



**Habitat**  
for Humanity®  
El Paso, Texas

8500 Dyer Ste. 82  
El Paso, TX 79904  
Office: 915-755-6633  
Email: info@habitatelpaso.org  
www.habitatelpaso.org

## REPAIRS APPLICATION

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.



### Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number - - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status ☐ single ☐ married ☐ separated ☐ widowed

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Is the applicant a veteran? ☐ YES ☐ NO

Monthly Income\$ \_\_\_\_\_

### Co-Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number - - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status ☐ single ☐ married ☐ separated ☐ widowed

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Is the co-applicant a veteran? ☐ YES ☐ NO

Monthly Income\$ \_\_\_\_\_

### All Members Living in Household

Name	Date of Birth

Do you own your home: ☐ YES ☐ NO

Improvements Requested:

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home improvements and my ability to pay the no-interest loan, if applicable. I understand that the evaluation will include personal visits and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and that, even if I have already been selected to receive a Habitat home improvement, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry and that, by completing this application, I am submitting myself and all persons listed to a criminal background check. All information will remain confidential and only used for purposes of establishing program eligibility. \* Proof of information provided on application might be requested upon application review.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE**

Date Application Received \_\_\_\_\_

Date of Family Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Property Assessment \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCEPTED ☐ DENIED ☐

Combined Monthly Bills	Amount per month
Mortgage	
Utilities (gas, electric, water)	
Phone/Internet/TV	
Car Payment	
Car Insurance	
Child care	
Food	
Student Loans	
Medical Expenses and Medical Insurance	
Alimony/Child Support	
Average Credit Card Payment	
<b>TOTAL</b>	

Applicant Employment Information
Employer's Name
Employer's Address
Employer's Phone
Type of Business
Years at this job
<b>Monthly Wages (gross) \$</b>

Co-Applicant Employment Information
Employer's Name
Employer's Address
Employer's Phone
Type of Business
Years at this job
<b>Monthly Wages (gross) \$</b>

Applicant Assets
Name of bank/Savings and Loan/Credit Union
Address
<b>Balance: \$</b>

Co-Applicant Assets
Name of bank/Savings and Loan/Credit Union
Address
<b>Balance: \$</b>

Applicant Monthly Income
Wages \$
Food Stamps \$
Social Security \$
SSI \$
Disability \$
Alimony \$
Child Support \$
Other \$
<b>TOTAL \$</b>

Co-Applicant Monthly Income
Wages \$
Food Stamps \$
Social Security \$
SSI \$
Disability \$
Alimony \$
Child Support \$
Other \$
<b>TOTAL \$</b>

PLEASE MAKE SURE ALL REQUIRED DOCUMENTATION LISTED ON APPLICATION INSTRUCTION SHEET  
ARE INCLUDED WITH APPLICATION