



Habitat Home Improvement Program Application

Contact Information

Name _____ Phone _____ Date Of Birth _____

Street Address _____ City _____ State ____ Zip _____

Email Address _____

Homeowner Information

When did you purchase your home? _____ How many people live in the home? _____

Are you still making Mortgage Payments? Yes _____ No _____

Annual Household Income _____ Do you have Homeowners Insurance? Yes _____ No _____

Mobility/Health (Check one response for each item for self) Mobility/Health (Check one response for each item for spouse)

Leaves home: Alone ____ With Assistance ____
 Homebound ____
 Walks without assistance or support ____ Uses wheel-
 chair ____ Walker ____ Cane ____
 Physical Health: Good ____ Fair ____ Poor ____
 Health Conditions or Concerns:
 Eyesight: Good ____ Fair ____ Poor ____
 Any Other: _____

Leaves home: Alone ____ With Assistance ____
 Homebound ____
 Walks without assistance or support ____ Uses wheel-
 chair ____ Walker ____ Cane ____
 Physical Health: Good ____ Fair ____ Poor ____
 Health Conditions or Concerns:
 Eyesight: Good ____ Fair ____ Poor ____
 Any Other: _____

Financial Eligibility:

You are eligible to apply for this program if your income falls within the guidelines below.

HFH Income Guidelines (based on modified HUD data)				
Number in Family	Lower Income Limit		Upper Income Limit	
	Annual	Monthly	Annual	Monthly
1	9,575	798	19,150	1,596
2	10,925	910	21,850	1,820
3	12,300	1,025	24,600	2,050
4	13,650	1,138	27,300	2,276
5	14,750	1,229	29,500	2,458
6	15,850	1,321	31,700	2,642
7	16,950	1,413	33,900	2,826
8	18,025	1,502	36,050	3,004

Reimbursement Options:

Are you/family able to pay or help pay for project materials? Yes _____ No _____

Can Pay in Full? Yes _____ No _____

Can make Partial Payment? Yes _____ No _____

Are you/family able to provide sweat equity (Labor) for this project? Yes _____ No _____

If unable to provide labor, are you able to provide volunteer services for Habitat for Humanity (making phone calls, stuffing envelopes, etc.)? Yes _____ No _____

Household Projects to be completed:

Describe the household projects that you/family are unable to complete without assistance and are requesting help to complete. Attach extra sheet if needed.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if my project is accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the program. I also understand that I may be contacted by a representative of Habitat of Humanity of Cass and Schuyler Counties, Inc. if further information is required to process this application.

Name: (printed): _____

Signature: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the Habitat for Humanity Home Improvement Program.

Mail completed application by **July 22** to:
Habitat for Humanity of Cass and Schuyler Counties, Inc.
P.O. Box 423
Beardstown, IL 62618
For questions, please call 217-323-1770 or 217-322-3328.