

NEIGHBORHOOD ENGAGEMENT PROGRAM APPLICATION

SUBMIT APPLICATIONS TO: Habitat for Humanity Greater Palm Beach County
6758 N. Military Trl., Unit 301, Riviera Beach Fl 33404
Phone: (561) 253-2080 ext. 114

Habitat for Humanity of Palm Beach County provides equal housing opportunities for all and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

Dear Applicant: Please complete this application to help determine if you qualify for one of Habitat for Humanity of Greater Palm Beach County’s three Neighborhood Engagement programs. Please fill out the application as completely and accurately as possible. All information you include will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

Homeowner Requirements

To be considered for one of Habitat’s Neighborhood Engagement Programs, we require applicants to show their household income is 80% AMI or below.

Additional requirements include:

- 1. Own and occupy your home**
- 2. Monthly Income of 80% Palm Beach County Median Income**

Section 1 – Household Information

Full Name of Applicant:	Full Name of Co-Applicant
Property Address, City and Zip Code:	Property Address, City and Zip Code:
Cell Phone Number	Cell Phone Number
Date of Birth of Applicant	Date of Birth of Applicant
Email Address	Email Address
Social Security Number	Social Security Number
Marital Status (Applicant): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced	Marital Status (Applicant): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced

Please list names, ages, and relationships of all people living in the home. Please attach a separate page if more space is needed. Please indicate Veteran Status if applicable and exclude Applicant and Co-Applicant from this section of the application.

Full Name	Relationship	Date of Birth	Age	Military Status

SECTION 2-SPECIAL NEEDS

Is anyone in the home disabled? Please describe below:

- Yes
- No

Do you or any of the applicants require translation? In what language? _____

- Yes
- No

SECTION 3-GROSS MONTHLY INCOME (Include all applicants and household members)

Please indicate the Gross monthly income figure	Applicant	Co-Applicant
Wages/Salary	\$	\$
Net Business Income	\$	\$
Unemployment/ Worker's Compensation (PLEASE CIRCLE ONE)	\$	\$
Social Security Benefit	\$	\$
Disability	\$	\$
Retirement/Pension (PLEASE SPECIFY)	\$	\$
Alimony/Child Support (PLEASE SPECIFY)	\$	\$
Military Pay	\$	\$
Veteran Benefits	\$	\$
Assistance benefits	\$	\$
Other:	\$	\$

Pets: Are there any pets in the home?
If so, how many and what kind?

SECTION 4-MORTGAGE AND PROPERTY INFORMATION

Are you making mortgage loan payments on your home?

- Yes (if yes, how much is your payment):

- No

Do you own any other real estate?

- Yes (If YES, please list here):
- No If YES, please list here:

<p>Are you current on your mortgage?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please explain):	<p>Do you have Homeowner's insurance?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please explain):
<p>Do you pay property taxes?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are your property taxes and insurance included in your mortgage escrow?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you pay H.O.A / Condo fees? If so, how often and the amount?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you applied for the Habitat Home Preservation Program in the past?</p> <input type="checkbox"/> Yes (If yes, please indicate the year you applied) <input type="checkbox"/> No
<p>Do you have any illegal and/or unpermitted additions or building activity on your home</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<p>Do you own the land where your property is located?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, what are your land rental fees and how often do you pay?)
<p>Has Habitat for Humanity of Greater PBC (Palm Beach County) performed repairs on your home in the past?</p> <input type="checkbox"/> Yes (If yes, please indicate the year received repairs): <input type="checkbox"/> No	

SECTION 5-REQUESTED REPAIRS

A Brush with Kindness (ABWK) -- Requested Repairs - \$1,000 to \$5,000 in repairs	<u>Check off areas of concern:</u>
<ol style="list-style-type: none"> 1. Pressure wash house, patio, walkways and/or driveway, as needed 2. Paint exterior of house 3. Make minor siding repairs 4. Caulk and/or seal windows 5. Replace/repair damaged windows and/or screens 6. Repair or replace exterior doors 7. Undertake minor landscaping or property clean-up 8. Repair, install and/or paint fencing 	<ol style="list-style-type: none"> 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___
Critical Home Repair (CHR) Requested Repairs – \$5,000 to \$10,000 in repairs	
<ol style="list-style-type: none"> 1. Install or repair roof 2. Install or repair air conditioning systems 3. Install or repair windows 	<ol style="list-style-type: none"> 1. ___ 2. ___ 3. ___
<p>Personal Statement: Please write a brief explanation of why we should consider you for Neighborhood Engagement services.</p>	

SECTION 6- WILLINGNESS TO PARTNER

To be considered for one of Habitat’s Neighborhood Engagement Programs, your household must show willingness to partner for Habitat for Humanity of Palm Beach County, as follows:

- 1.) You must be willing to complete at least (5) partnership hours primarily to help make improvements to your home.
- 2.) These hours may be substituted in part by attending a one-hour on-site home maintenance session, Habitat community service event, or completing other approved activities depending on the circumstances of your household.
 - a. A partnership hours and Home Entry Plan for each family will be outlined in the Homeowner agreement.
 - b. All able-bodied household members are eligible to fulfill partnership hour requirements during the home improvement period, unless the physical condition of all household members prohibits that engagement. Other friends and family (not in the household) are also encouraged to participate.
- 3.) If entry into the home is necessary, you must be willing to have some member of the household over 17 years old to be present during working hours.

Please write an “x” in the blank space below:

Applicant: Yes, I consent _____ No, I do not consent: _____

Co-Applicant: Yes, I consent _____ No, I do not consent: _____

SECTION 7- DOCUMENT CHECKLIST FOR HOME REPAIR APPLICATION

Please provide copies of the following documents for ALL MEMBERS OF THE HOUSEHOLD

1. ___ Proof of Homeownership (Ex. Title to the Home, Warranty, Deed, Homestead Exemption, etc.)
2. ___ Social Security Card (for everyone in household)
3. ___ Proof of other income such as (SSI, SS, Disability, Unemployment, etc.)
4. ___ Proof of residency status (If not born in the US, for everyone in the household)

Upon acceptance into Habitat’s program, you (applicant) understand that an agreement will be signed by you and Habitat detailing all work to be performed by Habitat for Humanity Greater Palm Beach County. You also understand that, upon completion of the work, you must sign off that all work has been completed by Habitat, as agreed.

Applicant: Yes ___ No ___ **Co-Applicant:** Yes ___ No ___

SECTION 8-PROGRAM REFERRAL

WHERE DID YOU HEAR ABOUT US?

Social Media <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Other: _____	<input type="checkbox"/> Habitat Homeowner	<input type="checkbox"/> Habitat ReStore	Community <input type="checkbox"/> School <input type="checkbox"/> Work
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<input type="checkbox"/> Habitat GPBC Website	Entertainment <input type="checkbox"/> News report <input type="checkbox"/> Radio <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet search: _____	<input type="checkbox"/> Other Non-Profit	Friend/Family: (Name)
DO YOU KNOW A VETERAN IN NEED OF HOME REPAIR ASSISTANCE?		MAY WE SEND INFORMATION ABOUT OUR HOME PRESERVATION PROGRAM ON YOUR BEHALF?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, please indicate their name and contact information below:			

SECTION 9-APPLICANT AND CO-APPLICANT AGREEMENT

- I hereby authorize and instruct Habitat for Humanity Greater Palm Beach County, Inc. (hereafter referred to as HFHGBC) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHPBC.
- I understand and agree that HFHPBC intends to use the credit report for the purpose of evaluating my financial readiness for Neighborhood Engagement Programs services.
- I understand that HFHPBC will perform a Sexual Offender Registration check on all homeowners and any other adult household member.
- I understand that by filing this application, I am authorizing HFHPBC to evaluate my need for Neighborhood Engagement Program services, my ability to repay a no-interest loan, and my willingness to be a partner family.
- I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully.
- I understand that after 90 days of no payment, I am liable for the total cost of repairs for my home.
- I understand that if I have not answered the questions truthfully, my application will be denied, and that even if I have already been selected to be eligible to receive Neighborhood Engagement Program services, I may be disqualified from the program. The original or a copy of this application will be retained by HFHGBC, even if the application is not approved.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature

Co-Applicant Signature

Date

Date

Complete the following if you are not the Applicant but are assisting the Applicant in completing the application:

Name

Date

Contact Number

Organization

SECTION 10-DOCUMENT CHECKLIST FOR NEIGHBORHOOD ENGAGEMENT APPLICATION

Completed application must be returned by:

All information **must be submitted by US mail**. Only completed applications with the required documents will be reviewed. Please contact the **Neighborhood Engagement Department at (561) 819-6040**, if you have any questions.

