

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. In addition to filling out and submitting the application form please submit copies of all of the following documentation (**do not include originals**).

You will need to provide one document from each of these 3 categories.		
<u>Identification Information:</u>	<u>Proof of Homeownership:</u>	<u>Proof of Owner Occupancy:</u>
<input type="checkbox"/> Photo IDs for all household members 18 years or older	<input type="checkbox"/> Copy of Grant Deed OR <input type="checkbox"/> Property Tax Bill OR <input type="checkbox"/> Mobile Home Registration Card	<input type="checkbox"/> One Recent Utility Bill OR <input type="checkbox"/> Space Rental Receipt

Please note that additional documentation to verify your household’s income (such as tax returns, paystubs, and benefit letters), assets (such as bank statements, investment account statements), and to further verify homeownership (such as homeowner’s insurance) **will be requested later in the process.**

3. Please return the completed forms by email, mail, or fax to:

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

GENERAL ELIGIBILITY REQUIREMENTS

- You own your home
- You live in your home
- Your household income is under the maximum income per the table below
- Your household assets meet program limitations, if applicable

2022 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 / Contra Costa	\$74,200	\$84,800	\$95,400	\$106,000	\$114,500	\$123,000	\$131,450	\$139,950
Santa Clara	\$92,250	\$105,400	\$118,600	\$131,750	\$142,300	\$152,850	\$163,400	\$173,950

Equal Housing Opportunity: Habitat for Humanity East Bay/Silicon Valley selects families on an impartial and non-discriminatory basis. Race, color, gender, national origin, marital status, family status, sexual orientation, age, religion, and disability are not part of the decision-making process. Equal Access Opportunity



Please retain this page for your records.

OUR PROCESS

Step 1: Applicant Submits Application Form and Application Supporting Documents

- Confirmation of Receipt will be provided

Step 2: Application Reviewed by Loan or Grant Administrator

- The timeframe before an application is under review depends on volume of interest for the program
- Once an application is under review, we will request additional or missing documents (including tax returns, income documents and asset documents).

Step 3: Site Visit Conducted. Eligible Repair Work Determined by Habitat

Step 4: Project and Funding Approved

- Applicant will be sent program documents to sign

Step 5: Construction Process

- Contractor(s) determined
- Work scheduled
- Construction monitored by Habitat

Step 6: Project Completed. Feedback & Survey Requested

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

Please retain this page for your records.

If English is your second language and you need translation services, if you need a sign language interpreter, or if you require any other type of assistance please call our staff at 510-803-3388. We require at least three days' notice to set up translation services and provide reasonable accommodations. We use an over-the-phone translation service for live translation.

如果英语不是您的母语并且您需要翻译服务，如果需要手语翻译或需要任何其他类型的协助，请致电 510-803-3388 与我们的工作人员联系。您需要至少提前三天通知我们，以便我们安排翻译服务和其他合适的帮助。我们通过电话口译服务进行现场翻译。若英語是您的第二語言且您需要翻譯服務、若您需要手語翻譯，或者需要任何其他類型的協助，請聯絡我們的職員，電話是 510-803-3388。我們需要至少提前三天收到通知，以聯繫翻譯服務並提供適當的安排。我們使用電話翻譯服務來提供即時翻譯。

अगर अंग्रेज़ी आपकी दूसरी भाषा है और आपको अनुवाद संबंधी सेवाओं की ज़रूरत है, अगर आपको संकेत भाषा दुभाषिया की ज़रूरत है, या आपको किसी भी अन्य सहायता की ज़रूरत है, तो कृपया 510-803-3388 पर हमारे स्टाफ़ से संपर्क करें. अनुवाद सेवाओं को स्थापित करने और उचित आवास प्रदान करने के लिए हमें कम से कम तीन दिनों के नोटिस की आवश्यकता होती है. लाइव अनुवाद करने के लिए हम फ़ोन-पर-अनुवाद करने का इस्तेमाल करते हैं.

Si habla inglés como segunda lengua y precisa un servicio de traducción, si necesita un intérprete de lenguaje de señas, o si necesita cualquier otro tipo de asistencia, comuníquese con nuestro personal a través del 510-803-3388. Requerimos que nos avise con, al menos, tres días de anticipación para ofrecerle el servicio de traducción y proporcionar los ajustes razonables. Usamos un servicio de traducción en vivo por teléfono.

Kung pangalawang wika mo ang Ingles at kailangan mo ng serbisyo ng tagapagsalin, kung kailangan mo ng sign language interpreter, o kung kailangan mo ng iba pang tulong, pakisuyong tumawag sa aming staff sa numerong 510-803-3388. Kailangan namin ng kahit tatlong araw na abiso bago makapag-set up ng serbisyo ng tagapagsalin at makapagbigay ng mga angkop na tulong. Gumagamit kami ng serbisyon ng tagapagsalin sa pamamagitan ng telepono para sa live na pagsasalin.

Nếu tiếng Anh là ngôn ngữ thứ hai của bạn và bạn cần dịch vụ dịch thuật, nếu bạn cần người phiên dịch ngôn ngữ ký hiệu hoặc nếu bạn cần bất kỳ loại hỗ trợ nào khác, vui lòng gọi cho nhân viên của chúng tôi theo số 510-803-3388. Chúng tôi yêu cầu thông báo trước ít nhất ba ngày để bố trí dịch vụ dịch thuật và cung cấp các phương thức hỗ trợ hợp lý. Chúng tôi sử dụng dịch vụ dịch thuật qua điện thoại đối với trường hợp dịch thuật trực tiếp.

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HOMEOWNER INFORMATION
APPLICANT 1

Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	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 <hr/> 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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	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 <hr/> 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 who can help with the application process as needed (e.g. family member, friend, neighbor)? 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 ever applied for or received free or low cost repairs from Habitat or another organization? 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 everyone in your household file tax returns? Y N

If no, please list anyone in your household who does NOT file taxes: _____

Is anyone in your household self-employed? Y N

Are there any residents in the home that pay rent to you? Y N

HOME REPAIR PRIORITIES

What are your top 4 priorities for repair?

1. _____
2. _____
3. _____
4. _____

PROPERTY INFORMATION

Who is listed on the title document of your 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

*Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. **Provide the most recent statement for all assets.***

Name(s) on account:

Name of Bank, Credit Union, Retirement Account, etc.

Account number (last 4 digits):

Account Type: Savings Checking CD Retirement

Balance: \$

Name(s) on account:

Name of Bank, Credit Union, Retirement Account, etc.

Account number (last 4 digits):

Account Type: Savings Checking CD Retirement

Balance: \$

Name(s) on account:

Name of Bank, Credit Union, Retirement Account, etc.

Account number (last 4 digits):

Account Type: Savings Checking CD Retirement

Balance: \$

Please add a separate sheet if you have additional household expenses.

DECLARATIONS

Please check the box that best answers the following questions for Applicant 1 and Applicant 2.

Answering “yes” or “no” to these questions does not automatically disqualify you.

*If you answer “yes” to any questions **a-g**, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances.*

Please Check the Box That Best Answers the Following Questions:	Applicant 1		Applicant 2	
a. Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are you presently delinquent or in default on any loan, mortgage, financial obligation, bond, loan guarantee, or Federal debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do you intend to continue to occupy the home as your primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have you obtained credit under other names or with other individuals? If yes, provide name(s) and SS #s. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT(S) AUTHORIZATION AND RELEASE

I understand that by completing this Application, I am authorizing Habitat for Humanity East Bay/Silicon Valley (“**Habitat**”) to evaluate my eligibility for home repair funding in the form of a grant or the financing of a home repair loan, my ability to repay a home repair loan, if applicable, and my willingness to be a partner household. I understand that the evaluation and qualification process will include personal visits, employment verification and if a loan is being obtained, a credit check. I have answered all the questions on this form truthfully. I understand that if I have not answered the questions truthfully, my Application may be denied or disqualified from the program that even if I have already been selected for home repairs.

Anti-Money Laundering policy: We will check the Office of Foreign Asset Control (U.S. Treasury Department).

Habitat will retain the original or a copy of this form even if the Loan Application is not approved.

Applicant 1 Signature Date

Applicant 2 Signature Date

Additional household member over 18- years-old

Additional household member over 18-years-old

Signature Date

Signature Date

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"/> Chinese</p> <p> <input type="checkbox"/> Filipino</p> <p> <input type="checkbox"/> Asian Indian</p> <p> <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Other Asian (e.g., Pakistani, Cambodian, Hmong, etc.)</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"/> Native Hawaiian</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Chamorro</p> <p> <input type="checkbox"/> Other Native Hawaiian/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 (please 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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other</p> <p>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"/> Chinese</p> <p> <input type="checkbox"/> Filipino</p> <p> <input type="checkbox"/> Asian Indian</p> <p> <input type="checkbox"/> Vietnamese</p> <p> <input type="checkbox"/> Korean</p> <p> <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Other Asian (e.g., Pakistani, Cambodian, Hmong, etc.)</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"/> Native Hawaiian</p> <p> <input type="checkbox"/> Samoan</p> <p> <input type="checkbox"/> Chamorro</p> <p> <input type="checkbox"/> Other Native Hawaiian/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 (please 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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other</p> <p>Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>