



A BRUSH WITH KINDNESS

APPLICATION

Habitat for Humanity, Riverside
 PO Box 2216
 Riverside, CA 92516
 Telephone: 951.787.6754

Homeowner(s) on Title

APPLICANT		SPOUSE/CO-APPLICANT	
Name		Name	
Phone	Cell	Phone	Cell
Email		Email	
Are You a U.S. Veteran or Active Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are You a U.S. Veteran or Active Military? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Property Information

Address of Property		
City	Zip	Year home was built
If Mobile Home, Park Name		Tax Assessment Number

- Do you own this property? Yes No
- Are you a permanent full-time resident of this property? Yes No
- Is there Home Owners Association on this property? Yes No
- Are the property taxes current on this property? Yes No
- Have you participated in this program in the past? Yes No
- Is there any citation on this property? Yes No

Financial Source(s)

Financial information is confidential; however, Habitat for Humanity Riverside receives program funding through both public and private sources and must comply with funder requirements. If your project is approved, we will require documentation of income, home ownership, and homeowner's insurance and that documentation may be reviewed by funding auditors as required.

Applicant Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income
Enter Household Size: _____	Enter Total Annual Household Income: \$ _____		

Did you file Federal Income Tax Return? Year _____

Yes No

Other Asset Accounts

Account Category	Current Cash Value
Savings Account	\$
Checking Account	\$

Other Assets (list)	\$
Other Assets (list)	\$
Other Assets (list)	\$
Other Assets (list)	\$

Repairs Requested

Describe the exterior work needed on your home (add additional pages if necessary)	
1. Exterior painting	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Exterior/ minor repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Landscaping	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gather the following documents

- (1) Three (3) months of consecutive Source of Income Yes No
 (Refer to CDBG Income Documentation Requirements)
- (2) Most recent filed and signed Federal Income Tax Return Yes Not filed
 (with all schedules, attachments, W-2, etc.)
- (3) Three (3) months of consecutive bank statements Yes No
 (from all checking and savings accounts)
- (4) Certificate of Title, Registration of home, Deed of Trust Yes No
- (5) Current homeowner's insurance policy (Declaration Page) Yes No
- (6) Proof of residency (utility bill or rent space) Yes No

Home Visit:

A home visit is required to determine qualification as well as help determine the types of repairs needed for your property for the ABWK Program. **Contact 951-787-6754** to schedule a home visit.

CAP referral _____

CDBG Income Documentation Requirements

Type of Income	Source / Third Party Documentation
1. Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.	Copy of the most recent filed and signed Federal Income Tax Return with all schedules, attachments, W-2s, etc. A minimum of three (3) months consecutive paystubs
2. The net income from the operation of a business or profession.	Copies of the last two (2) most recent filed and signed Federal Income Tax Returns with all schedules, attachments, W-2s, etc. A minimum of three (3) months consecutive paystubs.
3. Interest, dividends, and other net income of any kind from real or personal property.	A minimum of three (3) months consecutive statements for all asset accounts.
4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.	A copy of the annual letter received from Social Security listing the gross monthly payment. A copy of the three (3) most recent consecutive months of payment checks or statements indicating the gross amount of the payment.
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay.	A copy of the three (3) most recent consecutive months of payment checks or statements indicating the gross amount of the payment.
6. Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income.	A letter from the household's caseworker indicating the amount of assistance provided and the nature of the assistance, including specific amounts designated for shelter or utilities.
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.	A copy of the divorce decree / judgment listing the amount, period, and duration of alimony payments. A copy of the court order for child support payments, including the amount, period and duration of child support payments. A letter from the individual or organization outside of the household that provides a periodic payment. The letter should include the reason, amount, period and duration that the payments are expected to continue.
8. All regular pay, special pay, and allowances of a member of the Armed Forces.	A minimum of three (3) months consecutive paystubs.