HOME REPAIR PROGRAM
REQUEST FOR ASSISTANCE

Wichita Habitat's *Request for Assistance* is used to gather basic information to determine if you meet our program's MINIMUM ELIGIBILITY requirements.

Your answer MUST be YES on Questions #1-10. Question #11 must be NO. If you answer any of these incorrectly, your *Request for Assistance* will not be approved, however, we are here to help you understand our program, so please c*all (316) 269-0755 ext 115 or email homerepair@wichitahabitat.org with questions regarding these basic requirements.*

1. Is your home located in Sedgwick County, KS?	☐ **YES*** ☐ **NO**
2. Do all persons on the deed agree to participate as applicants in the home repair program?	☐ **YES*** ☐ **NO**
3. Does at least one applicant for this program occupy the home as their primary residence?	☐ **YES*** ☐ **NO**
4. Is at least one homeowner on the Deed a US Citizen or Permanent Resident?	☐ **YES*** ☐ **NO**
5. Based on the following table, is your household income less than the amount listed for the number of persons in your household? **1 Occupant - $65,700** **2 Occupants - $75,100** **3 Occupants - $84,500** **4 Occupants - $93,800** **5 Occupants - $101,400** **6 Occupants - $108,900** **7 Occupants - $116,400** **8 Occupants - $123,900**	☐ **YES*** ☐ **NO**
6. Are you current on your property taxes, your mortgage payments and your utilities?	☐ **YES*** ☐ **NO**

HOME REPAIR PROGRAM
REQUEST FOR ASSISTANCE

7. Do you have Homeowners Insurance or recent denial letter (within last 90 days) from your insurance company with an explanation of denial for coverage?	☐ **YES*** ☐ **NO**
8. Are all rooms in the home, and the area around the exterior of the home, accessible?	☐ **YES*** ☐ **NO**
9. Are you willing to partner with Wichita Habitat if you move forward in our Home Repair program? Are you willing to gather necessary documentation to determine your income eligibility, communicate with Wichita Habitat staff and our contractors, allow access to your home, maintain homeowner's Insurance and speak to others about your Wichita Habitat experience?	☐ **YES*** ☐ **NO**
10. Is your home on a permanent foundation?	☐ **YES*** ☐ **NO**
11. Do you run a business out of your home?	☐ **YES** ☐ **NO***
Today's Date	
Please enter the address of the home you are requesting repairs for.	
City	
State	
Zip	
Is someone assisting you with this Request for Assistance?	☐ ***YES*** ☐ ***NO***
If Yes, please provide their name, their relationship to you, and their email and phone.	

HOME REPAIR PROGRAM
REQUEST FOR ASSISTANCE

Applicant First Name	
Applicant Last Name	
Applicant Age	
Phone #	
Email	
Co-Applicant First Name	
Co-Applicant Last Name	
Co-Applicant Age	
How many people live in your home?	
Estimated Annual Gross Household Income	
Are you a veteran of the US Armed Forces?	☐ ***YES*** ☐ ***NO***
Are you or a household member an individual with a disability?	☐ ***YES*** ☐ ***NO***
If yes, indicate the type of disability below.	
Have you received assistance from our Home Repair program in the past?	☐ ***YES*** ☐ ***NO***
Did you purchase your home from Wichita Habitat for Humanity?	☐ ***YES*** ☐ ***NO***
Do you currently have any code violations?	☐ ***YES*** ☐ ***NO***

HOME REPAIR PROGRAM
REQUEST FOR ASSISTANCE

What type of repairs are you requesting? Please select all that apply. ***Please note: the items listed below will be considered for repair, but the final decision on what work can be completed <u>will be made at the discretion of the WHFH Home Repair Program</u> based on the scope of work and available financial resources. As previously stated, the Home Repair Program focuses on ensuring homes meet Minimum Housing Quality Standards. No cosmetic repairs or those deemed of a luxury nature will be allowed. We also do not work on detached structures of any kind, including fences.***	☐ ***Gas Line Leak*** ☐ ***Sewer (leak or collapse)*** ☐ ***Water Heater*** ☐ ***Plumbing Repairs*** ☐ ***Furnace, AC*** ☐ ***Electrical Upgrade*** ☐ ***Painting*** ☐ ***Accessibility Modifications*** ☐ ***Roof / Gutters*** ☐ ***Windows or Doors*** ☐ ***Code Violations*** ☐ ***Siding Repair*** ☐ ***Tree Removal (endangering home)*** ☐ ***Other***
If you have applied to other service programs for assistance, please select all that apply.	☐ ***City of Wichita Repairs*** ☐ ***Department on Aging*** ☐ ***Mennonite Housing*** ☐ ***SCKEDD***

Wichita Habitat for Humanity®

Home Repair
Request For Assistance

Release and Authorization

By signing below, I declare that I understand all of the following statements:

The information gathered on this form will be used to start the eligibility review process, and that completing this form in no way guarantees assistance of any kind. Additional information will be required to establish eligibility.

I am authorizing Habitat for Humanity to evaluate my home's need for repairs under the guidelines of the Home Repair Program. In addition, I am declaring that I have read and understand the following information.

The evaluation will be based on:

1. **Need for Repairs: The evaluation process will include a personal visit to determine if the home qualifies for the program. The criteria will be explained in more detail at the qualifying home visit. A second, more detailed scope of work inspection will be completed if the household qualifies based on the Ability to Pay determination as explained below.**
2. **Willingness to Partner: This will include providing requested documentation in a timely manner and participating in sweat equity, volunteerism, and/or classroom training. The number of sweat equity hours required will be based on the size/scope of the project.**
3. **Ability to Pay: If the house qualifies for the program, I will then be evaluated on the ability to qualify for grant funding to cover the repair costs and/or to repay a 0% interest loan. This will require employment and income verification for which I will need to provide the requested documentation.**

I am declaring to be the sole owner(s) of the property listed at the address given and I have answered all questions truthfully. If it is determined any information provided is not true I may be disqualified from the program, even if I have already been selected to receive assistance.

I understand the original or a copy of this Client Intake Form will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

Applicant Demographics

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	*Co-Applicant*
_____ I do not wish to furnish this information	_____ I do not wish to furnish this information
Race/National Origin:	**Race/National Origin:**
_____ American Indian / Alaskan Native	_____ American Indian / Alaskan Native
_____ Black or African American	_____ Black or African American
_____ White	_____ White
_____ Asian	_____ Asian
_____ Multiple Races	_____ Multiple Races
_____ Other	_____ Other
_____ Do Not Know/Want to Answer	_____ Do Not Know/Want to Answer
Ethnicity:	**Ethnicity:**
_____ Hispanic	_____ Hispanic
_____ Non-Hispanic	_____ Non-Hispanic
If you are Hispanic, please specify the origin.	If you are Hispanic, please specify the origin.
_____ Mexican _____ Cuban	_____ Mexican _____ Cuban
_____ Puerto Rican _____ Other	_____ Puerto Rican _____ Other
Sex:	**Sex:**
_____ Female	_____ Female
_____ Male	_____ Male
Birth Date: ___/ _____ / _____	**Birth Date:** ___/ _____ / _____
Marital Status:	**Marital Status:**
_____ Married	_____ Married
_____ Separated	_____ Separated
_____ Unmarried (Including Single, Divorced, Widowed)	_____ Unmarried (Including Single, Divorced, Widowed)

Wichita Habitat for Humanity®