



Date received \_\_\_\_\_  
Referred by \_\_\_\_\_  
City citation \_\_\_\_\_

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WITHIN RED WING OR WITHIN GC COUNTY

### Goodhue County Habitat for Humanity's Home Revitalization Programs

are intended to help lower income families remain comfortably in their homes for as long as possible.

Homeowner(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary contact \_\_\_\_\_ (H)phone \_\_\_\_\_ (C)phone \_\_\_\_\_ Email \_\_\_\_\_

Second contact \_\_\_\_\_ (H)phone \_\_\_\_\_ (C)phone \_\_\_\_\_ Email \_\_\_\_\_

Best way to communicate with homeowner(s) PHONE OR EMAIL

Age \_\_\_\_\_ Yrs. in home \_\_\_\_\_ Are you a military veteran – Yes \_\_\_\_\_ No \_\_\_\_\_

#### People in Household

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Military? \_\_\_\_\_ Veteran? \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Military? \_\_\_\_\_ Veteran? \_\_\_\_\_

#### Special Needs

Language \_\_\_\_\_ Translation needed Yes \_\_\_\_\_ No \_\_\_\_\_

Anyone in the home disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe – Mentally disabled \_\_\_\_\_ Wheelchair \_\_\_\_\_ Mobility impaired \_\_\_\_\_

Hearing impaired \_\_\_\_\_ Visually impaired \_\_\_\_\_ Other/describe \_\_\_\_\_

**HOUSEHOLD INCOME & MORTGAGE INFORMATION**

TOTAL COMBINED INCOME BEFORE TAXES FOR ALL PERSONS IN THE HOUSEHOLD \$ \_\_\_\_\_/YEAR

MONTHLY INCOME SOURCES	APPLICANT	HOUSEHOLD MEMBERS
WAGES (LIST EMPLOYER)	\$	\$
SOCIAL SECURITY	\$	\$
SSI/DISABILITY	\$	\$
OTHER (VA benefits, child support, etc)	\$	\$

(Most recent income tax return(s), social security statement(s), retirement income statement(s), employment check stub(s), etc... Please note if statements represent annual, monthly, twice-monthly, or weekly income.)

Please provide documentation to verify the income noted, unless the adult is a full-time student.

Full-time adult students, provide verification of school registration.

MONTHLY EXPENSES	APPLICANT	HOUSEHOLD MEMBERS
MORTGAGE PAYMENT/TAXES/INSURANCE	\$	\$
MOTOR VEHICLE	\$	\$
CREDIT CARD	\$	\$
OTHER	\$	\$
OTHER	\$	\$

After paying monthly bills, approximately how much is left to spend on house repairs? \$ \_\_\_\_\_

Comments \_\_\_\_\_

Do you have a Goodhue County, MN financial case manager? Yes\_\_No\_\_Name: \_\_\_\_\_

Do you receive a Goodhue County, MN waiver? Yes\_\_No\_\_If so, please select waiver below:

\_\_\_ CADI (Community Access for Disability Inclusion)

\_\_\_ EW (Elderly Waiver)

\_\_\_ BI (Brain Injury Waiver)

\_\_\_ DD (Developmental Disabilities Waiver)

**Requested Assistance**

Requested items will be considered, but **Goodhue County Habitat for Humanity** will make the final decision regarding what work, if any, that will be done. Project scope, work conditions,



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work skill requirements, volunteer availability, timing, and financial resources will influence the final decision. Much of the work is accomplished with volunteer labor.

Type of home: Single story \_\_\_\_\_ Two story \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Mostly, is the work? Exterior painting \_\_\_\_\_ Yard work \_\_\_\_\_ General carpentry \_\_\_\_\_

Roof repair \_\_\_\_\_ Window or door repair \_\_\_\_\_ Mobility or accessibility related \_\_\_\_\_

Type of exterior and trim? \_\_\_\_\_

Briefly describe the type of work for which you would like assistance. Use the next page and/or attach a separate piece of paper along with drawings/photos if it would be helpful. Please print.

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**Application History**

Have you applied to or has Habitat worked on your home previously? \_\_\_\_\_ When? \_\_\_\_\_

Have you applied to other organizations for assistance? \_\_\_\_\_ Who? \_\_\_\_\_

**Media and Publicity**

Goodhue County Habitat for Humanity is a not-for-profit organization and relies on volunteers, financial donors, and a positive reputation to continue their mission. If your application is accepted in part or in total, Goodhue County Habitat for Humanity will take pictures for potential use for marketing purposes. Media outlets may also be willing to cover the work.

Is this acceptable to you? \_\_\_\_\_ Are you willing to be interviewed? \_\_\_\_\_ Are you willing to visit with elected officials if any wish to visit the work site? \_\_\_\_\_ How did you learn about Habitat’s Home Revitalization Programs? \_\_\_\_\_

**Personal Statement**

Briefly, how will you be helped if Goodhue County Habitat is able to work on your home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Homeowner Agreement**

I certify that I am the owner of the property as described and that the information provided is accurate. I will provide proof of ownership when required. *I intend to continue residing in the home on this property for at least three (3) more years.* I am willing to permit representatives of Goodhue County Habitat for Humanity visit the property to evaluate the requested work. If work project is approved, I permit representatives of Goodhue County Habitat for Humanity to enter my home and/or work on my property to accomplish the agreed upon work. I certify that my property is safe for Goodhue County Habitat for Humanity volunteers and contractors. *I certify that my homeowner’s insurance is paid and in force.* To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign a release and waiver of liability. I agree to allow Goodhue County Habitat for Humanity media coverage of the work.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

You are not the homeowner, but assisted the homeowner complete this application. You are:

Printed name \_\_\_\_\_ Relationship to homeowner \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ I certify the homeowner is aware of this application.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_