

# habitat home repair application



Thank you for your interest in Habitat for Humanity's **Habitat Home Repair Program**. Habitat for Humanity promotes dignity and independence for low-income homeowners by addressing critical health and safety needs within their homes.

Each family must meet **all** of Habitat's homeowner selection requirements:

1. Have a demonstrated need for critical health and safety repairs
2. Household gross income must be below 80% of the Area Median Income
3. Be willing to partner with Habitat for Humanity, volunteers, and the community in completing repairs on their home

This is an application for home repair service based on the three requirements mentioned above. Please complete all items. Items left blank or with no reply may deem this form as incomplete and may disqualify your request for home repair services. **Please note that funding for home repairs is limited and is not available in all locations. Habitat's ability to address your need is dependent on funding and project scope. Habitat does not do emergency repairs.**

**When submitting this application, please provide copies of your identification, proof of your income, homeownership and homeowners insurance. Please see page 5 for a checklist of these items.**

## Part 1 – Applicant Information

1. a. Applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Co-applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b. Marital status: ☐ Single ☐ Married ☐ Widowed
- c. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: CA ZIP: \_\_\_\_\_
- d. Telephone number (with area code): \_\_\_\_\_  
Alternative Telephone number (with area code): \_\_\_\_\_
- Can we text you? : ☐ Yes ☐ No
- e. **Email address (program updates will be provided via email):** \_\_\_\_\_

2. What type of home do you own? (please check)  
single-family detached home ☐ mobile home ☐ townhome ☐ condo ☐



a. How many bedrooms: \_\_\_\_\_ How many bathrooms: \_\_\_\_\_

3. Is your home in a flood zone? ☐ Yes ☐ No

## Part 2 – Homeowner needs

4. a. Please indicate your critical health and safety needs by checking the boxes that apply.

Electrical	<input type="checkbox"/>	Grab bars	<input type="checkbox"/>
Exterior security lighting	<input type="checkbox"/>	Handrails	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	Exterior stairs	<input type="checkbox"/>
ADA compliant kitchen repair	<input type="checkbox"/>	Windows	<input type="checkbox"/>
Doors	<input type="checkbox"/>	Door widening	<input type="checkbox"/>

Please explain: \_\_\_\_\_

b. In which year was your home built? \_\_\_\_\_

c. How many sq feet is your home? \_\_\_\_\_

## Part 3 – Household income and expenses

Please note that in this application process, you must meet all eligibility requirements, most specifically, HOUSEHOLD income. When submitting this application, please provide verification of all household income for each adult in the house.

5. Total number of household members currently living in your home: \_\_\_\_\_

6. List all household members and their information in the table below.

List of all household members		Age	Check all that apply	Relationship to head of household (spouse, child, other etc.)	Annual income (check all that apply)
Head of Household			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 2			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 3			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 4			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 5			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 6			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed



7. Total, combined gross income (before taxes) for all persons living in the home is:  
\$ \_\_\_\_\_ per year.

8. Does your total household income fall below the income as indicated in the chart below?  
☐ Yes ☐ No

Family Size	1	2	3	4	5	6	7	8
Maximum Income (80% VCMFI)	\$83,850	\$95,800	\$107,800	\$119,750	\$129,350	\$138,950	\$148,500	\$158,100

Source: HUD FY 25 Income limits

9. Are you still making payments on your home? ☐ Yes ☐ No

10. A.) **Single Detached homeowners:** ☐ Yes ☐ No ☐ N/A  
Do you have a lien or reverse mortgage on your home?

B.) **Mobile Park homeowners:** ☐ Yes ☐ No ☐ N/A  
Are you in litigation with the mobile home park?

11. Is your home in a trust? ☐ Yes ☐ No

12. Do you have homeowner's insurance? ☐ Yes ☐ No

## Part 4 – Additional information

13. Are you willing to complete the required sweat equity hours to help repair your home?  
Sweat equity is your contribution to your home repairs in the form of effort. If you are physically unable, you may have family and friends help you. (Actual hours vary on extent of repairs needed. Single head of household – 8 hours min. dual head of household – 16 hours min.).

Applicant: ☐ Yes ☐ No

Co-applicant: ☐ Yes ☐ No

14. Are you a legal resident of the United States?

Applicant: ☐ Yes ☐ No

Co-applicant: ☐ Yes ☐ No

15. Are you on active military duty or a veteran?

Applicant: ☐ Yes ☐ No

Co-applicant: ☐ Yes ☐ No

With this application, I have included copies of **ALL** required documentation as follows (full checklist on last page):

identification ☐ proof of income ☐ proof of homeownership and insurance ☐

How did you hear about our program? \_\_\_\_\_



Name of Mobile Home Park: \_\_\_\_\_ Decal & Serial #: \_\_\_\_\_

## Part 5 – Homeowner agreement and release

I certify that the information on this application is accurate and that I own the property at the address listed on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside Habitat for Humanity volunteers. I confirm that, except for the conditions I listed above, my home is a safe place for volunteers. I acknowledge I am unable to financially support requested services.

I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate the need for critical repairs to my existing home, my ability to financially support requested services and my willingness to partner with Habitat for Humanity. I understand that this evaluation will include personal visits, a needs assessments and verification of income and homeownership. I have answered all questions on this application truthfully. I understand that if I have not answered any of these in a truthful manner, my application may be denied and that even if I have already been selected for the Program, I may be disqualified. The original or a copy of this application will be retained by Habitat for Humanity, even if the application is not approved.

With my signature below, I affirm that the information in this application is true to the best of my knowledge.

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

\_\_\_\_\_  
Signature (Co applicant) Date

### Mail or email this completed form to:

**Habitat for Humanity of Ventura County**  
**Attn: Habitat Home Repair Program**  
**1850 Eastman Ave.**  
**Oxnard CA 93030**

**Email:** [homerepair@habitatventura.org](mailto:homerepair@habitatventura.org)

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 is no barrier to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

### For Habitat Office use only:

\_\_\_\_\_  
Application received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application reviewed by

\_\_\_\_\_  
Date



# Form for County of Ventura

## Required Income Survey for Federally Funded Activities

### Beneficiaries Reported by Household

Program name: Habitat Home Repair

**CERTIFICATION:** I certify that the information that I provide below is an accurate and complete disclosure. I understand that this self-certification may be subject to further verification by the agency providing services, the County of Ventura, or the U.S. Department of Housing & Urban Development. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.) **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

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

Head of Household Name \_\_\_\_\_  
(Used to ensure non-duplication of data, ONLY. Your name will not be entered into a database.)

1. Female Headed Household: Yes \_\_\_ No \_\_\_

2. Indicate the **Ethnicity** of the Head of Household:  
(choose one)

Hispanic or Latino	
Non-Hispanic or Non-Latino	

3. Indicate the **Race** of the Head of Household:  
(choose one)

American Indian/Alaskan Native	
Asian	
Black/African American	
Native Hawaiian/Other Pacific Islander	
White	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

4. How many people are living in your household? \_\_\_\_\_ persons  
Include children, adults, students, and any unrelated persons currently living in your household.  
Do not include visitors.

5. Considering your answer to #4 above, **CIRCLE** the **Total Household Annual Income** that most closely describes the income of all the persons currently living in your household, in the 2024 chart below.

	%	1	2	3	4	5	6	7	8
<b>30% OF MEDIAN</b>	<b>30</b>	31450	35950	40450	44900	48500	52100	55700	59300
<b>VERY LOW-INCOME</b>	<b>50</b>	52400	59900	67400	74850	80850	86850	92850	98850
<b>LOW-INCOME</b>	<b>80</b>	83850	95800	107800	119750	129350	138950	148500	158100



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Please submit **COPIES** of the following **REQUIRED** documents otherwise, your application will not be processed. Habitat for Humanity Ventura County **will not accept originals** of the requested documents.

For Applicant and Co-Applicants only:

## **Identification**

- Driver's License or State Identification Card
- Other Government issued ID

## **Proof of Income**

**(minimum of 45 days' worth of income for each applicant, turn in all that apply)**

- Employment Income
- Alimony
- Child Support
- TANF – Temporary Aid for Needy Families
- WIC – Women, Infants and Children
- Cal Works
- Social Security – Benefits
- Social Security – Survivor Benefits
- Social Security – Disability
- Supplemental Security Disability
- Unemployment
- Commission/Tips
- Other – Annuities, Dividends, Gratuities (statements)
- Two most recent bank statements: checking(s) and savings account(s)

## **Homeownership**

- Current Mortgage Statement/Payment Slip/Space Rent
- Homeowner's Insurance



# Habitat Home Repair Eligibility Verification Checklist



## 1 HOME REPAIR APPLICATION

## 2 GOV'T ISSUED ID from applicant and co-applicants

## 3 PROOF OF HOMEOWNERSHIP

- **Mobile Home:** Registration card from Department of Housing and Community Development.
- **Single Family, Detached Home:** Acceptable documents include a mortgage statement or deed.
- **Not Accepted:** Utility bills or similar documents.

## 5 HOME INSURANCE

- Submit declaration page with coverage dates, NOT payment requests

## 6 BANK STATEMENTS

- two most recent bank statements
- you may redact personal info; we just need to see income deposits!

## 7 INCOME VERIFICATION

- **Employment Income:** 45 days' worth of paystubs.
- **Social Security:** 2025 SSA Declaration
- **Pension:** A declaration from pension company detailing the monthly deposit.
- **Recurring Gifts or Financial Support:** If you receive monthly financial support from family, a declaration form is attached.
- no tax documents accepted (w-2, 1099)\*

• per HUD's 24 CFR Part 5 income