



Habitat for Humanity, Montrose County  
 309 N. 4<sup>th</sup> St.  
 Montrose, Co 81401  
 Ph. 970-252-9303 Fax. 970-252-9305

|                  |
|------------------|
| Date Received:   |
| City Citation:   |
| Referred By:     |
| Phone No:        |
| Application No.: |

**Habitat Home Repair** is a program of Habitat for Humanity of Montrose County that does home repairs and painting for low-income homeowners. Call 970-252-9303 with any questions or visit our website at [habitatmontrose.org](http://habitatmontrose.org)

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| <b>Section 1 – Homeowner Information</b>   |  |
| Legal Name of Homeowner:   | Age:   |
| Home Address:  | City: Zip:   |
| Email:   | County:  |
| Telephone Numbers: H:<br>C:<br>W:  | Number of Years at Address:<br>Name of Neighborhood: |
| List the names, ages, and relationship to homeowner of all people living in the home. (attach a list if more space is needed)  |  |
| Name/relationship: _____   | Age: _____   |
| Name/relationship: _____   | Age: _____   |
| Name/relationship: _____   | Age: _____   |
| Name/relationship: _____   | Age: _____   |
| Name/relationship: _____   | Age: _____   |
| Is anyone in your household a veteran? Yes____ No____  | Name: _____  |
| Is anyone in your household currently in the military? Yes____ No____  | Name: _____  |
| <b>Section 2 – Special Needs</b>   |  |
| Is the homeowner or anyone in the home disabled? Yes____ No____  |  |
| If yes, indicate the type of disability below (check all that apply, please describe if “other”):  |  |
| Uses a Walker, Cane or Crutches____ Wheelchair Bound____ Blind____ Hearing Impaired____  |  |
| Loss of Limb____ Mentally Disabled____ Other_____  |  |
| Is translation needed? Yes____ No____ If yes, what language: _____   |  |
| Are you able to provide some labor (you, family, friend, etc)? _____   |  |
| Are you able to offer other support (refreshment, water, meals)? _____   |  |
| <b>Section 3 – Household Income and Mortgage Information</b>   |  |
| The <i>total, combined</i> income <i>before taxes</i> for <u>ALL</u> persons living in the home is: \$ _____ per <u>year</u>   |  |
| Are you still making loan payments on your home? Yes____ No____  |  |
| If yes, what is your monthly payment? \$ _____/month   |  |
| After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.) approximately how much money do you have left to spend on house repairs? \$ _____/month |  |

## Section 4 – Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs, may we share it with them?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give us, Habitat for Humanity of Montrose County your consent to share the information you provide on this application with similar organizations.*

## Section 5 – Homeowner’s Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least two years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the **Habitat** employees and volunteers. I confirm that, except for the conditions listed above, my home is a safe place for employees and volunteers of **HFHM**.

\_\_\_\_\_ I do, by the attachment of my signature and initials to this document, invite **HFHM** and their  
*initial* contractor to enter my place of residence for the purpose of performing minor repairs to said residence.

\_\_\_\_\_ I give my consent and authorization for the performance of the agreed upon residential  
*initial* repairs/modifications. I give my permission to have the agreed upon work completed by **HFHM** and their contractor.

\_\_\_\_\_ I understand the repairs listed on the “Requested Repair” sheet are subject to funding restraints,  
*initial* feasibility, contractor recommendations and other program restraints, which may arise.

\_\_\_\_\_ I understand the project may be discontinued by **HFHM** at any time if the environment  
*initial* becomes hazardous, life threatening, or hostile.

\_\_\_\_\_ In consideration for services, I hereby release, discharge and agree to indemnify, hold harmless  
*initial* and defend **HFHM**, their officers’, directors, employees, agents, representatives and all persons, firms, corporations, their contractor, and any other contractor performing work under this program, from any and all claims, demands, damages, causes of action or suits at law or in equity of whatsoever kind of nature, for or because of any matter or thing done, omitted or suffered to be done to me, my heirs, executors, administrators, representatives, assigns or houseguest by any said party hereby released arising out of or relating to the performance of the service mentioned above

\_\_\_\_\_ I understand I will be responsible to pay back 10% of the cost of repairs. For every hour I give in  
*initial* sweat equity is valued at \$10.00 if I am physically able, if not it may be paid by a family or friend.

\_\_\_\_\_ I understand the Retention Agreement and that if I sell or refinance my home during this period  
*initial* I will have to pay for part of the repairs based on the Retention Agreement.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

\_\_\_\_\_  
 Signature of Homeowner

\_\_\_\_\_  
 Date

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

Your Name:

Your daytime phone  
 number:

Is homeowner aware of this application?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

## Section 7 – Checklist

- \_\_\_\_\_ Did you complete all 11 sections of this application?
- \_\_\_\_\_ Did you sign the application? (Section 5 & 7)
- \_\_\_\_\_ Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents must show the name and address of the applicant.*
- \_\_\_\_\_ Are your property taxes current? Yes\_\_\_\_\_ No\_\_\_\_\_
- \_\_\_\_\_ Do you currently have homeowner's insurance? Yes\_\_\_\_\_ No\_\_\_\_\_
- \_\_\_\_\_ Are you current on your homeowner's insurance premiums? Yes\_\_\_\_\_ No\_\_\_\_\_
- \_\_\_\_\_ Did you include a statement verifying income? This statement can be a copy of one or more of the following: Tax return, social security receipts, retirement pay receipts, or other documentation of household income. *All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.*

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

## Section 8 – Application History

- Have you applied to Habitat for Humanity of Montrose County in the past? Yes\_\_\_\_\_ No\_\_\_\_\_
- What year(s) \_\_\_\_\_
- Has **HFHM** done work at your home in the past? Yes\_\_\_\_\_ No\_\_\_\_\_
- Years? \_\_\_\_\_

## Section 9 – Media and Publicity

Where did you learn about HFHM?

TV  Radio  Newspaper

Friend  Neighbor  Neighborhood Organization

Other: \_\_\_\_\_ *please describe*

If HFHM selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters?

YES Interviews are okay

NO I do not want interviews