



Please print and mail to:

Helping Hands

Iowa Valley Habitat for Humanity
 2401 Scott Blvd
 Iowa City, IA 52240
 (319)337-8949

Section 1: Homeowner/ Primary Residence Information	
Name:	Date of Birth:
Address:	Email Address: County:
Phone: Secondary:	Do you own your home? Yes/No If so, for how many years?
How many people live in your home?	
Are you a veteran of the United States Armed Forces? Yes/No	
Are you current with the mortgage payments on your home? Yes/No	
Are you current with property tax payments on your home? Yes/No	
Are you willing to support Iowa Valley Habitat for Humanity by greeting volunteers, helping to raise money in support of our programs, and/or working on construction projects? Yes/No	
Do you have current homeowner's insurance? Yes/No	
Are you willing and able to pay for part/all of the repair? Yes/No	



Section 2: Household Income and Mortgage Information

Iowa Valley Habitat for Humanity collects financial information to determine each applicant's eligibility. This information will remain confidential and will not be used for any reason other than to evaluate whether a candidate meets the program's criteria.

List ALL Household Members and ALL sources of income for adult members of the household. Include unearned income of minor children. DO NOT include earned income of minor children.

Income sources: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, Alimony, Other: amounts must be broken down per category per recipient.

Name	Date of Birth	Check if disabled	Check if U.S. Military Veteran	<u>Gross</u> Annual Income	Source of Income	Relationship to applicant
						Applicant

Total Household Income: \$

Attach verification of ALL household income for EACH ADULT in the house.

- Verification of income may include the most recent income tax return, monthly social security statement, other retirement income statements, three months of employment paycheck stubs, etc. (Please note on the attached statements if they represent annual, monthly, biweekly or weekly income.)
- If an adult of the household is a full-time student, please provide proof of student status.

Section 3: Assets	
Asset Type	Value
Checking Account: Bank:	
Savings Account: Bank:	
401(k)/ IRA:	
Stocks, Bonds, Mutual Funds, EFT's:	
Cash value of life insurance policies:	
Certificates of Deposit	
Trusts:	
Other:	

Section 4: Work Request	
<p>Do you have a disability or ailment that makes getting around your home difficult?</p> <p>If yes, please describe your disability or ailment and the areas of your home that are difficult to navigate.</p>	Yes/No

What other areas of your home would you like us to consider repairing/ altering?

Section 5: Proof of Home Ownership

It is Iowa Valley Habitat for Humanity policy to complete construction projects only on owner occupied homes. To verify that the home is owner occupied, the following documents are required:

- A copy of the deed to the home and/or a property tax receipt
- Proof of homeowner's insurance
- A copy of the utility bill

Section 6: Media and Publicity

If Helping Hands selects your project, pictures of you and your home may be taken. With your consent, IVHFH may share your story with media outlets or on our website.

Where did you learn about the Helping Hands program? (Please circle any that apply.)

TV Radio Newspaper Flyer Internet Friend/Neighbor Community Organization

Section 7: Funding

Helping Hands aims at providing an affordable alternative for home maintenance and accessibility. However, none of the work done by Iowa Valley Habitat is free. In some cases grant funding will offset materials costs. In order to keep projects affordable, Helping Hands may utilize volunteer labor and request that homeowners assist in fundraising efforts. When applicable, Iowa Valley Habitat will work with homeowners to create a manageable repayment plan:

- No interest loans are provided, when required, to cover material and minimal administrative costs.
- Loans are to be repaid with a monthly payment. The amount of the monthly payment is dependent on your ability to repay. This will be arranged prior to receiving service.

Disclaimer

IVHFH will perform a background check on the applicant and any adults living in the household. While all requests will be considered, an application's acceptance will depend upon the repair project. Iowa Valley Habitat for Humanity will assess the scope of the project and the final decision will be made at the discretion of IVHFH. Prior to beginning the project, a written agreement with details of the scope of work and repayment may be required.

Section 8: Applicant's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowners' insurance, I agree to sign the release and waiver of liability.

- I understand that submitting an application does not guarantee acceptance in the Helping Hands Program.

Applicant Signature

Date

Document Checklist

(items in italics are required)

Reason for Document	Document
Proof of Home Ownership	<ul style="list-style-type: none"> • <i>Copy of Deed and/or Property tax receipt</i> • <i>Proof of homeowner's insurance</i> • <i>Copy of utility bill</i>
Household Income	<p>The Following are required</p> <ul style="list-style-type: none"> • <i>Past two years' tax filings</i> • <i>Social Security letter</i> • <i>Three months of pay stubs</i> • <i>Three months of bank statements for each account</i> <p>The following (if applicable)</p> <ul style="list-style-type: none"> • Copy of legal award of child support • Copy of legal award of alimony • Award letter of food assistance • Award letter of welfare • Award letter of disability • Statement of investment income (dividend and annuity payments) • Award letter of Worker's Compensation • Award letter of pension payments
Asset Verification	<p>The following (if applicable)</p> <p>Account statements that provide proof of:</p> <ul style="list-style-type: none"> • Stocks • Bonds • Retirement Accounts • Pension funds • Checking Account • Savings Account • Life Insurance Policies
Completed Application	<i>Please review the application to ensure that every question is addressed.</i>