

HOMESTAY INC. APPLICATION

Program Description – HomeStay is a program designed to keep people in their homes by making repairs that improve the living conditions of the house relating to safety, security and health. You must own your home and live in it.

Please answer the following questions:

- Yes No Are you the homeowner of the property in need of repairs?
- Yes No Do you currently live in the home in need of repairs?
- Yes No Are you current on your mortgage?
- Yes No Are you current on your homeowner's insurance premiums?
- Yes No Are you current on your property taxes?
- Yes No Is this a one-story home?

SECTION 1 - Homeowner information

Legal Name of Homeowner: _____

Birthdate: _____ Age: _____ Phone: _____

Home Address: _____ City: _____ ZIP: _____

Email address _____

Marital Status: Married Separated Unmarried (single, divorced, widowed)

Race/Ethnic Group:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- American Indian
- Hispanic
- Asian or Pacific Islander
- Other (please specify) _____

Is anyone in your household a veteran? Yes No Name _____

Is anyone in your household currently in the military? Yes No

If yes, name and branch of service _____

List the names, ages, and relationship to homeowner of all people living in the home.

(Attach a list if more space is needed).

Name/relationship _____ Age _____

Name/relationship _____ Age _____

Name/relationship _____ Age _____

Name/relationship _____ Age _____

Name/relationship _____ Age _____

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other")

- Uses a Walker, Cane, or Crutches Wheelchair Bound Blind
- Hearing impaired Loss of Limb Mentally Disabled
- Other (describe) _____

SECTION 3 - Household Income and Mortgage Information

The total, combined income before taxes for ALL persons living in the home is:

- \$ _____ Wages - including ALL adult members of household
- \$ _____ Self-employment
- \$ _____ Social Security or Railroad Retirement
- \$ _____ Unemployment benefits
- \$ _____ Supplemental Security Income (SSI) - Disability
- \$ _____ Pension, VA benefits, Insurance benefits
- \$ _____ TANF
- \$ _____ Other public assistance
- \$ _____ Alimony, Child support
- \$ _____ Other (please list) _____

TOTAL ANNUAL INCOME OF ENTIRE HOUSEHOLD (add amounts from list above)

\$ _____

NOTE: You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full-time student (provide proof of registration) and/or benefits for children.

SECTION 4 - House Information

Year purchased: _____ Year built: _____

Square footage: _____

Repairs Needed: _____

Do you plan to own and live in your house for the next two (2) years? Yes No

If answer is No, please give reason _____

SECTION 5 - Homeowner'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 confirm that, except for the conditions listed above, my home is a safe place for workers. To the extent permitted by law and without affecting the coverage provided by the required homeowner's insurance, I agree to sign the release and waiver of liability.

 Signature of Homeowner

 Date

HOMESTAY APPLICATION ADDENDUM

I certify that I understand that should the repairs on my home exceed \$5,000 a lien may be placed upon my home, at an amount determined by the HomeStay organization.

Homeowner

Date

FOR OFFICE USE ONLY:

Date application received: _____

Date application approved: _____

Date repairs begun:

Date repairs completed: