



Habitat for Humanity, Helping Hands Program
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Helping Hands Application

Date: _____

Your Information: (Complete all fields.)

First Name: _____ Last Name: _____

Street: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Property Information:

Property Address: _____

City: _____ St: _____ Zip: _____

Property Owner: _____

Home Owners Assoc: Yes: _____ No: _____ Property Type: _____

Project Description: _____

Reason for Project: _____

Estimated Cost: _____

Requested Completion Date: _____

Applicant Financial Information / Needs Assessment:

Financial information is confidential and will be shared only between the Helping Hands for Humanity Project Approval Team.

Total Annual Income: _____

Other Items to be considered: _____
