



# 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: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Married    Separated    Unmarried (includes: single, divorced, widowed)

**Co-Applicant’s Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Married    Separated    Unmarried (includes: single, divorced, widowed)

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? \_\_\_\_\_

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 pledge 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.

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

<b>Please list all monthly expenses</b>	<b>Applicant</b>	<b>Co-applicant</b>
Mortgage payment	\$ _____	\$ _____
Motor vehicle	_____	_____
Credit Card	_____	_____
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
  - Most current Award Letter for income received from:
    - Social Security
    - SSI
    - Pension or Retirement
    - Disability (SSDI)
    - Veteran benefits
- Proof of insurance on the home
- Divorce Decree (if applicable)

### How to submit your application

Bring or mail your completed application and supporting documentation to:

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