

Note: The applicant must have been a resident of Hanover or King William County for at least 1 year and earn less than 80% of the Area Median Income. Applicant must live in and hold homeowners' insurance to their home. Habitat may not perform work on homes where hazardous materials are present.

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.



1. APPLICANT INFORMATION

Applicant	Co-applicant (if applicable)
Applicants Name: _____	Co-applicant's Name: _____
Social Security Number: _____	Social Security Number: _____
Phone: _____ Birthdate: ____/____/____	Phone: _____ Birthdate: ____/____/____
Email: _____	Email: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Present Address: _____	Number of years _____
Street _____	Suite/Apt # _____
City _____	State _____ Zip _____
Others in the household:	
Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
	Male Female Student (Fulltime)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are you a Habitat for Humanity Homeowner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to the Hanover & King William repair program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or anyone in your household serve or is serving in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the homeowner, or anyone in the home, disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a translator needed? If yes, what language? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. REVITALIZATION SERVICES OFFERED

- | | | |
|-------------------------|--------------------------|-------------------------|
| Painting and Staining | Soft Washing | Roof Clean-up (Gutters) |
| Removal of Insect Nests | Filling Holes in Yards | Mailbox Repair |
| Driveway Clean-up | Lighting | Paver Installment |
| Railing and Deck Repair | Shed Installation/Repair | Reseeding/Fertilizing |
| Edging/Weeding | Mulching | Landscaping |
| Trash Clean-Up | Sidewalk Clean-Up | |

Description of project (if multiple tasks, list in order of importance): _____

List any materials or tools related to your service you may already have to aid in the completion of the project: _____

3. GROSS MONTHLY INCOME

Income Source	Applicant	Co-Applicant	Others in Household	Total
Wages	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

