Habitat for Humanity® Great Falls Area

Aging in Place

APPLICATION

Date: _____

Household Member Information: ***Including yourself, provide information for everyone who currently lives in the home.***

Full Name: _____ ***DOB:*** ____ ***Monthly Income:*** _____

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Household Total: _____

Required Documents: Government ID:_☐_ Proof of Home Ownership:_☐_
Veteran/Disability Documentation:_☐_ Income Verification:_☐_ (Taxes or Award Letter)

Homeowner Signature(s):

Full Name: _____ **Date:** _____

Full Name: _____ **Date:** _____

CRITERIA FOR SERVICES:

- Own the home being assessed
- Have a financial need (proof of income required)
- Be 60 years old or older **or** be a veteran, **or** be of any age with a medical disability

Do you meet all three criteria for services listed above? _____

Application Process Includes:

1. Request for Assessment
2. Invite to Submit Full Application
3. Eligibility Determined
4. Home Assessment Completed
5. Statement of Work Outlined
6. Homeowner Agreement Signed
7. Work Completed
8. Post-Service Survey Conducted

Email completed forms to **office@gfhabitat.org** or drop off at Great Falls Habitat for Humanity Administrative Office: 401 Third Ave South, Great Falls, MT 59401. For questions, call **406.453.5972**

Critical Home Repair & Safety Assessment

Office Use Only:

Date of Assessment:_____

Completed by: _____ Priority Need:_____

Notes:

Scoring System

- S **S**afe/No Action Needed
- N **N**eeds Attention Soon
- U **U**nsafe/Critical Repair Needed

1. Exterior

- ____Steps in good condition with non-slip stair treads
- ____Sturdy handrails on both sides of steps
- ____Exterior lighting bright and functional
- ____Entry Ramp for wheelchair access

2. Interior Stairs & Ramps

- ____Handrails on both sides
- ____Steps non-slip and in good condition
- ____Adequate lighting at top and bottom
- ____Ramps safe, stable, and appropriate slope

3. Bathroom Safety

- ____Grab bars or assist bars
- ____Toilet Height Adjusted
- ____Shower seat needed
- ____Handheld showerhead
- ____Bathtub/shower reconfiguration (walk-in shower or low threshold tub)

4. Other

- ____HVAC Functioning
- ____Flooring uneven or unsafe
- ____Change door knobs to lever handles
- ____Other Concerns