

I. Contact Information

Name of Homeowner(s)		Age of House
Address	E-mail	
City	State Zip Code T	elephone

Total number of persons living in the home ______. List names, ages and relationship to homeowner of <u>all</u> people living in the home. Attach an additional page if needed.

Name	Relationship		Veteran or Widow of Veteran?

Does anyone in the home have limitations that would prevent him/her from assisting with repair projects? If yes, please describe limitations in your own words.

Are these limitations severe enough to be determined a condition of general disability for this person?

II. Explain Your Repair Project Needs

Please check (X) all areas that need <u>light</u> exterior home repairs and improvements below. (We do <u>not</u> make interior repairs.)

\Box Aesthetics:	exterior painting, minor patching/siding repair, yard clean-up
\square Weatherization:	repairs to improve energy efficiency (caulking, weatherstripping,
	storm door installation)
□ Safety:	manufactured hand rail installation, porch surface repairs, wooden
	privacy fence installation, ramp

Please provide detailed description of repair needs:

III. Household Income and Proof of Homeownership

- Please attach a copy of your most recent income tax return, or three most recent pay stubs, or Social Security benefit statement. All sources of household income must be verified. Applicant must meet the income guidelines outlined in this form.
- Also attach proof of homeownership (i.e. property tax valuation or homeowner's insurance).

IV. Repair Project Costs

<u>Habitat for Humanity provides a hand up, not a handout</u>. If you agree to work with Habitat, you will sign a Homeowner Repair Agreement giving the details of the work. This agreement may require you to repay a portion of material costs if they exceed \$300. If this is required, the homeowner will know the anticipated repayment amount BEFORE work begins, and repayment will be arranged with a zerointerest loan through MRHFH.

V. Applicant Agreement

I certify that:

- the information on this application is accurate;
- I own and reside in the property at the address given on this application;
- I intend to continue living in this home after repairs are completed;
- I have homeowner's insurance and I am current on the payments of my premiums;
- any physically able persons residing in my home, or visiting that day, will work alongside the Habitat volunteers;
- except for conditions listed on this application, the exterior of my home is safe for volunteers.

I agree to pay a <u>\$25 administrative fee</u> assessed by Mitchell Habitat if I am selected for this program. I understand that the people that may work on my house are unpaid volunteers; that few, if any, of them are trained in the building trades; and that MITCHELL HABITAT MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release MITCHELL HABITAT and all associated with it from any and all liability whatsoever.

Applicant Signature	Date	Co-Applicant Signature	Date

Income Guidelines

Mitchell Habitat serves households with an income of up to 80% of the median income for the county of residence. Use the chart below to determine if you meet the income guidelines. Your family's annual gross (before taxes) income must be at or below the amount listed for your household size below.

Example: You live in Davison County and there are 5 people in your home (including yourself). If the total pretax (gross) income for all workers in the home is \$69,680 or less, you qualify.

		Davison County - Number of Persons in Household							
	1	2	3	4	5	6	7	8	
Maximum Income	45,200	51,600	58,080	64,480	69,680	74,800	80,000	85,120	

	Hanson County - Number of Persons in Household							
	1	2	3	4	5	6	7	8
Maximum Income	47,520	54,320	61,120	67,840	73,280	78,720	84,160	89,600

Mail completed application to: Mitchell Habitat, PO Box 1331, Mitchell, SD 57301 Or drop off at: 304 N Lawler St., Mitchell