



Date received _____
Referred by _____
City citation _____

AIP CHP ABWK
WITHIN RED WING CITY LIMITS OR OUTSIDE RW CITY LIMITS

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 EMAIL

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

People in Household

Name _____	Relationship _____	Age _____	Military? <input type="checkbox"/>	Veteran? <input type="checkbox"/>
Name _____	Relationship _____	Age _____	Military? <input type="checkbox"/>	Veteran? <input type="checkbox"/>
Name _____	Relationship _____	Age _____	Military? <input type="checkbox"/>	Veteran? <input type="checkbox"/>
Name _____	Relationship _____	Age _____	Military? <input type="checkbox"/>	Veteran? <input type="checkbox"/>
Name _____	Relationship _____	Age _____	Military? <input type="checkbox"/>	Veteran? <input type="checkbox"/>

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.

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 _____