



Home/Critical Repair Application

Mailing to: 230 Arden Dr., Belgrade, MT 59714

406-388-8225



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.

Applicant
 Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____
 Type of Income (circle one)
 Social Security Disability Other _____

Co-Applicant
 Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____
 Type of Income (circle one)
 Social Security Disability Other _____

All Members Living in Household

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Home Repairs Needed

Monthly Bills

Mortgage	
Utilities	
Car Payment	
Insurance	
Child Care	
School Lunch	
Student Loans	
Alimony/Child Support	
Average Credit Card Payment	
TOTAL	

Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Co-Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Combined Assets

Name of Bank/Savings and Loan/Credit Union _____ Address _____ _____	Name of Bank/Savings and Loan/Credit Union _____ Address _____ _____
Account Number _____ Balance \$ _____	Account Number _____ Balance \$ _____

Applicant Monthly Income

TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

Co-Applicant Monthly Income

TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

Outstanding Debt

Name of Company _____ Address of Company _____ _____	Name of Company _____ Address of Company _____ _____
Unpaid Balance \$ _____ Monthly Payment \$ _____ Months Left to Pay _____	Unpaid Balance \$ _____ Monthly Payment \$ _____ Months Left to Pay _____

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home repair and my ability to pay the no-interest loan. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ___/___/___ Accepted Denied
 Date of Home Visit ___/___/___