



APPLICATION

OWNER OCCUPIED HOME REPAIR AND HOME RESCUE REHABILITATION

Personal Information

Applicant Name: _____
FIRST M.I. LAST

Co-Applicant Name: _____
FIRST M.I. LAST

Property Address: _____
STREET ADDRESS ZIP CODE

Applicant Email: _____ Co-Applicant Email: _____

Applicant SSN#: _____ Co-Applicant SSN#: _____

Applicant DOB: _____ Age: _____ Co-Applicant DOB: _____ Age: _____

Primary Phone: _____ Primary Phone: _____

APPLICANT (Check one)	CO-APPLICANT (check one)
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/ Alaska Native & Black/African Amer. <input type="checkbox"/> Amer. Indian/Alaska Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Hawaiian/Another Pacific Islander <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> White	RACE: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/ Alaska Native & Black/African Amer. <input type="checkbox"/> Amer. Indian/Alaska Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Hawaiian/Another Pacific Islander <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> White
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes: Single, Divorced, and Widowed)	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes: Single, Divorced, and Widowed)
ARMED SERVICE STATUS: <input type="checkbox"/> Enlisted <input type="checkbox"/> Veteran (Includes: Peace time service) <input type="checkbox"/> Spouse of a Veteran <input type="checkbox"/> N/A	ARMED SERVICE STATUS: <input type="checkbox"/> Enlisted <input type="checkbox"/> Veteran (Includes: Peace time service) <input type="checkbox"/> Spouse of a Veteran <input type="checkbox"/> N/A

Employment and Financial Information

Applicant:

Applicant's Current Employer(s) Name, Address, and Phone Number: _____ _____	Yrs. at job _____ _____
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Co-Applicant:

Applicant's Current Employer(s) Name, Address, and Phone Number: _____ _____	Yrs. at job _____ _____
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Please list all individuals living in the household (including the Applicant and Co-Applicant):

Name	Age	Gender	Disability

Please list all sources of annual income for all household members 18 or older:

Source	Applicant	Co-Applicant	Household Member	Household Member	Household Member	Annual Total
Employment	\$	\$	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$	\$	\$
Social Security (SSI)	\$	\$	\$	\$	\$	\$
Disability (SSI)	\$	\$	\$	\$	\$	\$
Pensions/Retirement	\$	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$	\$
Investment	\$	\$	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$	\$	\$
Other (list source):	\$	\$	\$	\$	\$	\$

Please list all household financial assets for all household members 18 or older:

Type	Cash Value	Annual Income From Assets	Financial Institution Name
Checking Accounts	\$	\$	
	\$	\$	
Savings Accounts	\$	\$	
	\$	\$	
Stocks/IRA	\$	\$	
U.S. Savings Bonds	\$	\$	
Other Real Estate	\$	\$	
Other:	\$	\$	
	\$	\$	
Total:	\$	\$	

Please list all outstanding debt obligations (mortgage, auto, other loans, credit cards, charge accounts, child support payments, etc.):

Type	Lender's Name	Monthly Payment	Unpaid Balance
Auto Loan		\$	\$
Child Support		\$	\$
Mortgage		\$	\$
Loan		\$	\$
Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Other:		\$	\$
			Total: \$

1. Do you have any outstanding judgments? Yes No Amount: \$ _____

2. Have you declared bankruptcy in the past year? Yes No

3. Are you a party to any active lawsuits? Yes No

*If you answered "Yes" to any of the 3 questions, please explain on a separate sheet.

Homeowner Insurance Company: _____ Monthly premium: \$ _____
(If applicable)

Have you received previous rehabilitation or down payment assistance from The City of Toledo?

Yes No If yes, explain:

Have you received previous repairs from Maumee Valley Habitat for Humanity?

Yes No If yes, explain:

Please list the requested health and safety OR code violation repairs you are requesting (in order of priority), and why you are requesting the repair:

I/we certify that I/we am/are the Owner-Occupant of the property to be repaired/rehabilitated and that the information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

I/We authorize the Program or its agents to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

I/We authorize the Program and its agents to release protected information, regarding this application, to the following person (leave blank if not interested in this option):

Name: _____ Relationship: _____

Email: _____ Phone: _____

APPLICANT:

CO-APPLICANT:

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

See following page for the list of documentation that must be returned with your application.

Document Checklist:

- Completed and signed Home Repair and Home Rescue Application
- Two forms of identification:
 - Driver's License or Ohio I.D. card
 - Social Security card, birth certificate, or other government issued I.D.
- Copy of deed (can be obtained at Lucas County Recorder's Office)
- Copy of current mortgage statement (if applicable)
- Proof of tax payment plan with Lucas County Auditor (if applicable)
- Certification of hazard insurance (if you carry hazard insurance on your home)
- Income Verification for everyone 18 years of age and older:
 - Pay Stubs (past 2 months)
 - SS/SSI/SSDI (current year benefits letter)
 - Pensions/Annuity (current year benefits letter)
 - Child/Alimony Support
 - Food Stamps
 - Most current 1 yr. tax return
 - Other (please specify)
 - Affidavit - no income
- Life Insurance Verification (whole)
- Asset Verification:
 - Bank Statement(s) (past 2 months)
 - Investment/IRA/Money Market
 - Other (please specify)