



# Critical Home Repair Application

5005 S I-35 Service Road  
Oklahoma City, OK 73129  
Phone: (405) 232-4828  
Fax: (405) 232-4868

Were you affected by the recent storms?    Yes    No    If yes, are you uninsured or underinsured?    Yes    No

## Section 1 – Homeowner Information/Income Verification

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Name of Homeowner: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please list the names, ages and relationship to homeowner of **ALL** people living in the home, including homeowner(s).

Please attach an additional sheet if more space is needed.

Name	SSN	Relationship	Date of Birth	Monthly Income/Benefits

The total income before taxes for ALL persons living in the home is: \$ \_\_\_\_\_ **per YEAR.** (You must attach verification of ALL HOUSEHOLD income, including EACH ADULT and CHILD living in the home. You must attach your most recent income tax return(s), monthly social security statement(s), and/or other retirement/disability income statement(s). Students must provide current proof of registration).

## Section 2 – Disability/Military/Criminal Background/Other Information

Is the homeowner or anyone living in the home disabled?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, please circle all that apply:

- Uses a Walker, Cane or Crutches
- Wheelchair Bound
- Loss of Limb
- Blind
- Hearing Impaired
- Mentally Disabled

Other (Please specify): \_\_\_\_\_

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

Is there anyone living in the household who is serving/has served in the US Military?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, years of service: \_\_\_\_\_ Branch: \_\_\_\_\_ Honorable Discharge?    Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for help from us in the past?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, when? \_\_\_\_\_

Have you applied to/had work done by Community Action Agency?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, when? \_\_\_\_\_

Have you applied to/had work done by Rebuilding Together?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, when? \_\_\_\_\_

Have you applied to/had work done by OG&E?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, when? \_\_\_\_\_

Have you applied to/had work done by any other organization?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, when? \_\_\_\_\_

Name of organization: \_\_\_\_\_

Has anyone in the household ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, please provide details below including offender(s)' name(s), as well as date(s) and nature of offense(s). Please attach an additional sheet if more space is needed.

**Section 3 – Housing Information**

In what year was your home built? \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_  
Is this a mobile home? Yes \_\_\_ No \_\_\_ (We are unable to repair mobile homes except for handicap modifications).  
What is your monthly mortgage payment? \$ \_\_\_\_\_ Do you own any other home(s)? Yes \_\_\_ No \_\_\_  
Do you receive any assistance with your mortgage payments? Yes \_\_\_ No \_\_\_ If yes, please complete the following:  
Amount: \$ \_\_\_\_\_ Name of agency/individual: \_\_\_\_\_  
Are you current on all mortgage and property tax payments? Yes \_\_\_ No \_\_\_  
What type of heating/cooling system do you have? (Please circle one). Central Window Space  
When was it last serviced? \_\_\_\_\_ Is your ceiling insulated? Yes \_\_\_ No \_\_\_

**Section 4 – Personal Statement**

Please write an explanation of why you feel your application should be considered. Please list all work needed and describe how this will benefit you. Please attach an additional sheet if more space is needed.

**Section 5 – Volunteer Information**

Are you willing to complete the 60 hours required for Sweat Equity? Yes \_\_\_ No \_\_\_  
If no please explain: \_\_\_\_\_

\*As an option we allow Family and/or Friends or Associates to complete hours on your behalf.  
Please list names and contact phone numbers for individuals you believe would be willing to help by volunteering on your behalf. Please attach an additional sheet if more space is needed.

Volunteer’s Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
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Volunteer’s Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Do you have a church affiliation? Yes \_\_\_ No \_\_\_ Church Name: \_\_\_\_\_  
Minister’s Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Section 6 – Homeowner’s Agreement**

• I/we \_\_\_\_\_ certify that the information on this application is true and accurate

and that I/we own and reside in the property at \_\_\_\_\_ .

- I/we confirm that any physically able persons residing in my/our home or visiting on the project day will work alongside other volunteers.
- I/we confirm that, except for the conditions listed in this application, my/our home is a safe place for volunteers to work.
- I/we understand that 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 Central Oklahoma Habitat for Humanity MAKES NO WARRANTY, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED, OR WORK DONE, BY ANYONE, at my/our house. I/we hereby agree that I/we, my/our assignees, their heirs, distributes, guardians, and/or legal representatives will not make any claim against, sue, or attach the property of Central Oklahoma Habitat for Humanity or any affiliated organization or supplier of any tool or equipment I/we use in these activities, for any injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Central Oklahoma Habitat for Humanity activities. I/we hereby release Central Oklahoma Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I/we, my/our assignees, their heirs, distributes, guardians, and/or legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Central Oklahoma Habitat for Humanity activities.
- I/we hereby grant permission for Central Oklahoma Habitat for Humanity to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as applicant(s) for the Critical Home Repair program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) credit worthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and other information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Central Oklahoma Habitat for Humanity desires to contact, and (8) any additional information Central Oklahoma Habitat for Humanity deems necessary to evaluate this application. I/we understand that Central Oklahoma Habitat for Humanity may reject this application based upon the results of these inquiries.
- I/we understand that Central Oklahoma Habitat for Humanity is a nonprofit corporation with limited resources and cannot afford to provide assistance for each and every applicant. Consequently, I/we agree that Central Oklahoma Habitat for Humanity, its staff, whether voluntary or compensated, and its Board of Directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting in my/our behalf in connection with my/our application for Critical Home Repair or any claims of any nature associated herewith.
- I/we understand that a co-payment for materials based on income will be required prior to work being completed.

Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Household Member Age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Household Member Age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

- Did you complete all six sections of this application?
- Did you provide proof of homeownership, such as a copy of your deed, mortgage, etc.?
- Did you enclose a copy of your most recent OG&E bill?
- Did you include a copy of your most recent tax return and/or other statements to verify ALL household income? (These may include copies of one or more of the following: Social Security Award Letter, Retirement Pay Stubs, etc. All adults, age 18 and older, must submit income documentation or proof of current student status which includes name and address).
- Did you enclose one or more of the following documents: FEMA#, CAN# or Case Manager information and/or Insurance documentation.