Habitat for Humanity® Great Falls Area

Aging in Place Application
For Critical Home Repairs

HOMEOWNER INFORMATION

The applicant must **own and occupy** the home in need of repairs.

Full Applicant Legal Name: _____

Full Co-Applicant Legal Name: _____

Address:_____ City: _____ Zip Code: _____

Phone: _____ Year you purchased your home: _____

Have you ever served in the US Armed Forces: _____ If yes, attached a copy of DD-214

Applications must include copies of all of the following documentation to be considered:

____ Completed and Signed Application (Both Sides) _____Prior Year Tax Return

____ Proof of Ownership (Deed Required) _____Income Support (W-2, Award Letter, etc.)

HOUSEHOLD MEMBERS

Please provide information for **everyone** who lives in the home, **including the homeowner.**

Full Name	Date of Birth	Voluntary Race/Ethnic Designation *	**Monthly** Income**
		Household TOTAL:	

* Monthly Income before taxes includes wages or business income, retirement/pension, social security, child support, supplemental security income, public assistance, etc. Please provide documentation for all income.

** 1 = White/Not Hispanic
2 = Black/Not Hispanic
3 = American Indian/Alaska Native
4 = Asia/Pacific Islander

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

Repairs Requested

- ☐ Wheelchair Ramp
- ☐ Bathroom Modification
- ☐ HVAC Service
- ☐ Assistive Devices
- ☐ Other (please explain):

I hereby certify that:

1. I own and occupy the home referenced as my primary residence;
2. This application is to qualify me for the Aging in Place/Critical Home Repairs Program, which is intended to assist low-income homeowners in correcting substandard housing conditions which pose an imminent threat to life, safety, or accessibility;
3. At any step in this process, I may be denied if it is determined that I do not meet Habitat's criteria or the terms of the Habitat partnership;
4. I am only eligible for assistance once every five years through the Habitat Aging in Place Program;
5. If at any time false or misleading information is discovered, I may be rejected.

1. Full name on power bill if different than applicant name: _____
2. Do you have any gas appliances in home: _____ Yes _____ No
3. Last 4 digits of SSN _____

Homeowners Signature(s) **Date**

_____ _____

If you are not the homeowner but are assisting the homeowner in completing this form, please provide your name, relationship to the homeowner, and phone number:

Homeowners Representative:

Name: _____

Relationship: _____ Phone Number: _____

Date: _____

This program relies on a high level of collaboration with other organizations. This will require a signed release of information for optimal coordination of services.

Please list referral agency, person or organization:

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EQUAL HOUSING
OPPORTUNITY