		
		Loans	and Del	ots Owe	d					
Creditor	Current Bala	ince Term		Monthly Payment		Purpose				
Creditor	Current Bala	ince Term		Monthly Payment		Purpose				
Loans to Others	S									
Name	Describe			Terms				Bala	nce	
Name	Describe			Terms				Bala	nce	
Declarations					Арр	licant	Co-	Applica	nt	
Do you have any	debt because of a	court decision agai	nst you?)	Yes	No	Ye	es No	1	
Have you declare	ed bankruptcy with	in the past 7 years?	?		Yes	No	Ye	es No	ı	
Have you had pro	operty foreclosed	on in the past 7 yea	rs?		Yes	No	Ye	es No	1	
Are you currently	involved in a laws	suit?			Yes	No	Ye	es No	ı	
Are you currently	paying child supp	ort or alimony?			Yes	No	Ye	es No	1	
Are you a U.S. cit	izen or a legal resi	dent?			Yes	No	Ye	es No	ı	
		Home	to be F	Repaire	t					
Legal Owner			Street					City		
#of years owned:	: Mortgag	ge? Yes / No If Yes		^r Name		Month	nly Payment		Balance	
Homeowner's Ins	surance Provider: .									
Is the insurance p	paid up to date? \	'es / No	Are pr	operty t	axes pa	id up to	date? Yes / N	0		

Requested Exterior Repairs

Briefly describe the type of work you would like done on the exterior to your house. The repairs listed below will be considered, but the final decision on what work can be done with available time and financial resources will be made at the discretion of Habitat for Humanity. The work done will focus on efficiency, safety, appearance, and maintaining homeowner independence.

Area of Repair	Description					
Exterior Painting/Siding						
List all exterior painting/siding needs						
Exterior Carpentry Repairs						
Describe problems with floors, porches, steps, trim and exterior walls.						
Yard Work/Landscaping						
Identify the scope of work desired, such as removal or trimming of trees, bushes						
General Cleaning						
Identify external house and yard cleaning and/or trash removal needs.						
Roof Repairs						
Identify if sections or entire roof needs placed. Is roof currently leaking?						
Accessibility Modifications						
Do you need a wheelchair ramp, handrails, grab bars, etc.?						
Doors/Windows						
Describe repairs required, including locks, glass, frames, weather-stripping, etc.						
Electrical Repairs						
List non-working external wall outlets, power switches, and light fixtures.						
Other						
Identify necessary repairs not listed above.						
I understand that by filling out this application, I am authorizing Habitat for Humanity to evaluate my need for assistance in repairing my home under the Helping Hands program and my ability to repay the no-interest loan. I understand that I am responsible for providing sweat equity working alongside volunteers in performing the repairs and, if I am physically unable to do so, will provide family and friends to complete the sweat equity requirement on my behalf. I understand that the evaluation process will include personal visits, a credit check and employment verification. I am declaring that I/we are the sole owner(s) of the property listed at the address given.						
I have answered all the questions on this application trut true, my application may be denied and I may be disqual sistance. I understand the original or a copy of this applicant not approved.	ified from the program even if I have	already been selected to receive as-				
I understand that Habitat for Humanity screens all potential staff, board members and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.						
Applicant Signature Date	ce Co-Applicant Signature	e Date				