



Dear Homeowner,

Habitat for Humanity is excited to announce that there will be a special event called Rock the Block ® coming to your neighborhood. We look forward to partnering with homeowners in your neighborhood. Please reference your brochure for specific event dates.

All homeowners wishing to participate in this program will need to complete the attached application and provide the additional documents listed below. All pages must be completed in full. Application materials may be dropped off, scanned/emailed, faxed: 920-954-8390, or mailed in. Project participants’ eligibility is based on income and proof of home ownership. Homeowners secure bids from contractors on select repairs. The cost of exterior repairs can be secured by a zero-interest deferred loan or be paid for upfront. Habitat will finance exterior repairs including *but not limited to*: painting, gutters, roofing, siding, porch repair, and door and window replacement, to name a few.

Habitat for Humanity is:

- Providing lower-income homeowners with affordable exterior home preservation services.
- Committed to protecting your personal information.
- Offering up to \$3,000 in a 0% interest deferred loan. Homeowner will have a 10% down payment.
- Depending on repairs, you may be eligible for up to \$7,500

Sincerely,

Sarah Wylie | Community Development Programs Manager
920-268-8561 or RocktheBlock@FoxCitiesHabitat.org

DOCUMENTS TO ACCOMPANY APPLICATION

- Copy of current mortgage statement or proof of mortgage paid
- Copy of Deed for the property (showing legal property description)
- Copy of current homeowner’s insurance policy – declaration summary page
(If you do not have homeowner’s insurance, Habitat will work with you to obtain it.)
- Copy of proof of income from all sources for each applicant
 - Wages - Three (3) recent, consecutive paycheck stubs from employer(s)
 - Social Security - Current SSI award letter
 - Self Employed -Three (3) years of Income Tax - 1040 Schedule C – (Profit or Loss)
 - Other income sources
- Copy of most recent year’s Federal Tax Return
- Copy of proof of U.S. residency for ADULTS only. One from the list of the following:
 - o Birth Certificate
 - o Driver’s License AND Social Security Card
 - o US Passport
 - o Perm Resident/Green Card

80% Area Median Income Guidelines (maximum)	
1	\$48,400
2	\$55,360
3	\$62,240
4	\$69,120
5	\$74,720
6	\$80,240
7	\$85,760
8	\$91,280

- For any other adults (over 18) living in the household: Supplemental Application and General Release Authorization Form (for background checks)

*****PLEASE RETAIN THIS PAGE FOR YOUR REFERENCE*****

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OFFICE USE ONLY:
Date App. Rec'd: _____



PROJECT APPLICATION



PERSONAL INFORMATION

Applicant's Full Legal Name

Co-Applicant's Full Legal Name

Applicant's Other Names Used

Co-Applicant's Other Names Used

Social Security Number Date of Birth

Social Security Number Date of Birth

Circle one: Married Separated Unmarried

Circle one: Married Separated Unmarried

Have you, or someone in your household served in the armed forces? Yes No

Are you & Co-Applicant a U.S. citizen or permanent resident? Yes No

Applicant's Daytime Phone

Alternative Phone Number

Applicant's Email

OTHER HOUSEHOLD MEMBERS (All people who live with you)
All adults (over 18) will also need to complete the attached Supplemental Application

Name Date of Birth Relationship to Homeowner

Name Date of Birth Relationship to Homeowner

Name Date of Birth Relationship to Homeowner

Name Date of Birth Relationship to Homeowner

HOME OWNERSHIP

Current Street Address

Homeowners Insurance Company

City, State, Zip Code

Homeowners Insurance Policy Number

County of Residence

Who are the owner(s) of record?

Are you current on mortgage? Yes No Paid off

Are you current on property taxes? Yes No

Is this your primary residence? Yes No

Are you currently in process of foreclosure? Yes No

INCOME INFORMATION

APPLICANT

CO-APPLICANT

Name of Current Employer Phone #

Name of Current Employer Phone #

Street Address City, State, Zip Code

Street Address City, State, Zip Code

Dates of Employment (from __ to __)

Dates of Employment (from __ to __)

\$ Hourly Wage Hours/Week Weeks/Year

\$ Hourly Wage Hours/Week Weeks/Year

Frequency of pay (circle one)
Weekly Bi-weekly Monthly Other _____

Frequency of pay (circle one)?
Weekly Bi-weekly Monthly Other _____

2nd or Previous Employer Phone #

2nd or Previous Employer Phone #

Street Address City, State, Zip Code

Street Address City, State, Zip Code

Dates of Employment (from __ to __)

Dates of Employment (from __ to __)

\$ Hourly Wage Hours/Week Weeks/Year

\$ Hourly Wage Hours/Week Weeks/Year

Type of Benefit Recipient's Name Monthly Amount Length of time received/How long will it continue?

Type of Benefit Recipient's Name Monthly Amount Length of time received/How long will it continue?

***Please list all other sources of income above (SSDI, unemployment, etc.)**

WILLINGNESS TO PARTNER – "Sweat Equity"

To be considered for a Rock the Block ® project, you and your family must be willing to complete "sweat equity" hours. Your help in repairing your home and working with other areas of Habitat is called "sweat equity," and may include preparing and cleaning areas to be repaired, helping with repairs, or other approved activities. By signing below, you agree to this requirement.

Applicant Date

Co-Applicant Date

Please drop off or mail your completed application to or contact:
Rock the Block Program
Greater Fox Cities Area Habitat for Humanity
921 Midway Road Menasha, Wisconsin 54952

PUBLICITY INFORMATION & RELEASE

By signing below, you agree to the extent of personal information used. The Rock the Block ® event will be a community wide project. A small yard sign will be put in your yard the week of the project. Habitat for Humanity will balance individual homeowners' need and/or preference for privacy with the organization's need for publicity. Habitat cannot promise that media outlets (i.e. Post Crescent, TV News) will be aware of your personal request. We may take before and after pictures of your home, use your name and a photo of you and share your story to help spread the message of Rock the Block ® and Habitat programs. If you have any concerns about privacy, please write them in the space below and we will try to accommodate.

Applicant Date Co-Applicant Date

GENERAL RELEASE

I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive services through the Greater Fox Cities Area Habitat for Humanity. I give permission to the Greater Fox Cities Area Habitat for Humanity to check any and all information, including but not limited to home ownership history, employment, and credit references included herein. I give permission to Greater Fox Cities Area Habitat for Humanity to check my credit rating, criminal record, and sexual offender registry. Homeowner/s consent that Habitat may check if materials that could be disturbed during renovation may have lead based paint as this will assist in the assessment process.

To my creditor:

I/We authorize you to provide Habitat for Humanity any and all information and documentation they request. Such documentation may include, but is not limited to, the following types of information:

1. Proof of income
2. Status of mortgage payments
3. Status of Property Taxes
4. Criminal background check
5. National Sexual Offender Registry
6. U.S. residency verification
7. Any other documents pertaining to my financial, credit and liability circumstances

Applicant's Name Last 4 digits Soc Sec # Co-Applicant's Name Last 4 digits Soc Sec #

Applicant's Signature Date Co-Applicant's Signature Date

Within the limits of the law, Greater Fox Cities Area Habitat for Humanity will do its best to keep the information in this application confidential.

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity through 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, family status or national origin.





Pages 4-5 only need to be completed if there are any other adults besides Applicants living in the household



SUPPLEMENTAL APPLICATION

PERSONAL INFORMATION

Adult #1 Full Legal Name

Adult #2 Full Legal Name

Adult #1 Other Names Used

Adult #2 Other Names Used

Social Security Number Date of Birth

Social Security Number Date of Birth

Circle one: Married Separated Unmarried

Circle one: Married Separated Unmarried

___ Yes ___ No

Are you a U.S. citizen or permanent resident?

___ Yes ___ No

Are you a U.S. citizen or permanent resident?

INCOME INFORMATION

Adult #1

Adult #2

Name of Current Employer Phone #

Name of Current Employer Phone #

Street Address City, State, Zip Code

Street Address City, State, Zip Code

Dates of Employment (from __ to __)

Dates of Employment (from __ to __)

\$ Hourly Wage Hours/Week Weeks/Year

\$ Hourly Wage Hours/Week Weeks/Year

Frequency of pay (circle one)

Weekly Bi-weekly Monthly Other _____

Frequency of pay (circle one)

Weekly Bi-weekly Monthly Other _____

Type of Benefit Recipient's Name Monthly Amount Length of time received/How long will it continue?

Type of Benefit Recipient's Name Monthly Amount Length of time received/How long will it continue?

***Please list all other sources of income above (SSDI, Unemployment, etc.) Include proof of income from all sources**

- Wages - Three (3) recent, consecutive paycheck stubs from employer(s)
- Social Security - Current SSI award letter
- Self Employed - Three (3) years of Income Tax - 1040 Schedule C – (Profit or Loss)
- Other income sources

ASSESSMENT FORM

*Please check all exterior repair concerns, this will aid as we do our assessment of your property.
Some repairs may be contracted, depending on the extent or type of repair needed.*

Homeowner(s):

Address:

Phone:

Scope	Item(s)	Construction Notes *For internal use only
<input type="checkbox"/>	Roof <input type="checkbox"/> Gutters <input type="checkbox"/> Chimney <input type="checkbox"/> Brick/ Masonry <input type="checkbox"/> Concrete <input type="checkbox"/>	
<input type="checkbox"/>	Siding <input type="checkbox"/> House Y/N Garage Y/N Fascia <input type="checkbox"/> Soffit <input type="checkbox"/>	
<input type="checkbox"/>	Tree(s) <input type="checkbox"/> Trim Y/N _____# Remove Y/N _____#	Contracted Y/N In-House option Y/N
<input type="checkbox"/>	Windows <input type="checkbox"/> _____#	Custom Y/N _____# Measurement(s): _____
<input type="checkbox"/>	Screens <input type="checkbox"/> _____# Storms <input type="checkbox"/> _____#	Standard Y/N _____# Measurement(s): _____
<input type="checkbox"/>	Paint <input type="checkbox"/> House Y/N Garage Y/N Other _____	Contracted Y/N In-House option Y/N
<input type="checkbox"/>	Doors <input type="checkbox"/> Entrance Y/N _____# Storm Y/N _____#	Custom Y/N _____# Measurement(s): _____
<input type="checkbox"/>	Fence Repair <input type="checkbox"/>	Special Y/N _____# Measurement(s): _____
		Standard Y/N _____# Measurement(s): _____
<input type="checkbox"/>	Porch(es) <input type="checkbox"/> _____# Railings <input type="checkbox"/> Other: _____ _____	Contracted Y/N In-House Option Y/N

*****Please have this completed and turn in with your application materials. Thank you!*****