



Habitat for Humanity Macon/Jackson

Phone: (828) 369-3716

Fax: (828) 349-0590

P.O. Box 1585 Franklin, NC 28744

Family Application Fee \$20.00 ___ non-refundable

Name: _____

Address: _____

Street Address City State Zip Code

Mailing Address City State Zip Code

Phone Numbers: Home _____ Work _____ Other _____

Type of Home: frame modular mobile home OWN Minimum 4 years in residence

HOUSEHOLD INFORMATION

Last Name	First Name	Age	Sex	SSN	Income	Work	Relationship

Income Codes: 1. Employed; 2. Social Security; 3. Pension; 4. Disability; 5. Public Assistance; 6. Other

Work Codes: E. Employed; PT. Part-Time Employed; U. Unemployed; R. Retired; D. Disabled; S. Student; O. Other

Relationship Codes: HH-Head of Household, SP-Spouse, Dau-Daughter, Son-Son, SS-Step son, SD-Step daughter, IL- In law, GD-Granddaughter, GS-Grandson, M-Mother, F-Father, GM-Grandmother, GF-Grandfather

Work Request:



Habitat for Humanity of Macon/Jackson County, NC
Phone: (828) 369-3716 Fax: (828) 349-0590 P.O. Box 1585 Franklin, NC 28734

Building Houses, Building Hope/WWW.habitat.org

Disclosure Statement and Statement of Understanding

Disclosure Statement I/we certify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being invalid. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Habitat for Humanity of Macon County. I/we also understand that any information received and will be used strictly for determining my/our eligibility for this program.

Initial Here: _____

Statement of Understanding

I/we indicate by my/our signature(s) below, am/are the home owner(s) of the property indicated below and have lived in the home for a minimum of 4 years. I/we understand that we will be required to repay the material cost of the repair if I/we move out sooner than 4 years after the repairs are made. I/we understand that the above organization and affiliates carry insurance for persons who are on assignment and that coverage is limited to work-related accidents. I/we understand that said organization and its affiliates do not have insurance coverage for the protection against legal damage claims or liability damage suites that might arise in their work on my/our home and property. Therefore, in consideration of the services rendered, or to be rendered, on the premises indicated below, I/we hereby waive any and all claims or demands that may arise or accrue to me/us, growing out of any action or omissions by said organization and/or any of its members or helpers in rendering such service and specifically covenant not to sue it or them for any of said act or omissions.

Initial Here: _____

Head of Household (signature):

Spouse (signature):

SSN: _____

SSN: _____

Address: _____

City/State/Zip: _____

Witness: (signature): _____ Date: _____

FINANCIAL ASSETS

Monthly Income	Owner	Spouse	Mem1	Mem2	Mem3	Mem4	Mem5	mem6
Name								
Salary								
Soc Sec								
Sup Sec Inc (SSI)								
Public Asst								
Section 8								
Disability								
Pension								
Retirement								
Other Benefits								
Child Support								
Alimony								
Rental Income								
Other Assets								
Total								

Use gross income for each person living in the home who is age 18 and older. Indicate pay cycle (i.e. weekly, bi-weekly, Monthly etc)

Total Monthly family income: _____
Total annual family income: _____
County/Area low income limit: _____
County/Area median income: _____

Sources of income Verification: Income Tax Forms _____ SS Statements _____ Pay Stubs _____ Other _____

Financial Assets

Checking Account Balance: \$ _____
Savings Account Balance: \$ _____
Other Financial Assets: \$ _____
Total Assets: \$ _____

Monthly Living Expense

Mortgage	\$ _____	Medical	\$ _____
Property Tax	\$ _____	Prescriptions	\$ _____
Electric	\$ _____	Food	\$ _____
Gas	\$ _____	Clothing	\$ _____
Water	\$ _____	Car Payment	\$ _____
Phone	\$ _____	Visa	\$ _____
Cable	\$ _____	Master Card	\$ _____
Satellite Dish	\$ _____	Discover	\$ _____
Home Owners Ins	\$ _____	Other	\$ _____
Car Insurance	\$ _____	Other	\$ _____
Life Insurance	\$ _____	Alimony Paid	\$ _____
Health Insurance	\$ _____	Child Support Paid	\$ _____