



DISASTER SERVICE -HOME REPAIR APPLICATION

MUST BE A HOMEOWNER-NO RENTAL PROPERTIES

Section 1: Homeowner Information

Name of Homeowner 1: _____ Age: _____

Name of Homeowner 2: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

List the names, ages, and relationship to homeowner of ALL people living in the home (attach another sheet if needed)

Name/Relationship: _____ Age: _____

Name/Relationship: _____ Age: _____

Name/Relationship: _____ Age: _____

Have you or anyone in your household served in the military? Yes No

If yes, please indicate who and current status: _____

Section 2: Special Needs

Is the homeowner or anyone in the home living with a disability? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a wheelchair Uses a walker, cane or crutches Visual Disability Hearing disability

Mental disability Other, please specify: _____

Has your home been assessed for lead safety in the past? Yes No I don't know

Section 3: Application History

Have you applied to HABILAT in the past? Yes No

Has HABILAT done work at your home in the past? Yes No

Section 4: Income and Expenses

For each person over the age of 18 living in the home please provide the following information.

Note: If more space is needed, please attach a separate sheet of paper.

Name	Source of Income	Amount	Frequency (monthly, weekly)

Are you still making loan payments on your home? Yes No

Are you up to date on your mortgage and property tax payments? Yes No

Are you receiving any flood assistance from FEMA, the State, insurance or any other organizations? If so, what?

Section 5: Work/Repairs Needed

Briefly describe the type of work you would like done. Attach a separate piece of paper if there is not enough space to list all work/repairs. All items listed below (next page) will be considered, but the final decision regarding the work to be performed will be based upon our volunteer skills/time and financial resources and only after visiting your home to assess the nature and extent of work/repairs needed.

Category	Describe nature of repairs requested (please print)
<p>Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair</p>	
<p>Electrical Repairs. List rooms where wall outlets, switches, and light fixtures do not work.</p>	
<p>Plumbing Repairs. Describe sink, tub or toilet leaks/issues</p>	
<p>Painting. List all interior rooms that require painting and any exterior painting requirements.</p>	
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>General Cleaning. Indicate if there is cleaning, trash removal, or yard work needed.</p>	
<p>Other. Identify other repairs requested but not listed above.</p>	

Section 6: Agreements and Signatures

I/we certify that the information on this application is accurate and that I own the property at the address given on this application. **I/we understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program.** I/we understand that by filing this application, I am authorizing Habitat for Humanity Quad Cities to evaluate my need for a home repair. I understand that the evaluation could include personal visits, inspections, background check, financial information and employment/income verification.

If selected for this program, I/we understand that an agreement will be signed for the terms and conditions of the program, approving the scope of work and agreeing to the repayment plan (if applicable).

I/we also understand that, depending on the repair, the people who work on my house may be unpaid volunteers and that **Habitat for Humanity makes no warranties, expressed or implied**, regarding any materials used or work done by anyone at my house. I/we hereby agree that I, my assignees, their heirs, guardians or legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity Quad Cities for injury or damage resulting from negligence or other acts, howsoever caused damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of or participant in Habitat for Humanity Quad Cities' activities.

Signature of Homeowner 1: _____ Date: _____

Signature of Homeowner 2: _____ Date: _____

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application

Your Name: _____ Relationship: _____

Signature: _____ Daytime Phone Number: _____

Filing Checklist

- You answered **all questions**
- You have **signed the form**

Please assure to enclose/attach copies of the following:

- ✓ **Proof of income, such as the latest tax return for every adult resident in the home**
- ✓ **Proof of home ownership, such as county deed or property tax record**
- ✓ **Proof of home insurance, such as the latest renewal with the current expiration date.**

MAIL completed application to:

**Habitat for Humanity QC
Disaster Repair Program
3625 Mississippi Ave.
Davenport, IA 52807**

Questions? Call us at (563)359-9066

THANK YOU for your application