



Aging in Place Application

Note: The person whose name is on this application must be one of the people who legally **owns** and **lives** in the house to be repaired.

SECTION 1 – Homeowner Information

Applicant's Name: _____

Birthdate: _____

Phone: _____ Email: _____

☐ Married ☐ Separated ☐ Widowed ☐ Single ☐ Divorced

Co-Applicant's Name: _____

Birthdate: _____

Phone: _____ Email: _____

☐ Married ☐ Separated ☐ Widowed ☐ Single ☐ Divorced

Has anyone in your household served in the Armed Forces?

☐ Yes ☐ No Who? _____ Branch _____

SECTION 2 – Residential Address (where you live and where repair work will be completed)

Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived here? _____ Year house was built _____

Who owns the home? _____ Number of Bedrooms _____

Type of home: ☐ Single story ☐ Two story ☐ Mobile home

SECTION 3 – Insurance

Do you have homeowner's insurance? ☐ No ☐ Yes

Insurance company _____

Policy # _____

You must own your own home and have Homeowner's Insurance to be eligible.

How did you hear about the Aging in Place program? _____



All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act. 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.

FOR OFFICE USE ONLY Date application received: _____

SECTION 4 – Special Accommodations and Requested Work

Description of requested work: _____

SECTION 5 – Household Income and Mortgage Information

The *total, combined income before taxes* for ALL persons in the household \$ _____
per **year**.

Please list all monthly income sources	Applicant	Co-applicant
Wages (list employer)	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Other:	\$	\$
Other:	\$	\$

Please list all monthly expenses		
Mortgage payment	\$	\$
Motor vehicle monthly payment		
Loans		
Other:		

SECTION 6 – Authorization

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 Habitat for Humanity of Douglas County (Habitat) to examine my/our credit history, 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 Habitat to investigate my/our criminal history. As an applicant I/we acknowledge Habitat has obtained non-public and public information for the application to be processed. I/we understand that Habitat 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 the required homeowners insurance, I agree to sign the release and waiver of liability.

Signature of Homeowner - Applicant

Date

Signature of Homeowner - Co-Applicant

Date



Documents Needed for Aging-in-Place Program Application

If you need assistance in completing the application, call the Habitat Office at 320-762-4255.

Please provide the following documents with your completed application

Habitat can make copies for you.

- Driver's License or Minnesota I.D. for all adult family members (18 years and older)
- Proof of Income (as applicable)
 - Two most recent pay stubs
 - Two most recent monthly bank statements/bank card summary reflecting monthly deposits of income
 - Most current Award Letter for income received from:
 - Social Security
 - SSI
 - Pension or Retirement
 - Disability (SSDI)
 - Veteran benefits
- Proof of insurance on the home
- Mortgage Statement, if a mortgage on the home, showing current.
- Divorce Decree (if applicable)

How to submit your application

Drop off in Dropbox at address below or mail your completed application and supporting documentation to:

Habitat for Humanity of Douglas County
1211 N Nokomis NE
Alexandria, MN 56308