



Habitat for Humanity of Greenville County  
Family Services Department  
P.O. Box 1206, Greenville, SC 29602  
Phone: (864) 372-3936 Fax: (864) 312-5004  
[www.habitatgreenville.org](http://www.habitatgreenville.org)



"We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout 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, familial status, or national origin. Habitat for Humanity is an Equal Housing Opportunity."

# Home Preservation Program Application

Date Received: \_\_\_\_\_

(Office Use Only)

## Instructions:

1. Complete application. If a question does not apply to you, mark N/A. Attach additional sheets as needed.
2. Sign and date the Authorization and Release forms (page 3 & 4 of the application). If there are co-applicants, both must sign.
3. **Enclose copies of most recent (2018) Income Tax Return. If you did not file taxes for 2018, please provide other documentation of income, such as Social Security award letters etc.**

Please allow 2-4 weeks for processing.

## HOMEOWNER INFORMATION

How did you learn about the Habitat Greenville Home Preservation program?

Do you own this home? ☐ Yes ☐ No Do you live in this home? ☐ Yes ☐ No Is this a mobile home? ☐ Yes ☐ No

Did you purchase your home through Habitat for Humanity of Greenville County? ☐ Yes ☐ No

Homeowner's Name: \_\_\_\_\_  
Last First MI

Homeowner's Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street Address City Zip Code County

How long have you lived at this address? \_\_\_\_\_ (Months/Years)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail : \_\_\_\_\_

Is anyone in the home disabled: ☐ Yes ☐ No Is anyone in the home a Veteran: ☐ Yes ☐ No

Please list all other individuals living in the home (attach extra sheets if necessary):

Name	Gender	Social Security # (if over 18)	Date of Birth	Relationship to Homeowner

## ABILITY TO PAY

MONTHLY HOUSEHOLD INCOME					
Gross <u>Monthly</u> Income Source	Candidate	Co-Candidate	Other in home >18	Other in home > 18	Other in home > 18
Salary/Wages	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
TANF	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Alimony	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Child Support	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Social Security	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
SSI	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Retirement/Pension	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Disability	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Other _____	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Other _____	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
<b>Total</b>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Are you still making loan payments? ☐ Yes ☐ No      If Yes, what is your monthly mortgage payment? \_\_\_\_\_

Do you currently have Homeowners Insurance? ☐ Yes ☐ No      Are you current on your property taxes? ☐ Yes ☐ No

What are your average monthly utility bill payments? \_\_\_\_\_

## NEED FOR REPAIR

SERVICES REQUESTED
<input type="checkbox"/> <b>Tier One:</b> Minor exterior repairs, painting, calking, minor carpentry repair, deck/ stair/ ramp repairs (exterior only), exterior weatherization, siding repairs, minor roof and fascia repairs, and minor landscape repairs. The fee for this tier is \$150.
<input type="checkbox"/> <b>Tier Two:</b> Major exterior repairs, major carpentry repairs, deck/ stair/ ramp replacement (exterior only), exterior door replacement, window sash replacement, and major landscaping repairs. The fee for this tier is \$300.
<input type="checkbox"/> <b>Tier Three:</b> Full roof replacement including removal of existing roof, plywood sheathing, tar paper, shingles, drip edges, and flashing. The fee for this tier is \$450.

Briefly describe the repair work you need done on your home. You may attach a separate piece of paper if necessary.

*Please remember that the items you list will be considered for repair, but the final decision on what work can be performed as well as which tier that work falls in will be made by the staff of Habitat for Humanity of Greenville County.*

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## WILLINGNESS TO PARTNER

To be considered for Habitat for Humanity of Greenville County's Home Preservation program, you and your household must be willing to partner with us during your home repair. Willingness to Partner is demonstrated in many ways, including commitments to:

- Provide copies of all required documentation;
- Be honest and cooperative with Habitat staff and volunteers;
- Provide a safe work environment on all work days;
- Be present for the duration of the time work is being completed on your home;
- Assist with the volunteer work on your home to the best of your ability until the work is completed;
- Perform at least eight Sweat Equity hours. This may include working on your home or attending classes at the Habitat office.

### I AM WILLING TO PARTNER AND COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Date		Date
Homeowner Applicant		Homeowner Co-Applicant	

**Please enclose required documents (for applicant and co-applicant):**

- ☐ If working, copy of 2018 Income Tax Returns and 2 pay stubs
- ☐ If not working, copy of Social Security Benefit Letter, Child Support Transcripts, etc.
- ☐ DD-214 if Veteran or Military ID Card if Active Duty, Reserves, National Guard, or IRR.

**Failure to enclose requested documentation will result in longer processing times.**

## HOMEOWNER AGREEMENT

I understand that by submitting this application, I am authorizing Habitat for Humanity of Greenville County to evaluate my need for this program, my ability to pay my share of the cost of the repairs, and my willingness to partner with Habitat. I understand that the evaluation will include home visits, background check (including sex offender registry), and verification of the information I have provided. I have answered all the questions on this application truthfully and I understand that if I have not answered the questions truthfully my application may be denied, even if I have already been selected to participate in the program. I understand that the original or a copy of this application will be retained by Habitat for Humanity of Greenville County for 12 months even if I am not approved for the program.

I agree to pay the program tier fee in full to Habitat for Humanity of Greenville County before work is scheduled to be completed on my home.

\_\_\_\_\_  
Signature of Homeowner Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner Applicant

\_\_\_\_\_  
Date

## **Initial Home Preservation Guidelines**

Once your application has been reviewed and it is determined that you qualify for Habitat for Humanity of Greenville County's programs, we will set up an initial home visit to begin to create a scope of work. Habitat's Home Preservation program is to address life, health and safety issues in owner-occupied homes. The scope of work therefore, may not address all of the repair work you have requested.

If the safety of our staff and volunteers may be compromised in the home we will not complete the home visit and your application will be removed until remediation of the safety concerns has occurred. Safety concerns include, but are not limited to:

- Any hoarding activities. Hoarding is defined as the acquisition of, and failure to discard or store a large number of possessions or large amounts of newspapers, magazines or other accumulated items present in or around the residence. Accessibility throughout the residence in order to complete the repairs will be necessary.
- The presence or consumption of drugs or alcohol while staff and/ or volunteers are in the home or apparent.
- The presence of guns or other weapons left in the open.
- More than 8 uncaged pets living in the home. Pets being defined as any domesticated animal.
- The presence of mold. If mold is found in a home during a home visit Habitat for Humanity of Greenville County reserves the right to leave the home. Mold can create serious health and air quality issues if not treated.
- Structural damage that threatens the integrity of the home's building infrastructure. These damages can include cracks and breaks in the foundation or compromised floors.
- Severe infestation of any sort including, but not limited to, bed bugs, cockroaches, or rodents.

If any of these or other situations are present at your home and risk the safety of Habitat Greenville staff and volunteers, Habitat reserves the right to refuse or leave a home visit at any time. If any of these conditions exist in your home, Habitat is happy to recommend resources that can help. Once Habitat has received proof that the situation has been rectified you will be able to resubmit your application.

## Habitat for Humanity of Greenville County Media and Photographic Release Form

In consideration of Habitat for Humanity of Greenville County's (HFHGC) acceptance of me and my family into HFHGC's program of work as a potential homeowner-in-process, I consent to the use by HFHGC to use my name, personal stories or likeness of me (including photographs, sketches, video, voice recordings and any comments or quotes, whether written, digital or analog form) for advertising purposes or for any commercial purpose. This including transmission via the Internet, television, motion picture or electronic means.

I hereby waive any claim that I or my heirs, successor or assigns might have for compensation for the use of my name or any likeness of me for such purposes. I also consent and agree that any photographs, sketches, video, voice recordings or other images to which this consent applies are the property of HFHGC, and HFHGC will have the right to duplicate, reproduce and make use of such images, free and clear of any claim whatsoever on my part.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Witness for HFHGC

Please list name and age of minor children for which this consent would be permitted. Any one over the age of 18 must sign their **own** name

Name	Age	Name	Age	
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Name	Age	Name	Age	
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Name	Age	Name	Age	
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I do not wish to sign the media consent form

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Witness for HFHGC

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## HOME PRESERVATION APPLICANT VOLUNTARY INFORMATION FORM

### HABITAT FOR HUMANITY OF GREENVILLE COUNTY, SOUTH CAROLINA

#### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 not 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 above information, please check the box below. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

#### APPLICANT

##### Race/national origin:

- ☐ I do not wish to furnish this information.
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian/Pacific Islander
- ☐ Black or African American
- ☐ American Indian or Alaskan Native and White
- ☐ Asian and White
- ☐ Black or African American and White
- ☐ American Indian/Alaskan Native and Black/African American
- ☐ Other/Multiracial (specify) \_\_\_\_\_

##### Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

##### Sex:

- ☐ Female
- ☐ Male

#### TO BE COMPLETED BY THE AFFILIATE:

This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Received by (print or type name) _____	
	_____	
	Signature	Date

**Note to affiliate:** Once the homebuyer applicant submits an application form, an affiliate representative not involved in the homeowner selection must detach this sheet from the application form and keep it in a separate file to which no one involved in the homeowner selection process has access.