East Central Minnesota Habitat for Humanity
PO Box 529
Cambridge, MN 55008

Aging in Place
Participant Application

Questions: Call 763-689-0288 or anne.treadwell@ecmhabitat.org

SECTION 1 – Participant Information

Name of Participant:	**Date of Birth:**
Legal Name of Homeowner: (If separate from Participant)	**Date of Birth:**

Address: City: Zip:

County: Year you moved into your home:

Preferred Phone: ( ) -

Email:

SECTION 2 – Household Information

List the **name**, **birthdate** and **relationship** *to homeowner* of **all** people living in the home or on the title of the home: (attach a list if more space is needed). **Or check here ____ I live alone.**

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Has anyone in your household ever or are currently serving in the U.S. Military? ___Yes ___ No

Name(s): _____ Branch: _____

SECTION 3 – Household Finances

The *total, combined* income *before taxes* for ALL persons in the household is: $_____ per year.
Please include tax return from the previous year.
Please include two months of current bank statements.

Do you currently have homeowner's insurance? ___ Yes ____No
Name of Homeowner's Insurance Company _____

SECTION 4 – Health Information

Do you a disability, health condition, or impairment that has impact on your daily living? ___ Yes ____No
Explain:_____
_____

SECTION 5 – Race and Ethnicity

Please check per Applicant and Co-applicant:

☐ ☐ Black or African American ☐ ☐ American Indian or Alaskan Native

☐ ☐ Asian or Pacific Islander ☐ ☐ Hispanic

☐ ☐ White

SECTION 6 – Services Requested

Home Health and Safety Modifications/Repairs:

Please check areas of NEED:

Railings ____ Handrails ____ Grab Bars ____ Raised Toilet ____

Hand-held Shower ____ Better Lighting ____ Motion Lights ____ Lever Door Handles ____

Door Locks ____ Lift Chair ____ Accessible Ramps ____ Shower Chair _____ Other ____

Explain:_____

_____

_____

SECTION 7 – Media and Publicity – Your answers do not affect your acceptance into the program

Where did you learn about *East Central Minnesota Habitat for Humanity*?

☐ TV ☐ Radio ☐ Newspaper ☐ Local agency ☐ Family ☐ Friend/Neighbor ☐ Social Worker ☐ Clinic

☐ Facebook ☐ Website ☐ OTHER _____

If you qualify for East Central Minnesota Habitat for Humanity services, there may be opportunities to share your experience with the program and photos of your family and project for advocacy, marketing, and communication purposes. Are you willing to share your story?

☐ YES ☐ NO

SECTION 8 – Homeowner's Agreement

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we authorize East Central Minnesota Habitat for Humanity to examine my/our income, residency, and any other requirements throughout the application process. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I /we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize East Central Minnesota Habitat for Humanity to investigate my/our criminal history. As an applicant I/we acknowledge East Central Minnesota Habitat for Humanity has obtained non-public and public information for the application to be processed. I/we understand that East Central Minnesota Habitat for Humanity will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by my homeowners insurance, I agree to sign the release and waiver of liability.

_____ _____

Signature of Homeowner **Date**

Complete the following <u>if you are not the homeowner</u> but are assisting the homeowner to complete this application.

Your name/title: _____ **Relationship to Homeowner:** _____

Your email:	**Your daytime phone number:**	**Is the homeowner aware of this application?** ___ Yes ____No

East Central Minnesota Habitat for Humanity partners with community organizations and health providers to assist homeowners with home modifications and renovations to live safer in their homes.