



Critical Home Repair Pre-Application

Completing this form is a screening tool to determine basic eligibility and does not guarantee enrollment into the program or that funding will be secured

Return completed application along with the application fee of \$10 to: Shawanda Wilson by email to swilson@habitatstw.org or to our office located at 1400 North Lane, Mandeville, LA 70471 (inside the ReStore). If you have any questions please call 985-893-3172 ext. 246.

Required Documents (for all household members): Must be actual copies NOT screen shots

- Driver's license
- Last two months of pay stubs
- Signed Self-Declaration of No Income for those over age 18 with no reportable income
- Current Social Security/VA/Pension Benefit Verification Letter(s)
- Child Support Order/Proof of Payment
- Most recent two years of tax returns
- Last two months of bank statements (all accounts)
- Deed
- Current Mortgage Statement showing no delinquencies
- Current Parish Tax Statement showing no late/past due and amount due
- Proof of Current Home Owners' Insurance
- Insurance denial letter and/or FEMA denial letter
- If applicable, a remediation letter or letter of nonrenewal from the insurance company

Home Owner Name: _____ **Age:** _____

Home Owner Name: _____ **Age:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Total Number of Current/Active Household Members (including applicant): _____

Name	DOB	Income Producer Y/N	Monthly Income	Race/ Ethnicity	Gender	Disabled? (Y/N)	Veteran? (Y/N)	Service- Related Disability? (Y/N)

Total income from all sources: _____

*Providing information regarding race, ethnicity, and sex is voluntary. However, the information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish it, we are required to note the race, ethnicity, age, and sex of applicants based on visual observation or surname.

Home Information:

Do you own the home? Yes/No **Year purchased:** _____ **Age of roof:** _____

Year Built: _____ **Mobile/Manufactured Home: Yes/No**

Is your home in a designated Historic area? Yes/No

Is your home in a flood zone? Yes/No **Do you have Home Owners Insurance? Yes/No**

If you could describe what's wrong with your home, without worrying about how to fix it yet, what would you say?"

- Mold
- Hole(s) in the floor
- Soft Spongy Floors
- Active Leak in the roof
- Sheetrock: water damage, holes, crumbling, missing,
- Missing or broken windows
- Water damage to the walls around or under the window
- Exposed wiring
- Electrical issues such as the breakers being tripped repeatedly cutting power to specific areas of the home.
- Visible sparks or smoke from outlets
- Plumbing: Active Leaks
- Toilets: Broken, at risk of or fallen through the floor
- Sinks: Active leaks with resulting water damage under and around.
- Termite damage
- Exterior Door Damage: Holes through the door, missing/broken window, not able to use the door (won't open/close).
- Exterior Door: General damaged or missing weather stripping
- Pest infestation : Redents, Ant, Racoons, Opossums, etc.
- Modifications: Widening of doors, wheelchair ramps, grab bars, accessibility problems

How will repairing the items noted above affect your/your family's every-day life?

*******Please note that an incomplete application will NOT be accepted. All required supporting documents must be provided with this Repair Pre-Application Form*******

By signing below, I certify that the information provided is accurate to the best of my knowledge. I also understand that the maximum number of projects per home is limited to 2 during a 12-month time period.

Home Owner Signature _____ **Date** _____

Home Owner Signature _____ **Date** _____

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Staff Use Only

AMI: _____%

Number of years in the home: _____

Mortgage current as of application date: Y/N

Habitat Homeowner? Y/N

Parish Taxes current as of application date: Y/N

Verified no liens/judgements: Y/N

Verified flood zone status: Y/N

Verified historic designation: Y/N

Requested Environmental Review? (*Homes located in St. Tammany ONLY) Y/N Date: _____

Basic program eligibility requirements have been met: Y/N Date: _____

Homeowner notified of status: Y/N Date: _____