

Ramp and Repair Application

Applicant Information					
Name:					
Address:	_City:	_State:	_Zip:		
Years at Address: Email: Do you own the home where work is to be done?	□ No				
Do you live in this home where work is to be done?	☐ No				
Home Phone: Work Phone:	Cell: _				
Date of Birth: Email:					
Is anyone in your household a veteran? Yes No Name:					
Do you have pets? If yes, what kind (dog, ca	it, etc.) and how m	any?			
Number of persons living in your home (including applicant):					
Please describe the type of repair you are applying for:					
Have you every applied to Habitat for Humanity? If yes, when?					
Have you applied to Community Action Team or any other agency for this project? Yes No					
Are you currently eligible for Medicaid? Yes No Do you have a caseworker? Yes No					
Housing expense					
Are you making loan payments on your home? Yes 1	No				
Are your loan payments current? Yes No					
What is your monthly mortgage payment?					
What is your monthly space rent?					

Anticipated Gross Monthly Income

List the names, relationship to applicant, ages, and monthly gross income of all people living in the home. You must provide proof of all household income.

Name	Relationship	Age	Gross Monthly Income (before taxes)	Income Source (Employment income, Social Security, SSI, Child Support, Veteran's Benefits, etc.)		
	Self					
I certify that the income reported above represents 100 percent of the total monthly income for my household:						
Applicant Signa	Applicant Signature Date		ate			
Permission to Refer						
If your needs can be met more appropriately by another program, may we share your application with them? Yes No Unless you give us permission to share your information with other organizations, your application will be kept						
confidential.						

Photo / Video Release						
I, the homeowner, hereby grant and convey in perpetuity to Habitat for Humanity all right, title, and interest in any and all photographic images, use of homeowner's name, printed interviews or statements, and video or audio recordings made by Habitat and/or its agents, contractors, directors, employees, officers, volunteers, and other representatives in the course of performing the Work (described in the pre-work agreement form, to be signed before beginning any work), including, but not limited to, any royalties, proceeds or other benefits derived from such photographs, printed materials or recordings.						
Homeowner's Name (Printed)	Homeowner's Signature	Date				
Homeowner's Name (Printed)	Homeowner's Signature	Date				

Paperwork Needed for Application

You will need to provide proof of total household income by providing copies of the supporting documentation listed below. Your application will be considered incomplete if copies of supporting documentation are not provided with the application.

If you need assistance in completing the application, please call Columbia County Habitat for Humanity at (971) 203-0020.

Provide the following documents when you return your application:

- Copies of Driver's License and/or Oregon ID for each homeowner
- Proof of Income (as applicable)
 - Copies of current Award Letters or most recent stubs for:
 - Social Security
 - SSI
 - Pension or Retirement
 - Disability (SSDI)
 - Child Support
- Copies of Pay Stubs for the most recent two months
 - DD214 form if Veteran

Send completed application along with supporting documentation to:

Columbia County Habitat for Humanity

PO Box 921

St. Helens, OR 97051

Please list all Assets described in the Asset Limits Policy Attached	
Asset Description	Value
Affiliations	
Ailliations	
Funding for ramps comes from many sources, homeowners, churches, but other non-profit organizations. Please list all memberships or affiliations.	sinesses, clubs, civic groups and

Asset Limits Policy for Family Selection New Construction, Home Preservation or Critical Home Repair

Assets Limits Policy

Households are eligible for access ramps if their income is below 60% of the HUD Area Median Income. CCHFH allows applicable assets to be considered as a reasonable portion of an applicant's household income. An Asset Formula for consideration of those assets allows for a consistent, objective manner so that CCHFH may fairly consider a household's eligibility.

Types of assets included in consideration:

- Bank accounts
- Credit Union accounts
- Money market accounts
- Stocks
- Real estate property
- Personal property (mobile home, boat, etc.)

Types of assets excluded from consideration:

The following types of assets will be <u>excluded</u> from the asset test, unless the applicant is dependent on that income to qualify and such income is used to support the family at the time of application.

- Retirement accounts
- School savings accounts
- Automobile
- Furniture or related personal items

CCHFH and its banking partners reserve the right to assess situations on an individual basis in a manner consistent with this policy and the CCHFH Partner Family Selection Criteria and Process.