



Habitat for Humanity

of the San Juans



Housing Rehabilitation Eligibility Questionnaire

Date: _____ (Month, Day Year)

1. Name: _____ (First) _____ (M.I.) _____ (Last)

2. Name: _____ (First) _____ (Middle Initial) _____ (Last)

3. Are you a U.S. Citizen or permanent legal resident? Applicant 1: _____ Yes _____ No

4. Are you a U.S. Citizen or permanent legal resident? Applicant 2: _____ Yes _____ No

5. Property Address _____ (Street/Town/Zip)

6. Is this property your primary residence? _____ (Y/N)

7. Do you own or rent this property? _____

8. Do you own this property outright? _____ (Y/N) Do you have a mortgage? _____ (Y/N)

9. Do you have any liens on your property? _____ (Y/N) If yes explain _____

10. Type of structure: _____ Single family dwelling _____ duplex/triplex _____ mobile home

_____ (town home) _____ condominium _____ none of the these

11. If the home is a manufactured home, is the lot rented? _____ (Y/N)

12. If the structure is none of the above types, please describe: _____

13. Year home constructed _____

14. Are you able to provide proof that you are the owner of the property _____ (Y/N)

15. Mailing Address (if different from above) _____

16. Telephone: _____ Email: _____

17. Applicant's SSN: _____ Co-Applicant's SSN: _____

18. Applicant's DOB: _____ Co-Applicant's DOB: _____



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19. Other owner(s) Names: List any other owners of the property as listed on the Warrant



Name: _____

Address: _____

Telephone: _____ Email: _____

20. How many people live in your household? _____ # under 18 and ages _____

21. Any disabled family member? _____ (Y/N) if Yes, how many? _____

INSURANCE

21. Is property covered by fire/liability insurance? _____ Yes _____ No

Name and address of insurer:

22. Agent's Name & contact information:

MORTGAGE INFORMATION

23. Name of mortgage holder (where you send payments):

24. Mailing Address: _____

25. Name of second mortgage holder (if applicable)

26. Mailing address (second mortgage): _____



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BANK INFORMATION (please list all banking accounts)

27. Name of Bank: _____

28. Checking Account No. _____ Saving Account No. _____

29. Address: _____

30. Phone Number: _____



Name of Bank: _____

Checking Account No. _____ Saving Account No. _____

Address: _____

Phone Number: _____

Name of Bank: _____

Checking Account No. _____ Saving Account No. _____

Address: _____

Phone Number: _____

31. My/Our current housing-related payments are:

\$ _____ Mortgage (total monthly payment with interest/principal/Mortgage Insurance)

\$ _____ Property taxes (annual)

\$ _____ Property insurance (annual)



32. BUDGET INFORMATION

	Monthly Expense Total
Mortgage(s)	
Hazard Insurance	
Flood Insurance	
Other insurance	
Property Taxes	
Heating	
Electric	
Water/sewer/trash	
Cable TV/Internet	
Telephones (including cell)	
Food/household	
Clothing	
Vehicle payments	
Car insurance payment	
Car maintenance, fuel, repairs	
School loans	
Credit cards	
Health/medical insurance premiums	
Payments to others (child support, alimony, etc.)	
Other monthly payment	
Other monthly payment	
Other monthly payment	
Total monthly expenses	

33. SUMMARY OF MONTHLY HOUSEHOLD INCOME:

Household Member	Wages	Benefits/Pensions	Public Assistance	Other income



34. Names and addresses of employers or agencies supplying wages or benefits listed above:

35. Employer: _____

36. Employer's address: _____

37. Employer's phone/email: _____

List all other employers with contact information, as needed:

Employer: _____

Employer's address: _____

Employer's phone/email: _____

Employer: _____

Employer's address: _____


Employer's phone/email: _____

Employer: _____

Employer's address: _____

Employer's phone/email: _____

38. Please indicate your assessment of the condition of your home:

	Ok/Fine	Needs repair	Needs replacement	Don't know/not applicable
Plumbing (sinks, bath fixtures, septic, drains, sump pump)				
Electrical systems (wiring, outlets, circuit breakers, light fixtures)				
Heating system (furnace, boiler, registers, radiators, wood stoves)				 <small>EQUAL HOUSING OPPORTUNITY</small>
Structural (walls, floors, ceilings, foundation)				
Roof components (shingles, flashing, eaves, leaks?)				
Adequate insulation, weatherization				
Siding material				
Windows, sills, screens				
Doors				
Kitchen and/or bathroom cabinets				
Major appliances (stove, refrigerator, water heater)				
Porches, stairs, railings, walks				
Other				
Other				

39. List the project you feel is most urgently needed/you're applying for:



I/We understand that any willful misstatements of material fact may be grounds for disqualification. I/we accept the services of the Housing Rehabilitation Program and authorize Habitat for Humanity of the San Juans to act as a technical assistant and advisor in connection with repair, remodeling or rehabilitation services on the property known as:

_____ (Street Address)
_____ (City, State, Zip)



I/we further agree to hold harmless the employees, members, officers and other directors of the Habitat for Humanity of the San Juans in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.

I/we authorize the staff at Habitat for Humanity of the San Juans to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids and such other reports which said staff deems necessary to perform its functions.

This information is to be used by the agency collecting it or its assignees in determining my/our qualifications as a prospective mortgagor under the Housing Rehabilitation Program. I/We understand it will not be disclosed outside the agency except as required and permitted by law.

I/we understand and agree to supply Habitat for Humanity of the San Juans with the necessary information as needed.

I/we affirm that the information provided is correct and complete to the best of my/our knowledge.

Homeowner Name

Date



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of the San Juans

Homeowner Signature

Homeowner Name

Date

Homeowner Signature

To mail your application back, please send to PO Box 162 Montrose, CO 81402 Attn: SFOO Program

To email your application, send to Steve@buildinglives.org with Subject title: SFOO Application

For hand delivered applications, please submit your completed application to the Habitat for Humanity Office (1601 N. Townsend Avenue in Montrose)

Please indicate whether you prefer to receive communication by Email _____ by USPS _____ or by phone _____.