



200 Highway 71, Suite 3
Spring Lake Heights, NJ 07762

For Office Use Only: Referred by: _____ Phone #: _____ Application #: _____

SECTION 1 - Homeowner Information

Name of Homeowner:		Age:
Address:		Zip:
Telephone Numbers: H:	Number of Years at Address:	
Please include area code W:	Name of Neighborhood:	
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: _____	

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: _____

Is translation needed? Yes No If yes, what language: _____

SECTION 3 - Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs may we share it with them?
 Yes No





Unless you give us permission to share information with other organizations, your application will be kept confidential and will be used solely for the purpose of evaluating the acceptability of your home for repairs or painting by Coastal Habitat for Humanity.

SECTION 4 - Household Income

The total, combined income before taxes for **ALL** persons living in the home is: \$ _____ per **year**
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
(For instance, a 2009 income tax return, monthly social security statement, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.).

If, after review, you do not qualify because your income is too high, are you willing to purchase the paint and/or materials necessary to do your work? Yes No

SECTION 5 - House Information / Exterior

HOUSE INFORMATION	<u>House Exterior</u>		<u>Garage Exterior</u>																																			
<p>Place a large "X" over the house (below), which most resembles the size of your house.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  1 story </div> <div style="text-align: center;">  1.5 story </div> <div style="text-align: center;">  2 story </div> <div style="text-align: center;">  2.5 story </div> </div> <p>Year Purchased: _____ Year Built: _____</p> <p>Last Painted: _____</p>	<table border="0"> <tr> <th style="text-align: left;">Siding</th> <th style="text-align: left;">Trim</th> </tr> <tr> <td><input type="checkbox"/> wood</td> <td><input type="checkbox"/> wood</td> </tr> <tr> <td><input type="checkbox"/> brick</td> <td><input type="checkbox"/> vinyl</td> </tr> <tr> <td><input type="checkbox"/> shakes</td> <td><input type="checkbox"/> metal</td> </tr> <tr> <td><input type="checkbox"/> stucco</td> <td></td> </tr> <tr> <td><input type="checkbox"/> painted stucco</td> <td></td> </tr> <tr> <td><input type="checkbox"/> asbestos/slate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> aluminum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> vinyl</td> <td></td> </tr> </table>	Siding	Trim	<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> vinyl	<input type="checkbox"/> shakes	<input type="checkbox"/> metal	<input type="checkbox"/> stucco		<input type="checkbox"/> painted stucco		<input type="checkbox"/> asbestos/slate		<input type="checkbox"/> aluminum		<input type="checkbox"/> vinyl		<table border="0"> <tr> <th style="text-align: left;">Siding</th> <th style="text-align: left;">Trim</th> </tr> <tr> <td><input type="checkbox"/> wood</td> <td><input type="checkbox"/> wood</td> </tr> <tr> <td><input type="checkbox"/> brick</td> <td><input type="checkbox"/> vinyl</td> </tr> <tr> <td><input type="checkbox"/> shakes</td> <td><input type="checkbox"/> metal</td> </tr> <tr> <td><input type="checkbox"/> stucco</td> <td></td> </tr> <tr> <td><input type="checkbox"/> painted stucco</td> <td></td> </tr> <tr> <td><input type="checkbox"/> asbestos/slate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> aluminum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> vinyl</td> <td></td> </tr> </table>	Siding	Trim	<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> vinyl	<input type="checkbox"/> shakes	<input type="checkbox"/> metal	<input type="checkbox"/> stucco		<input type="checkbox"/> painted stucco		<input type="checkbox"/> asbestos/slate		<input type="checkbox"/> aluminum		<input type="checkbox"/> vinyl	
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<p>Parts of house and garage that need painting:</p> <p><input type="checkbox"/> House siding</p> <p><input type="checkbox"/> House trim (around doors, windows, overhangs, Etc.)</p> <p><input type="checkbox"/> Garage siding</p> <p><input type="checkbox"/> Garage trim (around doors, windows, Overhangs, etc.)</p> <p><input type="checkbox"/> Other _____</p>	<p>Repairs needed on exterior:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																					

SECTION 6 - Requested Repairs

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below may be considered for repair, but the final decision as to what work can be done will be at the discretion of Coastal Habitat for Humanity. **Volunteers are not professionals and may not be able to make all repairs.**

Please print

Area of Repair	Description
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, etc.</p> <p>Would you like an assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</p>	
<p>Roofing Repairs. Identify where roof leaks.</p>	
<p>Painting. List all interior rooms that require painting and any exterior painting requirements.</p>	

Landscaping. Describe any landscaping or cleanup work.	
Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.	
General Cleaning. Indicate if there is interior or exterior cleaning and/or trash removal required.	
Other. Identify other repairs requested but not listed above.	

SECTION 7 - Checklist

- Did you complete all six sections of this application?
- Did you sign the application? (Last page)
- Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Do you currently have homeowner's insurance? Yes No
- Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, Social Security receipts, retirement pay receipts, or other documentation of household income.
All adults, over the age of 18, must submit an income document (or prove current full time student status).

Section 8 – 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 have no present intention to move or offer my home for sale for at least three years.

I confirm that any physically able persons residing in my home or visiting for the project day may be expected to work alongside the volunteers.

I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Coastal Habitat for Humanity **MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.**

I hereby release Coastal Habitat for Humanity and all associated with it from any and all liability whatsoever.

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your Name:	Your daytime telephone #:	Is homeowner aware of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
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