



We build strength, stability, and self-reliance through shelter.

Jasmine Harris ~ Family Services Manager - 678.672.5231 ~ jharris@habitat-ncg.org

Dear Applicant:

Habitat for Humanity-NCG is a Christian housing ministry financed by public and private donations utilizing volunteer labor. Our mission is to build or repair homes with families who could not otherwise afford to do so.

The Application must be completed in its' entirety. Incomplete applications will delay the evaluation process and may lead to a denial of the application. You will need to complete the Application Checklist as well. This document lists all of the items you **MUST** include with your application in order to be complete. Please note that each item on this list must be provided for both the Applicant **AND** the Co-Applicant (if applicable).

The application may be mailed to Habitat for Humanity-NCG, 814 Mimosa Blvd, Roswell GA 30075. Do not drop off an application. No one is available to accept in-person submissions. If you prefer to email your application, you may submit your application to familyservices@habitat-ncg.org

Once we receive the completed application, we will begin the evaluation process. Please be advised that the evaluation process may take **one to two months depending on the number of current requests**. We will notify you in writing of the results of our evaluation. Also, please be aware that a repayment may be required. The repayment terms would be over 2 to 3 years in order to minimize the impact to your monthly budget.

We appreciate your patience in this process as we strive to serve our community.

Sincerely,

Jasmine Harris
Family Services Manager
678-672-5231
jharris@habitat-ncg.org



Your Name: _____

Application Checklist

(Complete and Submit with Application)

**In order to avoid a delay in processing, check each item listed below to ensure all items are included.
An incomplete application may result in your request being denied.**

PLEASE DO NOT SEND ORIGINALS OF ANY DOCUMENTS, as they will not be returned to you.
DO NOT SEND IN ANY DOCUMENTATION FOR CHILDREN UNDER AGE 18

Application – Completed, signed & dated on the last page by Applicant and Co-Applicant (if applicable)

Residency: You must provide each of these items. Failure to include one of these will result in a delay of your application review.

- _____ Warranty Deed or Quit Claim Deed as proof of home ownership*
- _____ Property Tax receipt for previous year
- _____ Current Utility bill as proof of residence
- _____ Current Proof of Home Owner Insurance

*Only those occupying the home can be named on the deed. A deed containing prior or deceased owners will not be sufficient for our purposes.

Income:

If you have income from sources other than employment or wages earned, you must provide documentation to support the income. Documentation must include:

- _____ Award letter from Social Security Administration for SSI, Disability, and/or Widower's Benefits for *the current year.*

If your income comes from employment, you must provide:

- _____ Last 3 months of pay stubs for each full-time and part-time job currently held by Applicant, Co-Applicant, and any resident over age 18 (pay stubs must show gross pay and all deductions).

Assets:

Please include a copy of your statement for **each** checking & savings accounts, retirement, investment, pension or other account/asset noted on your application for both Applicant and Co-Applicant.

- _____ Checking Account(s) –Three Months, **all pages**
- _____ Savings Account(s) – Three Months, **all pages**
- _____ Retirement Account(s) – 401(k), 403(b), IRA or other Retirement or Pension acct
- _____ Other Investment Account(s), Stocks, Bonds, CD's held



Do I Qualify?

To be considered as a candidate for the Habitat for Humanity-NCG Home Repair Program, you must be able to answer "YES" to all of these questions:

- Do you own **and** occupy your home? The warranty deed must be in the occupant's name only. All owners listed on the deed must live in the home. The home must be on a permanent foundation.
- Have you lived in your home in Cherokee, North Fulton, Forsyth or Dawson County for at least one year?
- Is your home at least five years old?
- Can you demonstrate **NEED FOR REPAIRS?** For example--
 - Are you on a fixed income?
 - Does your home have unsafe conditions, high energy bills, inaccessible?
 - Are you unable to obtain funding through other conventional means to pay for repairs?
- Are you **WILLING TO PARTNER** with Habitat by –
 - Completing Habitat's "sweat equity" requirements, if required?
 - Participate in public relations efforts with Habitat by allowing your project to be included in social media and print media?
 - Interact with volunteers who may visit your home to complete repair project?
- Are you over 55, **OR** a veteran, **OR** disabled and receive social security disability?
- Do you fall within the income guidelines listed on the table below? *Participants may be responsible for paying some part of the total cost. We provide a short term, no interest payment plan. Some government funded repairs are free.*

Income Guidelines (effective 6/15/22)

Number of Family Members	Maximum Income Allowed
1	\$47,250
2	\$54,010
3	\$60,740
4	\$67,470
5	\$72,910
6	\$78,295
7	\$83,705
8	\$89,090

Need more information? Call 678-672-5231 or email familyservices@habitat-ncg.org



Habitat for Humanity-North Central Georgia is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. 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. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, or because all or part of the applicant's income derives from any public assistance program or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580.



City/County:	Year House Built:	For Office Use Only Date Received: _____
Questions? Contact Jasmine Harris, Family Services Manager jharris@habitat.org		(678) 672-5231

Home Repair Program Application

I. APPLICANT INFORMATION						
Applicant			Co-Applicant			
Applicant's Name			Co-Applicant's Name			
Primary Phone: _____			Primary Phone: _____			
Email Address: _____			Email Address: _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried (includes single, divorced or widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried (includes single, divorced or widowed)	
Spouse's name (if spouse is not Co-Applicant)			Relationship to Applicant			
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own			Address <input type="checkbox"/> Rent <input type="checkbox"/> Own			
How long at this address?			How long at this address?			
Applicant			Co-Applicant			
Name (First, Middle, Last)	DOB	Age	Gender	Relationship	Student (Y/N)	Disability
Military Status						
Have you or a household member ever served in the Armed Forces? ()Yes ()No					Branch	
If you received a DD214 (honorable discharge form), please provide a copy.						

Our policy prohibits Habitat-NCG Homeowners from participating in the Repair Program.

Revised Sept 2020

II. INCOME INFORMATION

What is the Applicant's primary source of income?

Check One

- Social Security ()
 Retirement/Pension ()
 Employment/Wages ()
 Other: please explain _____

What is the Co-Applicant's primary source of income?

Check One

- Social Security ()
 Retirement/Pension ()
 Employment/Wages ()
 Other: please explain _____

List the total household income for each adult below. The income of all adults is considered the household income even though only the applicant and/or co-applicant will be responsible for the repairs and any repayment amount.

Name of Adult:	Monthly Gross Income (before taxes): \$
Name of Adult:	Monthly Gross Income (before taxes): \$
Name of Adult:	Monthly Gross Income (before taxes): \$

III. ASSETS

List **all** Checking Accounts, Savings Accounts, and Retirement Accounts and attach the last three (3) months of each statement (all pages) for Applicant and Co-Applicant.

Bank/Company Name	Account Number	Account Holder	Attached
1.			
2.			
3.			

Monthly Loan Expenditures

Mortgage Company Name	Amount \$	Balance \$
Homeowners Insurance Company Name		
Property Taxes (County, Name)		

(PLEASE NOTE: Applicant is not be eligible for program if funds have been received from HFH-NCG, CDBG, or other affiliated organizations providing home preservation, critical home repairs or weatherization.)

List any programs for which you have been approved and/or received services related to your home.

Program	Year	Program	Year

Please print a brief description of your repair needs:

A. Exterior Minor Repairs	
B. Exterior Painting	
C. Yard Work/Landscaping	
D. Air Conditioning/Heating	
E. Plumbing	
F. Electrical	
G. Roofing	
H. Other	

IV. APPLICANT CERTIFICATION

By Signature below, the undersigned applicant hereby certifies the following:

I/We, the undersigned, certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. In applying for the loan/grant, I/we completed the application containing information for the purpose of obtaining a loan. Employment, all income, assets and liabilities information will be verified. I /we made no misrepresentation in this application or other documents, nor did I/we omit any pertinent information. Verification will be obtained from any sources named herein.

I/We certify that we are the owner occupant(s) and that I / we hold fee simple title to the above property. Failure to disclose all income reporting of in accurate or false information will result in disapproval of assistance and will be considered fraudulent.

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both to knowingly make any false statements when applying for loan, as applicable under the provisions of Title 18, United States Code Section 1014.

Applicant's Printed Name

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Signature

Date



Habitat for Humanity-North Central Georgia is pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity. 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. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, or because all or part of the applicant's income derives from any public assistance program or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580.

V. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box 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 equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. If you do fill out this form, please be sure to check the appropriate box that best describes your race and ethnicity. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. 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	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<p>Race/National Origin:</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	<p>Race/National Origin:</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
<p>Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino	<p>Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic or Latino
<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male	<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male

To Be Completed Only By the Person Conducting the Interview							
<p>This application was taken by:</p> <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Interviewer's Name (print or type)</td> <td style="width: 20%;"></td> </tr> <tr> <td style="width: 80%;">Interviewer's Signature</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's Signature	Date		
Interviewer's Name (print or type)							
Interviewer's Signature	Date						

SAVE AFFIDAVIT

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a public benefit, as referenced in O.C.G.A. § 50-36-1, from Cherokee County Board of Commissioners; the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires: _____

[NOTARY STAMP]