



Home Preservation Program Application

Dear Applicant:

We have received and reviewed your Request for Service and we are happy to inform you that you may be eligible to receive home repairs through one of our programs. The next steps in the process are outlined below.

Instructions:

1. Please fill out and complete each section of the attached application form in its entirety. Please print all information, and sign and date all forms.
2. Please return the completed forms by email, mail, fax or drop-off to:

Habitat for Humanity East Bay/Silicon Valley
 Home Preservation Program
 Attn: Sheridan Mathias
 2619 Broadway
 Oakland, CA 94612
 Phone: (510) 803-3388 Fax: (510) 295-2103
 homerepair@habitatebsv.org

Our Process

1. Complete all pages and return to Habitat.
2. Once we have received the application, someone from Habitat will call within 10 business days to review your application with you and help us form an even better picture of your needs.
3. To move forward with the process, our program assistant will contact you to discuss the documentation required to complete your application. Your application will be deemed complete and eligible for review once the documentation requested is provided.
4. Once the additional documentation is received our loan administrator will contact you for any additional information needed for approval.
5. Habitat will set up a time to visit your home. Habitat will then make a determination as to which repairs can be performed for you under the Renew AC Program.
6. Habitat will send you a letter explaining which of your home repair and rehabilitation needs we are able to assist you with, and outlining next steps.

Funding for home repairs and rehabilitation is available on a first come, first served basis.

All information will be kept confidential.

We are looking forward to your participation in Home Preservation Program!

2020 Maximum Income depends on the number of people in your household not including fulltime caregivers								
County	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Alameda	\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150	\$129,500	\$137,850





Please retain this page for your records.



HOMEOWNER INFORMATION

APPLICANT 1

Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone
	Alternate Phone
Current Address (Street, City, State, Zip)	SSN
Email	Date of Birth (mm/dd/yyyy)
Is Applicant employed or received other income? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income	<input type="checkbox"/> Legally Married (to applicant 2 <input type="checkbox"/>) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Serving in The US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Widow of a Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, which branch:	Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone

APPLICANT 2

Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone
	Alternate Phone
Current Address (Street, City, State, Zip)	SSN
Email	Date of Birth (mm/dd/yyyy)
Is Applicant employed or received other income? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income	<input type="checkbox"/> Legally Married (to applicant 1 <input type="checkbox"/>) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Serving in The US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Widow of a Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, which branch:	Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone

ADDITIONAL HOUSEHOLD MEMBER(S) INFORMATION
(Do not list Tenants: Please provide rental Agreements)

First and Last Name	Age & DOB (mm/dd/yyyy)	Gender	Relationship	Has Income? Y/N	Annual Income	Military or Widow of a Vet? Y/N	Disabilities? Y/N



CONTACT INFORMATION

Who is the primary contact?

Homeowner Family member/friend/neighbor Social Worker/Case Manager Other: _____

If the primary contact is someone other than the homeowner, please provide their contact info below:

Name: _____ Relationship: _____ Phone #: _____ home/mobile/work

Address (if different from homeowner): _____

E-mail: _____

Preferred Language: _____

If English is not your preferred language, is there an English speaker residing in the home? Yes No (please list English speaker as the primary contact above.)

Our organization uses a live translation service for phone calls. Would you like us to use that when we call you? No, I can receive calls in English Yes

ADDITIONAL HOMEOWNER INFORMATION

Have you applied for or received free or low cost repairs from another organization since July 1? Y N

If yes, what organization? _____ Approximate Date of service: _____

How did you hear about the Program? _____

Do you own your home? Y N

Please list any additional title holders _____

Do you own other property than the one that needs home repairs? Y N

How many years have you lived in your home? _____

Are you current on your property taxes? Y N

Do you plan to sell your home in the near future? Y N If so, when? _____

Does anyone in your household not file tax returns? Please explain: _____

HOME REPAIR PRIORITIES

What are your top 4 priorities for repair or help?

1. _____

2. _____

3. _____

4. _____

PROPERTY INFORMATION	
Who is on the title of your single family home? <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Other: _____	
Is the home the owners' (titleholders') primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have and pay for homeowners insurance on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Carrier: _____ Policy #: _____ Expiration Date: _____	
Type(s) of Coverage: _____ Agent's Name: _____ Agent's Phone #: _____	
Do you have a mortgage or loan against this home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are your current loan balances? 1 st _____ 2 nd _____ 3 rd _____	
Are you refinancing this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What year was your home built? _____	
Home Type: <input type="checkbox"/> Single-Family <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Unit (1-4) - # of units _____ <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile (If a mobile: <input type="checkbox"/> Single-wide <input type="checkbox"/> Double-wide <input type="checkbox"/> Triple-wide)	
For mobile homes: Is it registered with: <input type="checkbox"/> HCD <input type="checkbox"/> DMV Are you current on your annual HCD fee? <input type="checkbox"/> Y <input type="checkbox"/> N Park Name: _____	
How many Bedroom(s) _____ Bathroom(s) _____	
Is the exterior paint in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N	
When was your home last painted? 0-5 yrs. ago. ___ 5-10 yrs. ago ___ 10-20 yrs. ago ___ 20+ yrs. ago ___	
Have you been cited for any housing code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what for?	
Does anyone in the household have a disability or any other special need? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain any special needs that require modification (e.g. wheelchair ramp, grab bars)	

INCOME INFORMATION

Please write how much household members 18 years or older earns from each source in a typical month

Gross Monthly Income	Applicant 1	Applicant 2	Adult Household Member	Adult Household Member
Basic Employment Income	\$	\$	\$	\$
Second Job Income	\$	\$	\$	\$
CalWORKS/Cash Aid	\$	\$	\$	\$
AFDC/TANF	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$
Disability (SSD)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Pensions/Annuities/Retirement	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Dividends/Interest	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Other	\$	\$	\$	\$
Totals	\$	\$	\$	\$



MONTHLY HOUSEHOLD EXPENSES	
Home Loan #1	\$
Home Loan #2	\$
Property Taxes (<i>annual taxes divided by 12 months</i>)	\$
Child Support	\$
Alimony	\$
<i>Please add a separate sheet if you have additional household expenses.</i>	

ASSETS
<i>Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. Provide the most recent statement for all assets.</i>
Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number(last 4 digits):
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$

Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number (last 4 digits):
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$

Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number (last 4 digits)::
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$
<i>Please add a separate sheet if you have additional household expenses.</i>



PRIVACY POLICY

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about home repair, please talk to the program coordinator or loan administrator about arranging alternative accommodations.

Habitat for Humanity East Bay/Silicon Valley, Inc. (“**Habitat**”) is committed to assuring the privacy of individuals and/or households who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts

What personal information does Habitat collect about you?

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies and governmental entities providing mortgages), Federal and State partners and Habitat for Humanity International for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your credit worthiness.
- We may share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

We do not sell or rent your personal information to any outside entity.

We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to Habitat employees who need to know that information in order to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, and financial and housing counseling. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.



Opting Out of Certain Disclosures

You may direct Habitat to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Habitat’s ability to provide services such as credit counseling. If you choose to opt-out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

Please sign under either the Opt-Out Section or the Release Section, not both.

OPT-OUT: I request that Habitat make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Habitat will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contact Habitat.

Applicant Signature: _____ Date: _____

Print Name: _____

Co-Applicant Signature: _____ Date: _____

Print Name: _____

RELEASE: I hereby authorize Habitat to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy policy and disclosures.

Applicant Signature: _____ Date: _____

Print Name: _____

Co-Applicant Signature: _____ Date: _____

Print Name: _____



INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the boxes below: The following information is requested by the Federal Government for loans related to the purchase of homes in order to monitor the Lender’s compliance with the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant 1	Applicant 2
<p>Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black or African American & White</p> <p><input type="checkbox"/> American Indian/Alaska Native & Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (specify) _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>	<p>Race/National Origin: <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black or African American & White</p> <p><input type="checkbox"/> American Indian/Alaska Native & Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (specify) _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>