



PO Box 333  
Delta OH 43515  
419-335-7000  
director@habitatfco.org

# Repair Application

## **Habitat for Humanity Mission Statement:**

Seeking to put God's love into action, Habitat for Humanity brings people together to build and repair homes, communities and hope.

Dear Applicant:

Thank you for your interest in participating in Habitat's Repair Program. If you previously submitted a Quick-Apply Form, this is the next step in the application process. This means Family Selection would like to see documentation and gather detailed information to further evaluate your application.

There are 3 requirements that need to be met for you to submit your project to our Repair Program:

#1. Your current housing situation must be **substandard**.

#2. Your family's **gross income** (before taxes) must be between 30% and 65% of area medium income based on household size: \*\*please submit for our personnel to figure (don't assume based on scale).

# IN HOUSEHOLD	1	2	3	4	5	6	7	8
<b>MAX INCOME ANNUALLY</b>	\$30,576	\$34,944	\$39,312	\$43,680	\$47,174	\$50,669	\$54,163	\$57,658
<b>MIN. INCOME ANNUALLY</b>	\$14,112	\$16,128	\$18,144	\$20,160	\$21,773	\$23,386	\$24,998	\$26,611

#3. You must be willing to **partner** with Habitat and provide "sweat equity" (volunteer) hours to the organization. You will be required to take a financial budgeting course.

Please answer the questions on this form and **POSTAL MAIL** to the Habitat Office no later than:

**Habitat for Humanity of Fulton County, Ohio**

**PO Box 333**

**Delta OH 43515**

**Phone: 419-335-7000**

**Email: director@habitatfco.org**

**Website: www.habitatfco.org**

*30 days after  
download.*

Applications are accepted and reviewed regularly. Please call the office to make sure we are in an Open Round at the time you submit your application.

Review includes required background, sexual offender, criminal and credit checks of which you must give consent in order to apply. If you meet Habitat requirements, you will be contacted about the next steps in the application process. If you DO NOT meet Habitat requirements, you will be notified via postal mail within 30 days of receiving your COMPLETED APPLICATION.

NOTE: Providing false information will immediately disqualify you.



Home Repair Application Cover Sheet  
Approved February, 2015





## Habitat for Humanity of Fulton County, OH

MAILING ADDRESS: PO Box 333, Delta OH 43515

PHONE: 419-335-7000

### Required Application Materials

Your postal mailed New Construction or Home Repair application must include:

- Filled out and Signed Application
- Copies of last tax return (1040, 1040A, etc.)
- Copies of the last three months pay stubs for ALL family members aged 18 and over
- Copies of the last three months credit card statements
- Copies of alimony (if you choose to use this in your income to pay for your home)
- Copy of Social Security or disability benefits (if received)
- Copy of child support, on all children (if you choose to use this in your income to pay for your home)
- Copy of Food Stamp/Cash Assistance (if received)
- Copies of last three months utility bills (all)
- Copies of last three months bank statements (checking, savings, etc.)
- Copies of most recent retirement account statements (if held)
- Copies of other income and expense information not specified above (including but not limited to: phone/internet/cable, insurance, lot rent, garbage removal, etc.)
- Copies of the last three months loan statements (on any loans held, including but not limited to car loans, lines of credit, payday loans)
- Collection Debt – statements or letters stating debtors and amounts.
- Cover Letter detailing why you want to partner with Habitat, including why you need a home or home repair and how you plan to show willingness to partner with Habitat.
- REPAIR Applications must also include:
  - Proof of homeownership (Copy of deed or mortgage)
  - Description of ALL Repairs requested. *Habitat reserves the right to evaluate need, extent of damages and priority of any repair requested. Acceptance into the Habitat partnership does not guarantee all repairs requested will be completed. Additional repairs cannot be requested after acceptance or added to existing project without review and consent from Director and Selection Committee.*

Thank you for your interest in the Habitat partnership. Please call or email if you have any questions.

*Heidi J. Kern*

Heidi J. Kern, Executive Director

Habitat for Humanity of Fulton County, Ohio

[director@habitatfco.org](mailto:director@habitatfco.org)

419-335-7000

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 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, DC 20580.

**DEADLINE GIVEN FOR POSTMARK ON APPLICATION:** 30 days from  
download

**Habitat for Humanity of Fulton County, Ohio**  
**HOME REPAIR APPLICATION**

<b>SECTION 1: APPLICANT INFORMATION</b>		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Do you own your home? YES NO	Monthly payment:	Year purchased?
Previous address:		
City:	State:	ZIP Code:
Are you a U.S. citizen or permanent resident? YES NO		
Are you a veteran or active member of the US military? YES NO		Military Branch:
Are you affiliated with an organization/faith-based group(s) who would be willing to volunteer on this project? YES NO If YES, what group(s)?		
Email Address:		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
<b>SECTION 2: CO-APPLICANT INFORMATION</b>		
Name:		
Relationship to Applicant:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Are you a U.S. citizen or permanent resident? YES NO		
Are you a veteran or active member of the US military? YES NO		
<b>SECTION 3: APPLICANT EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
<b>SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:

**Habitat for Humanity of Fulton County, Ohio**  
**HOME REPAIR APPLICATION**

**SECTION 5: DEPENDENTS**

Please list individuals who live in the Applicant household that are not listed under Co-Applicant.:

1) Name:	DOB:	Relationship:
2) Name:	DOB:	Relationship:
3) Name:	DOB:	Relationship:
4) Name:	DOB:	Relationship:
5) Name:	DOB:	Relationship:
6) Name:	DOB:	Relationship:
7) Name:	DOB:	Relationship:
8) Name:	DOB:	Relationship:

Please circle any name(s) if a veteran or active member of the US military, or if a spouse of a veteran or active member of the US military.

**SECTION 6: HOUSEHOLD INCOME (MONTHLY)**

**INCLUDE ALL SOURCES FOR APPLICANT, CO-APPLICANT AND ALL INDIVIDUALS LISTED IN SECTION 5.**

Employment - (gross)	\$	Source(s):
Employment (co-applicant) - (gross)	\$	Source(s):
Social Security Income	\$	Source(s):
Social Security Disability	\$	Source(s):
Food Stamps	\$	Source(s):
Retirement/VA	\$	Source(s):
Child Support	\$	Source(s):
Alimony	\$	Source(s):
AFDC/TANF	\$	Source(s):
Other	\$	Source(s):
<b>Total</b>	\$	

**SECTION 7: HOUSEHOLD EXPENSES (MONTHLY)**

Mortgage / Lot Rent	\$
Property Tax	\$
Homeowner's Insurance	\$
Gas / Propane	\$
Electric	\$
Child Support	\$
Cell Phone Plans	\$
Cable / Internet	\$
Water & Sewer	\$
Garbage Removal	\$
Credit Cards	\$
Car Payment / Insurance / Fuel	\$
Medical Bills	\$
Food / Groceries	\$
Student Loans	\$
Personal (pets, hobbies, cigarettes, etc.)	\$
<b>Total</b>	\$

**SECTION 8: HOME REPAIR NEEDS**

PLEASE LIST HOME REPAIRS NEEDED. ATTACH A SEPARATE SHEET OF PAPER IF THERE IS NOT ENOUGH SPACE TO LIST ALL REPAIRS.

**SECTION 9: AUTHORIZATION AND RELEASE**

I understand that by completing this application, I am authorizing Habitat for Humanity of Fulton County, Ohio to:

- 1) evaluate my actual need for a home repair.
- 2) evaluate my ability to repay the 0% interest loan.
- 3) evaluate my willingness to be a partner family.

I understand that the evaluation will include home visits, criminal, sex offender, background and credit checks and employment verification. I have answered all the questions on this application 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 home repair, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity of Fulton County, Ohio even if the application is not approved.

I understand that I am committing to live in the home for at least two years after completion of the project.

I authorize Habitat for Humanity of Fulton County, Ohio to obtain a credit report on each applicant. This information may be used to establish credit worthiness to fulfill the debt obligation. I give permission for other agencies providing services to me/my family to release to Habitat for Humanity of Fulton County, Ohio any and all information Habitat for Humanity of Fulton County, Ohio may request as necessary in processing and determining the amount/type of home repair assistance I will receive. I understand the information will be held in confidence and will be used for the sole purpose of facilitating home repairs.

I acknowledge that I will be responsible to pay a down payment for the repairs, and monthly payments at low- or no- interest. If my project is small, I may be required to pay the full amount due before repairs begin.

As part of my "sweat equity" requirement, I will be present for the duration of the home repair. Exemptions must be discussed with the Director before work begins. As part of my "sweat equity" requirement, I will ensure that the exterior and interior areas to be repaired will be clean of trash and objects that may interfere with the repairs. Any pets will be restrained during the repair process for safety.

I will provide bottled drinking water and allow volunteers to use my bathroom. I will also grant permission for volunteers to help with the home repairs.

Signature of applicant

Date

Signature of co-applicant, if joint account

Date

**ALLOW 30 DAYS FOR YOUR COMPLETED APPLICATION TO BE PROCESSED. (ALL REQUIREMENTS SUBMITTED)**

**POSTAL MAIL TO:**

**Habitat for Humanity of Fulton County, Ohio**  
**PO Box 333**  
**Delta OH 43515**

**Phone: 419-335-7000**

**Email: [director@habitatfco.org](mailto:director@habitatfco.org)**





## **Habitat for Humanity of Fulton County, Ohio Privacy Statement and Notice**

At Habitat for Humanity of Fulton County, Ohio, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income and debt level;
- Information about your transactions with us, our affiliates, or others such as your loan balance, payment history, delinquency status, escrow payments and escrow balances; and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Habitat for Humanity of Fulton County, Ohio employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations or governments;

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Fulton County, Ohio at 419-335-7000.

X \_\_\_\_\_ Initials      X \_\_\_\_\_ Initials      Date: \_\_\_\_\_





# Sexual Offender Check Policy and Criminal Background/OFAC Check Policy

## SEXUAL OFFENDER CHECK POLICY

### Policy Basis:

All U.S. Affiliates of Habitat for Humanity are required by Habitat for Humanity International to conduct sexual background checks on; partners and family members, board members, applicants, staff and key volunteers\* (\*defined as those volunteering regularly for 8+ hours monthly or those having consistent and direct contact with vulnerable populations). Habitat for Humanity of Fulton County, Ohio (Habitat) hereby adopts the following Sex Offender Policy (Policy) in accordance with this requirement.

### Policy Procedure:

Sex Offender checks will be done through the Dur Sjodin National Sex Offender Public Registry (NSOPW) website, [www.nsopw.gov](http://www.nsopw.gov). Respect will be given to both Federal and State reporting practices, including how often these entities update their databases.

Notice: Notice is given to applicants through the application; signature is required before applications will be considered. All individuals aged 10+ who will be living in the home are subject to this check and will be required to consent before applications will be reviewed. Board members, employees and key volunteers understand that participating in Habitat's programs gives consent for a sex offender check. Notice is given on Liability Waivers for all volunteers. No third party is used to conduct sex offender checks. Confidentiality will be a priority with results of any sex offender check communicated only to parties on a "need-to-know" basis.

### Policy Action Plan:

If a potential homeowner, board member, staff person or key volunteer is discovered to be a registered sex offender, Habitat will take the following actions:

*Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members:* Habitat will evaluate each finding with intent to deselect for presence on a sexual offender database. This decision will be based on the affect this finding may have on Partner's ability to pay, willingness to Partner and/or the possible risk this finding may pose on the Affiliate, volunteers or others within the communities we serve.

*Board members, Staff member and Key Volunteers:* Habitat will evaluate each finding with a Point System (evaluation sheet attached). This point system will rank the level of risk and include consideration for the position or duty to be conducted/performed, relative to the environment required for such position or duty. An individual inquiry or interview may be considered based on scoring evaluation, offense level as based on State law and/or duties to be performed and environment required. Notice of potential adverse action will be given to Staff and Board Members, with an option to provide proof of false findings before final determination. Determination will take Affiliate's business necessity into consideration above individual desire to serve.

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## CRIMINAL BACKGROUND/OFAC CHECK POLICY

### Policy Basis:

Affiliates are required by Habitat International to conduct criminal background and OFAC checks and a credit report check on staff and key volunteers specifically conducting **loan originator activities**, as defined under the Truth in Lending Act. Criminal background and OFAC checks should also be performed on all staff, applicants, Board members and Key Volunteers (as defined in Sexual Offender Check Policy). Habitat for Humanity of Fulton County, Ohio (Habitat) hereby adopts the following Criminal Background/OFAC Check Policy (Policy) in accordance with these requirements.

Policy Purpose: As a ministry, Habitat values the safety of children, employees, volunteers and partners we serve. We take prudent measures to protect our human and material resources in order to:

- ensure physical safety of those involved in Habitat's mission,
- ensure the financial health of the Affiliate,
- prevent negative publicity by declining to partner with individuals involved with criminal activity in the recent past, whether Board members, Partners, key volunteers or staff.

### Policy Procedure:

Criminal background checks will be performed through one or more of the following resources: Law Enforcement and Corrections Agencies Records, Court Records, State Repositories, Interstate Identification Index, Third Party Background Screening. Respect will be given to both Federal and State reporting practices, including how often these entities update their databases.

Notice: In accordance with the Fair Credit Reporting Act, notice is given to applicants through the application when using a third party background screening service; signature is required before applications will be considered. Board members, employees and key volunteers understand that participating in Habitat's programs gives consent for a criminal background check. Notice is given on Liability Waivers for all volunteers. If a third party background check service is used, a Disclosure Notice will be given (see attachment). Confidentiality will be a priority with results of any criminal background check communicated only to parties on a "need-to-know" basis.

### Policy Action Plan:

If a potential homeowner, board member, staff person or key volunteer is discovered to have a criminal conviction, Habitat will take the following actions:

*Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members, Board members, Staff member and Key Volunteers:* Habitat will evaluate each finding with a Point System (evaluation sheet attached). This point system will rank the level of risk and include consideration for the position or duty to be conducted/performed, relative to the environment required for such position or duty. An individual inquiry or interview may be considered based on scoring evaluation, offense level as based on State law and/or duties to be performed and environment required. Determination will take Affiliate's business necessity into consideration above individual desire to serve.





*Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members:*  
Notice of adverse action will be sent.

*Board members, Staff member and Key Volunteers:* If a third party background check service is used, notice of pre-adverse action will be given, with an option to provide proof of false findings before final determination. Potential employees and volunteers will be given a copy of the report and the consumer's summary of rights. Seven (7) business days will be given to challenge the accuracy of the report before notice of adverse action will be sent.

#### **OFAC (OFFICE OF FOREIGN ASSET CONTROLS) CHECK**

The purpose of the OFAC Check is to determine whether an individual is a "Specially Designated National (SDN)", which is a person who has been deemed a terrorist, international narcotics trafficker or a supporter of such activities. Financial transactions with an SDN are prohibited and can subject an affiliate engaged in such a transaction to civil and criminal penalties. Habitat will perform an OFAC Check on employees, applicants, vendors and subcontractors. Applicants will be checked during the initial application process and again before closing. Partner homeowners will be checked annually as long as the affiliate holds their mortgage.

OFAC Checks are done directly on the U.S. Treasury website or through a third party servicer.

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More information on Loan Originator Requirements are contained in the Affiliate's Fiscal Safeguards and Mortgage Origination Policies.

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*My signature below indicates my receipt and understanding of these Policies. I also verify that I have been provided with an opportunity to ask questions about these Policies.*

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*IF APPLICANT: Additional household members aged 10 years or older:*

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_