



APPLICATION

The information on this application will help us determine if you qualify for our Rock the Block® housing assistance program. **Please send completed application and income verification (last 3 months of pay stubs or SSI beneficiary note)** to the address at the bottom of this page. All information will be kept confidential. Incomplete applications or missing documents will delay or disqualify applicant(s).

APPLICANT & DEMOGRAPHIC INFORMATION:

Applicant Name (Last, First):	Co-Applicant Name (Last, First):
Applicant Home Address (Street, City, Zip):	
Applicant Home Phone:	Email Address:
Applicant Cell Phone:	Co-Applicant Cell Phone:
Total # of People Living in Household:	Is there a disabled person living in the household? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list all individuals living in the home:

Name (First Last)	Race	Gender	Date of Birth (mm/dd/yy)	Head of House	Gross Monthly Income	Veteran or Active Military
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				



ASSISTANCE NEEDED:

- Accessibility
 Weatherization
 Water Heater
 Furnace
 Electrical
 Plumbing
 Exterior Repair
 Exterior Painting
 Landscaping
 Roof
 Tree Removal
 Other: _____

WILLINGNESS TO PARTNER:

To be considered for Greater Des Moines Habitat for Humanity's Rock the Block® housing assistance, you and your family **must be willing to compete a TWO (2) hour Financial Course AND a minimum of SIX (6) hours of Sweat Equity**. Homeowners' completing their sweat equity helps Habitat for Humanity continue its fight on impoverished housing by keeping the work force volunteer driven.

I am willing to complete the required Financial Course and Sweat Equity: YES NO

PROPERTY INFORMATION:

- I own my home and do not have a mortgage
 I own my home and have a mortgage
 I am buying my home on contract *(complete contract holder information below)*

Contract Holder Name:	Contract Holder Address:
Contract Holder Phone Number:	Contract Holder Agrees to Improvements: <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZATION AND RELEASE:

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for assistance, my ability to repay the no interest loan, if applicable, and my willingness to partner. I understand that the evaluation may include personal visits, a credit check and employment verification. I have answered all the questions on this application 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, I may be disqualified from the program.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on this application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the application to a criminal background check.

 Applicant Signature
 Date
 Co-Applicant Signature
 Date

FOR OFFICE USE ONLY – do not write in this space

Date received:	Accepted/Denied:
Neighborhood:	Median Income: