

Dear Home Again Program Applicant:

An application fee of \$50 must accompany your completed application. This fee covers the cost of the administration, and the coordination of work for your project. In many cases, it is the only cost you will be responsible for. But if your project is small in scope and size, you may want to reconsider submitting this application and fee. If you do not qualify for the program, the \$50 application fee is returned to you.



HOME AGAIN Document Checklist

_____ A copy of your most recent paid water/sewer bills

_____ Copies of all of you paid property tax bills

_____ A copy of your homeowner's insurance statement

_____ A copy of the deed to your property (The applicant's name must appear on the deed as an owner.)

_____ A copy of your most recent federal tax return

All of the documents listed above must be included with your application in order to be considered for CV Habitat's assistance in the Home Again program.



Cumberland Valley Habitat for Humanity
39 Heisers Lane
Carlisle, PA 17015
717-258-1830



Application HOME AGAIN

Date received: _____
 More information requested? Yes No
 Date request letter sent: _____
 Date application completed: _____
 Date of home visit: _____
 Accepted Denied



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

**** Submission of a Program Application does not guarantee eligibility or acceptance.**

1. APPLICANT INFORMATION

Applicant's Name	Co-Applicant's Name
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Social Security Number: _____ - _____ - _____	Social Security Number: _____ - _____ - _____
Home Phone: _____ - _____ - _____	Home Phone: _____ - _____ - _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried

Dependents and others who live with you

Name	Age	Male	Female

Address (Street, city, state & ZIP code):

Number of years at this address: _____

2. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle): 1 2 3 4 5

Please check other rooms in the place where you live now:

Kitchen Bathroom Living Room Dining Room Other (please describe)

In the space below, describe what you need Habitat to do at your home?

3. DECLARATIONS

Please answer the following questions:

- Do you have any outstanding judgments? Yes _____ No _____
- In the last 7 years have you declared bankruptcy? Yes _____ No _____
- Have you had any property in foreclosure or have you signed over a deed or title in lieu of foreclosure? Yes _____ No _____
- Are you a co-signer or endorser on a note? Yes _____ No _____
- Are you a party in a law suit? Yes _____ No _____

Please explain any "yes" answers.

- Are you current on your public water/sewer bills? Yes _____ No _____
- Please provide a copy of your most recent paid water/sewer bills.
- Are you current on all of your property taxes? Yes _____ No _____
- Please provide copies of all of you paid property tax bills.
- Do you have homeowner's insurance? Yes _____ No _____
- Please provide proof of homeowner's insurance.

- Do you or does anyone in your family have a disability or disabilities that may adversely affect your ability to live independently or which may require special considerations in a home?
Yes _____ No _____
- If you answered yes, please check who in your family has the disability:
 Applicant
 Co-applicant/Spouse
 Dependent
 Other (Please specify): _____

Please explain the nature of the disability: _____

- Has this person been determined to have a disability by a government agency such as the state vocation rehabilitation agency, the Veteran's Administration or another similar agency?
Yes _____ No _____

Please provide a copy of the following documents:

- A copy of the deed to your property (The applicant's name must appear on the deed as an owner.)
- A copy of your most recent federal tax return

4. AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by filing this application, I am authorizing Cumberland Valley Habitat for Humanity to evaluate my actual need for assistance. I understand that the evaluation will include a personal visit to evaluate the requested improvements and a check of all documents provided. I have answered all of the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. The original copy of this application will be retained by Cumberland Valley Habitat for Humanity even if the application is not approved.

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Witness

Applicant

Date

Co-Applicant