



Critical Home Repair Application

5005 South I-35 Service Road
 Oklahoma City, OK 73129
 Ph: 405-232-4828
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SECTION 1 - Homeowner Information/Income Verification

Legal Name of Homeowner: _____ SS# _____
 _____ Age _____

Legal Name of Homeowner: _____ SS# _____
 _____ Age _____

Home Address: _____
 City: _____ Zip _____
 Telephone Numbers: (H) _____ (C) _____

List the names, ages, and relationship to homeowner of all people living in the home including the homeowner(s) (attach a list if more space is needed):

Name	Relationship	Date of Birth	Monthly Income/Benefits

The total income before taxes for ALL persons living in the home is: \$ _____ per year
 You must attach verification of ALL HOUSEHOLD income for each adult and child living in the home. If they are a student please provide proof of registration. You must attach the most recent income tax return, monthly social security statement, and other retirement income statements.

SECTION 2

Is the homeowner or anyone in the home disabled? Yes No
 Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired
 Loss of Limb Mentally Disabled Other: _____

Is translation needed? Yes No If yes, what language: _____

Is there anyone living in the household who is serving/ has served in the US Military?
 Years _____ Branch _____

Have you applied with us in the past? Yes No When? _____
 Have you applied with or had work done by Community Action Agency? Yes No When? _____
 Have you applied with or had work done by Rebuilding Together? Yes No When? _____
 Have you applied with or had work done by OG&E? Yes No When? _____
 Have you applied with or had work done by any other organizations? Yes No Who? _____
 Has anyone in the household ever been convicted of a felony? Yes No Who? _____
 If yes please provide details on a separate sheet

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 Central Oklahoma Habitat for Humanity MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I/we hereby agree that I/we, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Central Oklahoma Habitat for Humanity 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 Central Oklahoma Habitat for Humanity activities. I/we hereby release Central Oklahoma Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I/we, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Central Oklahoma Habitat for Humanity activities.

I/we grant permission to Habitat to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant for the Critical Home Repair program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status, history and credit references, including investigations through a credit reporting service, (2) personal references, including all parties listed in this application and/or any other parties which Habitat desires to contact, (3) family composition and marital status and related issues, (4) credit worthiness, (5) immigration status, (6) police records and other information relative to criminal charges and/or convictions, (7) any additional information that Habitat deems necessary to evaluate this application. I/we understand that the Central Oklahoma Habitat for Humanity may reject this application based upon the results of these inquiries. I/we understand that the Central Oklahoma Habitat for Humanity is a nonprofit corporation with limited resources and cannot afford to provide assistance for each and

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Signature of Household member over age of 18 _____ Date: _____

Signature of Household member over age of 18 _____ Date: _____