



Dear Homeowner,

Central Oklahoma Habitat for Humanity would like to thank you for your interest in our **Critical Home Repair** program. This program seeks to help low-income families accomplish necessary minor repairs and maintenance to provide a safe, secure, and (through our partnership with **OG+E**) more energy efficient home. We select based on greatest need, the ability of our volunteers, funds, and availability of other resources to complete the work.

**Interested Homeowners must meet the following criteria:**

- **Live in Oklahoma County. (limited access to Canadian and Cleveland County)**
- **You must be the owner of record for your home (proof will be required) and have owned and lived in the home for at least 1 year. Your home must also be more than 10 years old.**
- **Household income must fall below 60% of Oklahoma’s median income, with the exception of anyone affected by storms. Homeowners will be asked to document income. Recent tax returns are required.**
- **Homeowners must be up to date on property taxes and mortgage payments. Must provide documentation.**

Number in Household	1	2	3	4	5	6	7	8
Maximum Household Income	\$36,120	\$41,280	\$46,440	\$51,600	\$55,728	\$59,856	\$63,984	\$68,112

- **We are currently unable to work on mobile homes and multi-family properties, with the exception of installing handicap accessible ramps for mobile homes. Additionally, we cannot provide assistance if you rent or own more than one property.**

**Please Remember applications will not be processed without the following documents:**

- Proof of homeownership (copy of deed) or current mortgage statement.**
- Copy of photo ID (Driver License, passport, etc.)**
- Most recent OG&E (electric) bill and ONG (gas) bill.**
- 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).**
- Copy of any city violations (if applicable)**
- Copy of DD214 (only if you are a veteran)**

**Please note that prior to any work being completed:**

- A home evaluation will be conducted to assess the amount and ability to complete any and all work. Any work you request will be discussed at that time. Time and resources will determine work that can be completed.
- Working 70 hours of sweat equity will expedite workday schedules. Your family, friends and/or others can work hours for you. (18 hours can be worked on your home).
- The intent is for all work to be completed in three days. Some estimates may need to be made by applicable trades and access to your home will be required.
- It may be necessary for you to move some items prior to your scheduled workday for our volunteers to have access to the needed repairs.

When you have completed the questions on this application form, you may mail, fax, or bring it to the Habitat office at the address below. Office hours are 8:00 AM to 5:00 PM, Monday through Friday. If you have any questions about the application process, please call the Habitat office at 405-232-4828.

5005 S. I-35 Service Road, Oklahoma City, OK 73129



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

# Critical Home Repair Application

Were you affected by the recent storms?    Yes    No                      If ye, 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 Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

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. Any occupants not listed could void application.

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), bank statement(s), monthly social security statement(s), and/or other retirement/disability income statement(s)**. Students must provide current proof of registration.

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

Does this home require accessibility improvements?    Yes \_\_\_\_\_ No \_\_\_\_\_                      If yes, please circle all that apply:

Ramps	Grab Bars	Shower	Wider Doors	Tub Cut Out/Step	Toilet
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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 Habitat in the past?                      Yes \_\_\_ No \_\_\_                      If yes, when? \_\_\_\_\_

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

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

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

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

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

Had anyone in the household ever been convicted of a felony?    Yes \_\_\_ No \_\_\_                      If yes, explain? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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 homes? 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 \_\_\_

**Please provide your current mortgage statement.**

What type of heating/cooling system do you have? (please circle one): Central Window Space

**Section 4 – Personal Statement**

Please write an explanation of why you feel your application should be considered. **Please list all the 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 and able to complete the 70 hours for Sweat Equity? Yes \_\_\_ No \_\_\_  
**(Scheduling of workdays will be based on completion of Sweat Equity: Incomplete hours may delay scheduling)**  
If no, please explain? \_\_\_\_\_

**\*As an option we allow Family and/or Friends or Associates to complete hours on your behalf.**

Please list the names and contact phone numbers for individuals you believe would be willing to help by volunteering on your behalf. Individuals under 18 must be accompanied by parent/legal guardian. Must be at least 16 y/o to volunteer. Please attach an additional sheet if more space is needed.

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

**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:** \_\_\_\_\_

- 
- Did you complete all six sections of this application? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Did you provide proof of homeownership (copy of deed) and current mortgage statement? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Did you enclose a copy of your photo ID? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Did you enclose a copy of your most recent OG&E bill and ONG Bill? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Did you include a copy of your most recent tax returns and/or statements to verify ALL household income? Yes \_\_\_\_\_ No \_\_\_\_\_  
(may include copies of one or more of your” Social Security Award Letter, Retirement Pay Stubs, etc. All adults, age 18 and older, must submit income documentation or proof of current student status including name and address).
  - Did you include a copy of any city violations or, if you are a veteran, copy of your DD214? Yes \_\_\_\_\_ No \_\_\_\_\_

### Government Monitoring Information

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For federal purposes we ask applicants for their demographic information (ethnicity, race, and sex) to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws.

You are not required to provide this information but are encouraged to do so. You may select one or more designations for “Ethnicity” and one or more designations for “Race”. The law provides that we may not discriminate based on this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex based on visual observation or surname. If you do not wish to provide some or all this information. please check below.

#### Applicant:

**Ethnicity:** Check one or more

- Hispanic or Latino
  - Mexican
  - Puerto Rican
  - Cuban
  - Other Hispanic or Latino – Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:  
\_\_\_\_\_
- Not Hispanic
- I do not wish to provide this information.

**Race:** Check one or more

- American Indian or Alaskan Native – Print name of enrolled or principal tribe:  
\_\_\_\_\_
- Asian
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:  
\_\_\_\_\_
- Black or African American
- Native Hawaiian or Other Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander – Print race, for example, Fijian, Tongan and so on:  
\_\_\_\_\_
- White
- I do not wish to provide this information .

**Please answer the following:**

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what kind(s)? \_\_\_\_\_

Are their signs of termite or rodent damage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, where? \_\_\_\_\_

Will access to the house be available if approved for work (cleared of clutter)? \_\_\_\_\_ 1

Is the home insured? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Insurance Company: \_\_\_\_\_

What are the biggest critical issues in the home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the water heater work? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Does the house have central heat and air? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the heat and air work? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Is the attic insulated? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the walls insulated? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there plumbing issues? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are there electrical issues? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Does anyone in the home have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone in the home a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Are children under 18 years old living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Is anyone in the home over 65 years old? Yes \_\_\_\_\_ No \_\_\_\_\_