

HOME MAINTENANCE APPLICATION
His Helping Hands, Inc.

APPLICANT INFORMATION

Name of Homeowner(s): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Primary Qualifying Factor: ☐ Elderly (≥ 65) ☐ Disabled _____
(Please specify the disability)

Gender: ___ MALE ___ FEMALE

(Optional) Race: ___ White ___ Black ___ Indian ___ Hispanic ___ Asian ___ Other

List All Individuals Living in Home (Include yourself)	Monthly Income	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide proof of income for ALL PERSONS living in the home (example: copy of last year's Federal Income Tax Return, year end Social Security statements, Pension Statements, Interest Statements, and Unemployment Compensation statement). NOTE: Individual check stubs or W2's are NOT ACCEPTABLE.

PROPERTY INFORMATION

Do you have a mortgage? ___ YES ___ NO

Mortgage Lender: _____

Balance due (if any): _____

Contract for Deed* from (If applicable): _____

* Copy of Contract must be attached

Are your property taxes current? ___ YES ___ NO

If Not, what is the last year that was paid fully? _____

Please provide a copy of the first page of your insurance policy showing your address, insurance agent, coverage dates and amounts).

What are the four most important repairs you would like done to your home—in order of need?
(We do not replace roofs or make structural repairs)

1. _____
2. _____
3. _____
4. _____

Were you referred to us by anyone? _____

NOTE: We give priority consideration to elderly or disabled persons who meet income guidelines and who cannot do the repairs themselves and have no able-bodied family members who might do the work.

I/we verify 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 rejected. I/we authorize His Helping Hands to check any references necessary to complete processing this application for the purpose of receiving housing rehabilitation through its assistance program. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility to the program.

Further, I/we understand that submitting this form constitutes an “application only” to the program and that agreeing to a preview visit does *not* constitute acceptance to the program.

Signature of homeowner

Date

Signature of co-owner

Date

1. INCOMPLETE APPLICATIONS AND THOSE THAT DO NOT CONTAIN ALL DOCUMENTS WILL NOT BE PROCESSED. YOUR APPLICATION MUST INCLUDE:
 - Responses to all the questions on this Application Form
 - Verification of your household's annual income (please attach)
 - Verification of your homeowner's insurance (please attach)
2. FIRST CONSIDERATION WILL BE GIVEN TO *DISABLED* AND/OR *ELDERLY* PERSONS
3. APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH *COMPLETED* APPLICATIONS ARE RECEIVED
4. PLEASE RETURN THIS FORM AND ALL VERIFICATION MATERIAL TO:

**His Helping Hands Inc.
2527 W Rohmann Ave.
West Peoria, IL 61604**