



**Submit application to office or by mail to:**

Habitat for Humanity Las Vegas  
 4580 W. Sahara Ave., Suite 120  
 Las Vegas, NV 89102

Email: [home@lasvegashabitat.org](mailto:home@lasvegashabitat.org)

Phone: (702) 638-6477 ext. 108

### Home Repair Application

**DEAR APPLICANT:** Please fill out the application as completely and accurately as possible so we can determine if you qualify for *A Brush with Kindness* or *Critical Home Repair*. All information you include on this application will be kept confidential.

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

#### HOUSEHOLD INFORMATION

<b>Applicant (Legal Name):</b>	Birth Date:
Email:	Phone #:
<b>Co-Applicant (If applicable):</b>	Birth Date:
Email:	Phone #:

#### Other Household Residents

Name	Relationship	Birth Date

#### HOME INFORMATION

Address:	Unit #:	
City:	State:	ZIP:
Are you the current owners of the home? <i>(must provide proof of ownership)</i> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Type of Property:	<input type="checkbox"/> Single Family <input type="checkbox"/> Townhome <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home	
Is this your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the home built before 1978?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What year was the home built?	Yr: _____	
Are there other listed owners besides the applicant and co-applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Legal name(s) of additional owner(s):</b>		
Is the home covered by homeowner's insurance? <i>(must provide proof of coverage)</i> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<i>Please note that repairs cannot be performed on any property that is not insured.</i>		

How long have you lived in the home?	Yrs:	Mos:
Do you expect to move within the next two years? <i>If yes, please list reason for moving:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone in the home have a disability? <i>If yes, indicate the type of disability:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, or any family member living with you, a veteran of the United States Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ADDITIONAL INFORMATION

If you have a mortgage loan, are you current on payments? <i>If no, explain below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is your home paid in full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your home currently in foreclosure or short sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you received any home repairs/modifications from another program? <i>If yes, when and what was repaired?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any judgments or liens against your home? <i>If yes, total amount: \$</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

### HOME REPAIRS NEEDED

**Please describe the repairs you are requesting next to the Area of Repair.**

*Habitat for Humanity Las Vegas may be unable to complete all of repairs requested and prioritize repairs to complete based on repair's effect on the safety, accessibility and/or preservation of the home. The items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of Habitat for Humanity staff.*

Area of Repair	Description
<b>Accessibility Modifications:</b> Examples: wheelchair ramp, bathroom grab bars, handrails, etc.	
<b>Interior Repairs:</b> Describe problems with flooring, walls, ceilings, etc.	
<b>Doors and Windows:</b> Describe any repairs to locks, glass, frames, weather-stripping, etc.	
<b>Roofing Repairs:</b> Identify where roof leaks. How many years has it been since the roof was replaced?	

<b>Exterior Repairs/Maintenance:</b> Describe repairs required, including siding, yard cleanup, fencing, painting, steps, etc.	
<b>Electrical/Plumbing/Appliances:</b> Identify any wall outlets, light fixtures, sink or toilet leaks, stove, refrigerator, hot water heater repairs, air conditioning, etc.	
<b>Other:</b> Identify other repairs requested but not listed above.	

**Please share how these repairs will help improve your quality of life and/or quality of the home:**

**WILLINGNESS TO PARTNER**

To be considered for A Brush With Kindness and Critical Home Repair programs, you and your family must be willing to complete a certain number of “sweat-equity” hours. Your help in working on your home is called “sweat-equity,” and includes being present and active in the day(s) events, working side by side with volunteers, and being responsive to Habitat for Humanity Las Vegas staff and hired contractors as applicable. Consideration will be made to the physical limitations of residents.

\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_

Co-Applicant Signature Date

**MONTHLY INCOME**

<b>Gross Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Others in Household</b>	<b>Total</b>
Salary/Wages (gross)	\$	\$	\$	\$
Supplemental Security Income (SSI)				
Social Security Disability (SSDI)				
SNAP (Food Stamps)				
TANF (Temporary Assistance for Needy Families)				
VA Benefits (Veterans Affairs)				
Child Support Income				
Alimony Income				
Retirement (401k, Pension)				
Unemployment Benefits				
Military Entitlements				
Other:				
Other:				

**MONTHLY EXPENSES**

<b>Monthly Expense</b>	<b>Monthly Payment (Applicant)</b>	<b>Monthly Payment (Co-Applicant)</b>
Mortgage Payment	\$	\$
Homeowner's Insurance		
Electricity		
Water/Sewer		
Natural Gas		

**AUTHORIZATION, AGREEMENT AND RELEASE**

I/We \_\_\_\_\_ certify that the information on this application is true and accurate and that I/we own the property at \_\_\_\_\_. I/We confirm that, except for the conditions listed in this application, my home is a safe place, will be free from clutter and understand that I/we are responsible for ensuring the work can be performed, providing access to required areas.

I/We understand that by filing this application, I/we am authorizing Habitat for Humanity Las Vegas to evaluate my actual need for the Habitat repairs program, ensure I/we meet the program eligibility requirements and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy. I/We understand that the evaluation may include personal visits, income verification and property research (if applicable). I/We have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I/we submit this application, I/we will supplement this application, as applicable.

I/We understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Habitat for Humanity Las Vegas MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I/we hereby agree that I, my/our assignees, their heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity Las Vegas or any affiliated organizations or the suppliers of any tools or equipment that I/we use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity Las Vegas activities. I/we hereby release Habitat for Humanity Las Vegas and any of its affiliated organizations from all actions, claims or demands that I, my/our assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Habitat for Humanity Las Vegas activities.

I/We understand that if I/we have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my/our application may be denied, and that even if I/we have already been selected to receive the outlined services, I/we may be disqualified from the program and forfeit any rights or claims to the outlined services. The original or a copy of this application will be retained by Habitat for Humanity Las Vegas even if the application is not approved.

I/We also understand that Habitat for Humanity Las Vegas screens all applicants on the sex offender registry. By completing this application, I/we am submitting myself and any household member over 18 years of age to such an inquiry. I/We realize I/we have the right to dispute the information reported in alignment with Habitat for Humanity's outlined policy.

I/We agree to all the above and sign this of my/our own free will.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received:	
More Information Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Letter Sent:
Date Application Completed:	Date of Home Visit:

## DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. You are not required to provide this information but are encouraged to do so. You may select one or more designations for “Ethnicity” and one or more designations for “Race.” **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-Applicant
<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Mexican   <input type="checkbox"/> Puerto Rican   <input type="checkbox"/> Cuban  <input type="checkbox"/> Other Hispanic or Latino –  <i>Origin:</i> _____  <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Mexican   <input type="checkbox"/> Puerto Rican   <input type="checkbox"/> Cuban  <input type="checkbox"/> Other Hispanic or Latino –  <i>Origin:</i> _____  <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Sex:</b></p> <p><input type="checkbox"/> Female   <input type="checkbox"/> Male   <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Sex:</b></p> <p><input type="checkbox"/> Female   <input type="checkbox"/> Male   <input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native –  <i>Name of enrolled or principal tribe:</i>          _____</p> <p><input type="checkbox"/> Asian  <input type="checkbox"/> Asian Indian   <input type="checkbox"/> Chinese   <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese   <input type="checkbox"/> Korean   <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian – <i>race:</i> _____  <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Native Hawaiian   <input type="checkbox"/> Guamanian or Chamorro   <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander – <i>race:</i> _____  <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native –  <i>Name of enrolled or principal tribe:</i>          _____</p> <p><input type="checkbox"/> Asian  <input type="checkbox"/> Asian Indian   <input type="checkbox"/> Chinese   <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese   <input type="checkbox"/> Korean   <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian – <i>race:</i> _____  <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Native Hawaiian   <input type="checkbox"/> Guamanian or Chamorro   <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander – <i>race:</i> _____  <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information</p>

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer’s name (print or type)  Interviewer’s signature	Interviewer’s phone number  Date



### Supplementary Document Checklist

Please submit the following documents along with your home repair application.

**Note:** Not all documents will be applicable for your situation.

If you have questions, please call (702) 638-6477 ext 108 or email [home@lasvegashabitat.org](mailto:home@lasvegashabitat.org).

**Applications are considered incomplete until all applicable documentation is submitted**

Personal Information	Attached	N/A
Copies of photo ID for all persons in the household (ex: driver’s license, ID, birth certificate, etc.)		
Publicity Release Form (see attached) signed by applicant and co-applicant, if applicable		
<b>Income and Assets</b>		
Federal income tax returns most recently filed (if self-employed, provide the past <b>two</b> years)		
Pay stubs from employer(s) from the last <b>three (3)</b> months		
Proof of additional income for all sources (Social Security benefits, child support, SNAP, etc.)		
Most recent statement for retirement funds and other investments		
<b>Debts, Bills, &amp; Obligations</b>		
Proof of mortgage payments for the last <b>three (3)</b> months (ex: copies of payment receipts)		
Statements for utility bills (power, gas, water/sewer) for the last <b>three (3)</b> months		
Proof of judgements or liens against the property		
<b>Property</b>		
Proof of homeowner’s insurance		
Proof of homeownership (check one of the following): <input type="checkbox"/> Copy of title/deed to the home <input type="checkbox"/> Property tax statements		



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 are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin



## Publicity Release

This release, executed on \_\_\_\_\_,  
by \_\_\_\_\_.

HFHLV program participant(s) does hereby grant permission to Habitat for Humanity Las Vegas to publish information relating to the participation with Habitat for Humanity programs. In addition, the program participant(s) does hereby grant and convey all rights, title and interest in any and all photographic images and video and audio recordings made by Habitat, including, but not limited to, any royalties, processes or other benefits derived from such publications, photographs or recordings.

I/We execute this release on behalf of the following minor children:

In WITNESS WHEREOF, homeowner has executed the release as of the date written above.

Program Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Program Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_