

HOMEOWNER APPLICATION FORM

INFORMATION ABOUT THE APPLICANT(S)

Name of Homeowner(s): _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

(If there is no phone, please specify how we may contact you)

Do you own the home outright? Yes No

Are you buying the home? Mortgage Lender _____

Contract for Deed * From: _____

* Copy of contract must be attached.

Are your property taxes current? Yes No

Primary Qualifying Factor: Elderly (65 or older) Disabled _____

(Please specify the disability)

Gender: Male _____ Female _____

Race: White _____ Black _____ Indian _____ Hispanic _____ Asian _____ Other _____

Name(s) of All Individuals Living in Home (including yourself)	Income	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

You must provide proof of income for ALL PERSONS living in the home (example: copy of last year's Federal Income Tax Return, year end Social Security statements, pension statements, Interest Statements, or Unemployment Compensation statement). NOTE: Individual check stubs or W2's are NOT ACCEPTABLE.

Homeowner's insurance company: _____

Homeowner's insurance policy number: _____

Homeowner's insurance coverage period: _____

You must provide proof of homeowner's insurance (copy of the first page of your insurance policy showing your address, insurance agent, coverage dates and amounts). (Over please)

INFORMATION ABOUT THE PROPERTY

What are the four most important repairs you would like done to the home?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Who referred you to us? _____

I/we verify that the above information is true and correct to the best of my/our knowledge. I/we realize that failure to provide all information requested could result in our application being rejected. I/we authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through His Helping Hands assistance program. I/we also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility to the program.

Further, I/we understand that the submission of this form constitutes an application to the program. Completing an application and agreeing to a preview visit does not constitute acceptance to the program.

Signature(s) of homeowner(s) Date

APPLICATIONS THAT DO NOT CONTAIN ALL DOCUMENTS WILL BE RETURNED.

- To be COMPLETE, your application must include:
- Reponses to all the questions on this application form
 - Verification of your household's annual income (please attach)
 - Verification of your homeowner's insurance (please attach)

PLEASE RETURN THIS FORM TO:

His Helping Hands Inc.
2527 W Rohmann Ave.
West Peoria, IL 61604

Priority is given to elderly or disabled people that meet income guidelines and who cannot do the repairs themselves and have no able-bodied family members who might do the work.

His Helping Hands Inc. does not make structural repairs.