



APPLICATION FOR VETERAN HOME REPAIR

Please fill out this application as completely and as accurately as possible. All information you include on this application will be kept confidential.

* Required

MILITARY VETERAN STATUS

We are currently processing repair applications for households with a veteran who has served in any branch of the U.S. Military, with an honorable discharge. Additionally, we may be unable to follow through with your application if no veteran is part of the household due to being deceased.

1

Has anyone within your household served in the U.S. Military? *

Yes

No

2

If 'Yes', please list the **full** name(s) of the veteran(s) who served within your household.*

3

Which branch(es) of the US military is the applicant associated with?*

4

What are the service years for the applicant? *

5

Was the applicant honorably discharged? *

Proof of discharge may be required

Yes

No

6

What is the applicant's final military rank? *

7

Does the applicant have a service disability rating? *

If yes, please provide the rating.

8

Is the applicant involved in any veteran organizations? *

If yes, please list.

9

Is the applicant aware of possible VA benefits available to them?

*

Yes

No

10

If yes to the above question, which VA benefits has the applicant successfully accessed?

11

Has the applicant ever applied for any veteran housing grants? *

i.e. SAH, SHA, HISA, TRA, VR&E...

Yes

No

12

Would the applicant like assistance with applying for VA benefits?*

Yes

No

APPLICATION INFORMATION

13

Primary applicant's full name:*

14

Primary applicant's date of birth: *

15

Primary applicant's age: *

16

Applicant's full address: *

Please include city, state, and zip

17

Home phone number:

18

Cell phone number:

19

Please list ALL other household members:

Full name, date of birth, age, and relationship to homeowner(s) required.

i.e. John Smith/ 09-01-1912 / 109yo / Father

INCOME/EMPLOYMENT INFORMATION

20

List ALL sources of current income received on a regular basis, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work.

i.e. Income Name/ Income Type/ Place of Employ./ Income Start Date/\$ Per Hour/ Weekly Hrs/ Gross Mo.*

21

Veterans' current employment status? *

i.e. full-time, part-time, student, not employed, retired, disabled, etc...

22

How much household income is spent on housing expenses?*

i.e. mortgage, property taxes, utilities, homeowners' insurance, HOA dues, etc...

23

Is the applicant, or any immediate family member, employed by Home Depot? *

Yes

No

GENERAL INFORMATION

24

Does applicant have proof of legal United States residency? (i.e. - United States birth certificate, United States passport, permanent resident card, 1-94 Card)*

Yes

No

25

How long has applicant lived in Scott or Bourbon County, KY?*

1 year minimum

26

Has applicant ever declared bankruptcy? *

Yes

No

27

If yes to the above question, when was applicants' bankruptcy discharged?

YOUR HOME

28

Please list all individuals named on the deed to applicant's home.*

Full names required

29

What year was applicant's home purchased?*

30

How long has applicant lived in this home?*

31

Does applicant have a mortgage (or mortgages) on this home?

*

Yes

No

32

If applicant answered yes to question 31, how much does applicant currently owe and what is applicants' monthly payment?

33

If applicant answered yes to question 31, with what company/organization does applicant have a mortgage or mortgages?

34

If applicant answered yes to question 31, is applicant current on their mortgage payment?

Yes

No

35

Has applicant's home ever been financed through a VA mortgage?*

Yes

No

36

Does applicant currently have homeowner's insurance?*

Yes

No

37

If yes to the above question, with whom does the applicant have homeowners' insurance through?

38

Is applicant willing to provide valid proof of homeowner's insurance?

Yes

No

39

Does applicant have any current citations from Code Enforcement on this home? *

Yes

No

40

If yes to the above question, what has the applicant been cited for?

41

Has applicant received insurance claim money for any of the repairs for which they are requesting assistance? *

Yes

No

42

Are there working smoke detectors in the home? *

Yes

No

43

Is the applicant current with their property taxes? *

Yes

No

44

What (non-cosmetic) repairs does applicant feel are needed on their home/property? *

Please number in order of greatest importance.

45

Please write a brief explanation why applicant believes they need Habitat's help with home repairs. *

AUTHORIZATION

46

I authorize SBCHFH to disclose any information within this application to other organizations who may help with approved repairs: *

- Yes
- No

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By this typed electronic signature (or authorized signature via a Scott/Bourbon Counties Habitat for Humanity representative), I affirm that the above information is true. I understand that providing false information will cause me to be disqualified from being selected for home repairs from Scott/Bourbon Counties Habitat for Humanity. I also give Scott/Bourbon Counties Habitat for Humanity permission to do a credit check, verify veteran status, and to do a national sex offender registry check for all adult household members. *

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Signature Date *

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application. The law provides that a creditor may not discriminate based on this information or based on whether you

49

Does applicant wish to furnish the above information?*

- Yes
- No

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Applicant Race (may select more than one):

- Indigenous
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White/European-American
- Asian-American
- Other

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Applicant Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

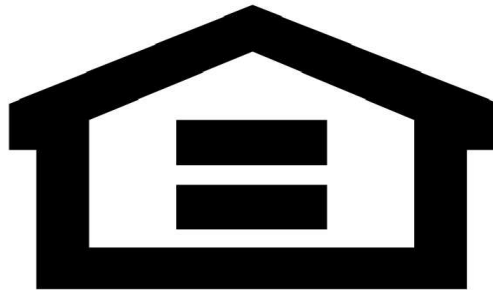
52

Applicant Sex:

- Woman
- Man
- Non-binary
- Prefer not to say

Applicant Marital Status:

- Married
- Single
- Divorced
- Widowed
- Separated



**EQUAL HOUSING
OPPORTUNITY**

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, D.C. 20580.

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