

# Application 2024



*Thank you for your interest in our Critical Home Repair program!*  
 We help limited-income families make necessary minor repairs and the maintenance needed to provide a safe, secure, and (through our partnership with OG+E) more energy-efficient home. We select participants based on greatest need, the ability of our volunteers, funds, and availability of resources to complete the work.

## BASIC CRITICAL HOME REPAIR PROGRAM REQUIREMENTS

**Applicants must meet ALL these criteria:**

- Live in Oklahoma County (*limited access to Canadian and Cleveland Co.*)
- The home must be an owner-occupied property. The applicant must be the owner of record for 1 year+ and the home must be 10+ years old.
- Additionally, we cannot help if you rent, or own more than one property.
- Household income must fall below 60% of Oklahoma's median income (see chart below), with the exception of anyone affected by storms. Homeowners must document income. Recent tax returns are required.
- Homeowners must be up to date on property taxes and mortgage payments. Documentation must be provided.
- We can install accessibility ramps for mobile homes. However, we are currently unable to work on mobile homes or multi-family properties.

APPLICANT REQUIREMENTS

**Document Checklist**

*Applications WILL NOT BE PROCESSED without the following documents:*

- Proof of homeownership (copy of deed) or current mortgage statement
- Copy of photo ID (Driver License, passport, etc.)
- Most recent OG&E (electric) bill and ONG (gas) bill
- Copy of your most recent tax return and/or other statements to verify ALL household income
- Copy of any city violations (*if applicable*)
- Copy of DD214 (*only if you are a veteran*)

DOCUMENT CHECKLIST

Number in Household	1	2	3	4	5	6	7	8
Maximum Household Income	\$37,620	\$42,970	\$48,350	\$53,700	\$58,020	\$62,340	\$66,600	\$70,920

HUD INCOME CHART

**Prior to any work being completed:**

- Complete application and documentation. Turn it in to Habitat.
- Habitat must conduct a home evaluation to assess the work. You must meet the staff member at your home for the evaluation.
- Meet in person with staff at Habitat office to determine scope of work
- Estimates may need to be made by applicable tradespersons (such as plumbers or electricians) and access to your home will be required.
- 70 hours of sweat equity is requested BEFORE work is scheduled. Other people (such as family or friends) can work hours for you, and up to 18 hours can be worked on your own home. These hours move you to the front of the line.
- You may need to clear away personal belongings prior to repairs being scheduled, if they impede the area.
- Work can now be scheduled. You must be present for all the work days. Typically work is completed in three days.

PRE-WORK CHECKLIST

**Turn it in!**

When you have completed the questions on this application form and have attached the documentation, mail, fax, or bring it to the Habitat office at the address below.

Office hours are 8:00 AM to 5:00 PM, Monday through Friday.

If you have any questions about the application process, please call us at 405-232-4828.

**Central Oklahoma Habitat for Humanity**  
 5005 S I-35 Service Road  
 Oklahoma City, OK 73129  
 (405) 232-4828 Phone  
 (405) 232-4868 Fax



**SECTION 1 HOMEOWNER INFORMATION AND INCOME VERIFICATION**

## Homeowner Information

LEGAL NAME OF HOMEOWNER	SSN	AGE	
LEGAL NAME OF HOMEOWNER	SSN	AGE	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE WITH AREA CODE	CELLPHONE WITH AREA CODE	WORK PHONE WITH AREA CODE	
E-MAIL			

## Household Occupants

List the names, ages and relationship to homeowner of ALL people living in the home, including the homeowner(s).

NOTE: Household occupants not listed could cause the application to be rejected.

Please attach an additional sheet if more space is needed.

NAME OF HOUSEHOLD MEMBER	SSN	RELATIONSHIP
DATE OF BIRTH	MONTHLY INCOME/BENEFITS	
NAME OF HOUSEHOLD MEMBER	SSN	RELATIONSHIP
DATE OF BIRTH	MONTHLY INCOME/BENEFITS	
NAME OF HOUSEHOLD MEMBER	SSN	RELATIONSHIP
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NAME OF HOUSEHOLD MEMBER	SSN	RELATIONSHIP
DATE OF BIRTH	MONTHLY INCOME/BENEFITS	

### Total Household Pre-Tax Income

You must ATTACH your documents verifying ALL HOUSEHOLD income. This includes **each and every ADULT and CHILD** living in the home.

The total income before taxes for ALL persons living in the home is \$  per YEAR.

### Income Documentation Checklist

- Your most recent income tax return(s)
- Bank statement(s)
- Monthly social security statement(s) (if applicable)
- Retirement/disability income statement(s) (if applicable)
- Proof of current registration in school, college or university (adults claiming student status)



**SECTION 2 HOUSING INFORMATION**

**House Info**

Is this a mobile home? Yes  No  (Note we are unable to repair mobile homes except for exterior ramps and handicap modifications)  
 In what year was your home built? \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_  
 What type of heating/cooling system do you have? (please check one):  Central  Window  Space

**Mortgage**

Do you still make mortgage payments? Yes  No  **If yes, please provide your current mortgage statement.**  
 What is your monthly mortgage payment? \$ \_\_\_\_\_ Do you own any other homes? Yes  No   
 Are you current on all mortgage and property tax payments? Yes  No

**SECTION 3 OTHER INFORMATION**

**Storm Damage**

Were you affected by recent storms? Yes  No  If yes, are you uninsured or underinsured? Yes  No   
 Please specify dates \_\_\_\_\_

**Accessibility**

Does this home require accessibility improvements? Yes  No  If yes, please check all that apply:  
 Ramps  Grab Bars  Shower  Wider Doors  Toilet  Tub Cut Out/Step  
 Other (please specify) \_\_\_\_\_

**Language**

Is translation needed? Yes  No  **If yes, what language? (please specify)** \_\_\_\_\_

**Military Service**

Is there anyone living in the household who is serving/has served in the US Military? Yes  No   
 If yes, years of service? \_\_\_\_\_ Honorable Discharge? Yes  No  Please attach a copy of your DD214  
 Which branch of service? \_\_\_\_\_

**Previous Home Help**

**Have you applied for, or had work done in the past by:**

Habitat-CHR?	Applied <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
A Community Action Agency?	Applied <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Rebuilding Together?	Applied <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you had weatherization done by OG&E?	Applied <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Work done by any other organization?	Applied <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____

Name of organization: \_\_\_\_\_

**Criminal Record**

Has anyone in the household ever been convicted of a felony? Yes  No   
 If yes, please explain.



**SECTION 4 PERSONAL STATEMENT**

Please write an explanation of why you feel your application should be considered. List all the work needed and describe how this will benefit you. Please attach an additional sheet if more space is needed.

**SECTION 5 VOLUNTEER INFORMATION**

**Sweat Equity Hours**

*Scheduling of workdays is based upon the completion of Sweat Equity.*

**NOTE: Incomplete hours may delay scheduling.**

Are you willing and able to complete the 70 hours for Sweat Equity? Yes  No \*

If not, please explain:

\*As an option we also allow family, friends, neighbors, clubs, organizations, religious groups or others to complete volunteer hours on your behalf.

**Volunteers**

*Please list the names and contact phone numbers of individuals (right) whom you believe would be willing to help by volunteering on your behalf. Individuals under 18 must be accompanied by parent/legal guardian. Must be at least 16 y/o to volunteer. Please attach an additional sheet if more space is needed.*

_____	_____
NAME OF VOLUNTEER	PHONE NUMBER
_____	_____
NAME OF VOLUNTEER	PHONE NUMBER
_____	_____
NAME OF VOLUNTEER	PHONE NUMBER
_____	_____
NAME OF VOLUNTEER	PHONE NUMBER
_____	_____
NAME OF VOLUNTEER	PHONE NUMBER



**SECTION 6 HOMEOWNER'S AGREEMENT**

**TRUE** I/we, \_\_\_\_\_ certify that the information on this application is true and accurate.  
 I/we own and reside in the property at \_\_\_\_\_  
 and I/we confirm that any physically able persons residing in my/our home or visiting on the project day will work alongside Habitat staff and other volunteers.

**SAFETY** I/we confirm that, except for the conditions listed in this application, my/our home is a safe place for volunteers to work. (This includes but is not limited to: conditions of vermin, insect infestation, gases or other noxious air conditions, etc.)

**NO WARRANTY** I/we understand that the people who may work on my/our 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 WARRANTY, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED, OR WORK DONE, BY ANYONE**, at my/our house. I/we hereby agree that I/we, my/our assignees, their heirs, distributes, guardians, and/or legal representatives will not make any claim against, sue, or attach the property of Central Oklahoma Habitat for Humanity or any affiliated organization or supplier of any tool or equipment I/we use in these activities, for any 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/our assignees, their heirs, distributes, guardians, and/or legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Central Oklahoma Habitat for Humanity activities.

**PERMISSION** I/we hereby grant permission for Central Oklahoma Habitat for Humanity 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 applicant(s) for the Critical Home Repair program, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) credit worthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and other information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Central Oklahoma Habitat for Humanity desires to contact, and (8) any additional information Central Oklahoma Habitat for Humanity deems necessary to evaluate this application. I/we understand that Central Oklahoma Habitat for Humanity may reject this application based upon the results of these inquiries.

**NO GUARANTEE OF WORK** I/we understand that Central Oklahoma Habitat for Humanity is a nonprofit corporation with limited resources and cannot afford to provide assistance for each and every applicant.

**NOT LIABLE** I/we agree that Central Oklahoma Habitat for Humanity, its staff, whether voluntary or compensated, and its Board of Directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting in my/our behalf in connection with my/our application for Critical Home Repair or any claims of any nature associated herewith.



**SIGNATURES** Signature of Homeowner \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Household Member Age 18 or older: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Household Member Age 18 or older: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Checkpoint**

Check these documents off as you ATTACH them to your application.

- Did you complete all six sections of this application? Yes  No
- Did you provide proof of homeownership (copy of deed) and current mortgage statement? Yes  No
- Did you enclose a copy of your photo ID? Yes  No
- Did you enclose a copy of your most recent OG&E bill and ONG Bill Yes  No
- Did you verify ALL household income with copies of your most recent tax returns and/or statements? Yes  No
- Include copies of one or more of your Pay Stubs, Social Security Award Letter, Retirement Pay Stubs, etc. All adults, age 18 and older, must submit income documentation or proof of current student status including name and address.*
- Did you include a copy of any city violations or, if you are a veteran, copy of your DD214? Yes  No

