



Critical Home Repair Program



For Office Use Only:

Mail completed form and all requested attachments to:
 Habitat for Humanity of McHenry County
 907 Front Street
 McHenry, IL 60050

or

Email scanned application including all requested attachments to: info@habitatmchenry.org

Date Received:
Date Reviewed:
AMI
Date of Assessment:
Letter of Intent Mailed:
Homeowner Agreement:
Completion Date:

The Habitat for Humanity of McHenry County Home Repair program assists qualified low-income homeowners struggling to maintain their homes with Home Preservation (exterior painting, exterior repairs) and Critical Home Repair (extensive repairs, modifications, accessibility improvements). Call **815-759-9002** or email info@habitatmchenry.org with any questions.

SECTION 1 – Applicant	
Name(s) of Homeowner:	
Property Address:	
Mailing Address <i>(if different from property address)</i> :	
Telephone (incl. area code):	Home: _____
	Cell: _____
	Work: _____
Email Address:	
Point of Contact (if different from Homeowner):	
Relationship:	Phone Number:
Email Address:	

SECTION 2 – Property Information

Street Address of Home: _____ City: _____
 Zip Code: _____ Township: _____ County _____
 Number of bedrooms: _____ Number of bathrooms: _____
 Do you still have a mortgage on your home? Yes No
 Are your mortgage payments up to date? Yes No If no, how many months in the arrears? _____
 What is your monthly mortgage payment (incl. taxes and insurance)? \$ _____
 Are the County Real Estate Taxes paid up to date on the Property? Yes No PIN: _____
 If no, how much in the arrears \$: _____
 Other than a mortgage, are there any other liens on your property? No Yes
 If yes, explain: _____
 Have you received notice of any code violations, which have not been resolved? No Yes
 If yes, explain: _____

SECTION 3: Household Information

List the names, relationship to homeowner(s), occupation and ages of all people living in the home (attach a list if more space is needed) [****Race** is not a required field but does assist us in reporting the demographics of our Partner Families]:

Full Name	Relationship	Occupation:	Age:	Race:**
1.	HOMEOWNER			
2.				
3.				
4.				
5.				
6.				

The *total, combined* income *before taxes* for ALL adults living in the home is: \$ _____ per **year**
You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of school registration) and/or benefits for children.
 (For instance, the most recent income tax return, monthly social security statement, other retirement income statements, and employment check stub. Please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.)

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$ _____

SECTION 4: Military Veteran *Habitat for Humanity has access to grants that assist veterans with home repairs*

Did you or anyone in your household, serve or is currently serving in the military? No Yes (If "YES" please provide a copy of discharge papers, either DD 214 Form, NAVPERS 1070/615, WD AGO, NG22/NGB22 or Selective Reserve annual points statement and evidence of honorable service)

Name:	Branch of Service:
Years of service: _____ to _____	Final Rank:

SECTION 5 - Special Needs

Is the homeowner or anyone in the home disabled? Yes No

If yes, indicate the type of disability below (check all that apply):

- Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired
 Loss of Limb Mentally Disabled Other (explain):

Is translation needed? No Yes If yes, what language?

SECTION 6 – Application History

Have you applied to *Habitat for Humanity* in the past? Yes No What year(s)? _____

Has *Habitat for Humanity* done work at your home in the past? Yes No What year(s)? _____

Have you received home repair/improvement assistance from any other public or non-profit organization? Yes No

Organization(s): _____ What year(s)? _____

SECTION 7 – Personal Statement

Please write a brief explanation of why you would like Habitat's assistance in repairing your home and what our assistance would mean to your quality of life.

SECTION 8 – Description of Work

Please list the concerns you have with your home and the severity of the problem(s).

What has prevented you from making the repairs previously? (*check all that apply*)

Lack of Funds Health-related issues Other

SECTION 9 – Willingness to Partner

To be considered for Habitat Home Repair, you and your family must be willing to complete a certain number of “sweat equity” hours. Your participation working on your own home or another Habitat project is called “sweat equity” and may include assisting with the repairs to your home, working on someone else’s home or working in our ReStores.

I am willing to complete the required sweat-equity hours. Yes No

I have physical limitations that prevent me from performing some tasks. Yes No

Explain: _____

SECTION 10 – Media and Publicity

Where did you learn about *Habitat for Humanity*?

TV Radio Newspaper Brochure Friend Neighbor Relative Neighborhood Organization

Other Explain: _____

If *Habitat for Humanity* selects your house to be repaired, pictures of you and/or your house may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

Yes, interviews are okay.

Yes, visits by elected officials are okay.

No, I do not want interviews

No, I do not want visits by elected officials

SECTION 11 – Authorization, Release, and Homeowner’s Agreement

I/We certify that the information on this application is true and accurate and that I/we own the property listed on this application.

I/We confirm that, except for the conditions listed in this application, my/our home is a safe place for volunteers.

I/We understand that most of the people who may work on my/our house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Habitat for Humanity of McHenry County **MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY/OUR PROPERTY.**

I/We hereby agree that I/we, my/our assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity of McHenry County or any of its affiliated organizations or the suppliers of any tools or equipment that are used in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity of McHenry County’s activities.

I/We hereby release Habitat for Humanity of McHenry County and any of its affiliated organizations from all actions, claims or demands that I/we, my/our assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my/our participation in any Habitat for Humanity of McHenry County activities.

I/We hereby agree to the terms set out in Addendum A to this Application (Homeowner responsibilities and expectations)

Signed:

Applicant

Date

Co-applicant

Date

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Your Name:

Your Daytime Phone Number:

CHECKLIST -- ATTACHMENTS

- Latest W-2 Form
- Latest Mortgage Payment Statement
- Latest Pay Stub, if employed
- 2022 Pension/Social Security Statement showing monthly payment
- 2022 Homeowner’s Insurance policy
- 2021 Real Estate Tax Receipt
- 2021 IRS Income Tax Return
- Copy of DD214 Form (veterans only)
- Last two (2) Bank Statements of all bank accounts

NOTE: No “originals” will be accepted – only copies.