



*Now More Than Ever.
Help Build It!*

Home Repair Program

Habitat charges for the cost of materials, any equipment, supervisor labor, and an administrative fee. A small down payment is required before work begins, and based on your income, the project's cost will be amortized with a monthly payment. If you pay in full at project completion, you will receive a 10% discount.

Habitat requires sweat equity hours as part of your Home Repair project. For the first \$1,000 of project cost, each adult member must contribute 8 hours. For every additional \$1,000 of project cost, an additional 2 hours per adult member is required. Also, one-quarter (1/4) of the total hours must be completed before work begins. If unable to work, family and friends can contribute these sweat equity hours.

You must own your home and plan to remain in your home for the next two years. If your project exceeds \$5,000, homeowners insurance is required, and repayment will be secured with a mortgage.

The process starts with a submitted application. If you qualify, we will schedule a home assessment with you to personally discuss and prioritize your home repairs. Final approval is contingent upon this in-person assessment of the required work and associated costs.

610 E. Omaha Street, Rapid City, SD 57701

Phone: (605) 348-9196 Fax: (605) 721-6949 www.blackhillshabitat.org



Black Hills Area Habitat for Humanity
 610 E. Omaha Street | Rapid City, SD 57701
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Application

HOME REPAIR



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.

Dear Applicant: Black Hills Area Habitat for Humanity Inc. offers home repair assistance to eligible applicants. Please fill out the application as completely and accurately as possible and submit the supporting documents listed in section 10.

1. APPLICANT INFORMATION

Applicant		Co-Applicant	
Applicant's Legal Name		Co-Applicant's Legal Name	
Social Security Number	Birthdate	Social Security Number	Birthdate
Gender	Cell Phone ()	Gender	Cell Phone ()
Home Phone ()	Work Phone ()	Home Phone ()	Work Phone ()
Email address		Email address	
Address (Street, City, State, Zip code)			

2. HOUSEHOLD RESIDENT INFORMATION

Full Name	Relationship to Applicant	Birthdate mm/dd/yyyy	Veteran Y/N	Disabled Y/N

3. WILLINGNESS TO PARTNER

To be considered for the Home Repair program, you and your household members must be willing to complete a certain number of "sweat equity" hours based on the total cost of the repairs. Your partnership in assisting with the repairs, working in the BHAHFH office or Restore, providing meals, or participating in other approved activities is sweat equity.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS	Homeowner	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Homeowner	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS & REPAIRS NEEDED

Do you own your home? Yes No Please specify if your home is a mobile home or stick built home -

Do you have homeowner's insurance? Yes No What year was your home built or manufactured?

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the home:

Kitchen Bathroom Living Room Dining Room Other (please describe) _____

Please provide a detailed description of requested repairs. In the left-hand column, label each in order of importance, with 1 being the most important. If necessary you may attach an extra sheet.

5. EMPLOYMENT INCOME

Applicant		Co-Applicant	
Name of Current Employer	Years on This Job	Name of Current Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name of Former Employer	Years on This Job	Name of Former Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

6. MONTHLY INCOME AND MONTHLY BILLS

Please provide copies of all income statements and monthly bills.

	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income				Mortgage Payment/Lot Rent	
TANF				Water/Trash	
Food Stamps				Utilities (Gas & Electric)	
Social Security				Cable/Phone/Internet	
SSI				Food	
Disability				Average Credit Card Payment	
Alimony				Alimony/Child Support	
Child Support				Insurance (car & home)	
Other				Cell Phone	
TOTAL:				TOTAL:	

7. DEBT

To Whom Do You and the Co-Applicant Owe Money?

COLUMN 1			COLUMN 2		
Mortgage	Monthly Payment	Unpaid Balance	Medical	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
Months left to pay:			Months left to pay:		
Car	Monthly Payment	Unpaid Balance	Student Loans	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
Months left to pay:			Months left to pay:		
Furniture, Appliances & Electronics	Monthly Payment	Unpaid Balance	Job-related expenses	\$ /month	
	\$	\$	Child Care, Union Dues, etc.	\$ /month	
			Column 2: Subtotal of Payments	\$ /month	
	Months left to pay:		Column 1: Subtotal of Payments	\$ /month	
Column 1: Subtotal of Payments	\$ /month		Total Monthly Expenses	\$ /month	

8. DISABILITIES

Please describe any disabilities below.

9. PERSONAL STATEMENT

Please write a brief explanation of how the repairs will positively impact you & your household members.

10. APPLICATION CHECKLIST

Please include **ALL** of the following documents with your application. Failure to provide the following information will slow the processing of your application & may result in denial based on your application being incomplete.

- Proof of Income:
 - Latest tax return if within 6 months of applying, or 6 weeks' worth of pay stubs
 - Disability/Social Security/SSI income Benefit Letter
 - Child Support/Alimony
 - Any other income (bank statements)
- Copies of your most recent utility bills & any other financial statements such as auto loans, insurance, & credit cards
- Copy of Homeowner's Deed or Title
- Copy of Homeowners Insurance (Declaration Page)
- Sign and date application. Applications will be considered incomplete if not signed
- Copies of Identification:
 - Copy of a government issued photo ID showing name, address and date of birth
 - Copy of a government issued identification number, such as a Social Security card

11. HOMEOWNER'S AGREEMENT

I certify that the information on this application, to the best of my knowledge, is accurate and that I have no intentions of selling my house for the next 3 years. I understand that if I am approved for BHAHFH's Home Repair program I will be required to complete sweat equity hours and will be subject to the terms of the Home Repair program, including making a monthly payment.

Applicant Signature

____/____/____
Date

Co - Applicant Signature

____/____/____
Date

12. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested by the federal government for loans related to the purchase of a home or home repairs in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish the information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<p style="text-align: center;"><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorce, widowed)</p> <p>Veteran Status:</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Guard/Reserve <input type="checkbox"/> Retired</p> <p>Branch: _____</p> <p>Final Rank: _____</p>	<p style="text-align: center;"><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorce, widowed)</p> <p>Veteran Status:</p> <p><input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Guard/Reserve <input type="checkbox"/> Retired</p> <p>Branch: _____</p> <p>Final Rank: _____</p>

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: Midwest Region, Federal Trade Commission, 230 South Dearborn Street, Suite 3030, Chicago, IL 60604 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X _____
Print Name: _____
Date: _____

X _____
Print Name: _____
Date: _____

Gramm-Leach-Bliley Act Notice
~ *Privacy Statement and Notice* ~

At Black Hills Area Habitat for Humanity, Incorporated, we are committed to keeping your information private. We recognize the importance applicants, program families and homeowners place on the privacy and confidentiality of their information. While new technologies permit us to more effectively serve you, we are committed to maintaining privacy standards that are synonymous with our mission and reputation.

We collect nonpublic personal information from you from the following sources:

- information we receive from you on application or other forms;
- information about your transactions with us;
- information we receive from a consumer reporting agency or title company.

We may disclose the following kinds of nonpublic personal information about you:

- information we receive from you on application or other forms (e.g., your name, address, social security number, assets, debts, income, etc.);
- information about your transactions with us (e.g., your loan balance, payment history, etc.); and
- information we receive from a consumer reporting agency or title company (e.g., judgments, creditworthiness, credit history, etc.).

We do not disclose any nonpublic personal information about our homeowners or homebuyers to anyone else, except as permitted by law.

We may disclose nonpublic personal information about you to the following types of third parties:

- financial service providers (e.g., mortgage serving agents, escrows, etc.); and
- nonprofit organizations or governments; and
- our attorneys

We may also disclose nonpublic personal information about you to nonaffiliated third parties as permitted by law.

If you prefer that we do not disclose nonpublic personal information about you to nonaffiliated third parties, you may opt out of these disclosures --that is, you may direct us not to make these disclosures, other than disclosures permitted by law. If you do wish to opt out of disclosures to nonaffiliated third parties, you may write us at Black Hills Area Habitat for Humanity, 610 E Omaha St, Rapid City, SD 57701 or call (605) 348-9196.

We restrict access to nonpublic personal information about you to:

Black Hills Area Habitat for Humanity's agents and employees that need to know that information for our services to you; and disclosures to other nonaffiliated third parties as permitted by law.

We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

This notice is in conformity "with the Gramm-Leach-Bliley Act
15 U.S.C. §§ 6801, *et seq.*, 16 C.F.R. §§ 313.1-313.18

Feel free to contact the Black Hills Area Habitat for Humanity office with any questions or concerns regarding this notice. Black Hills Area Habitat for Humanity sends these notices on an annual basis, consistent with federal law.



USE OF INFORMATION DISCLOSURE AND OPTIONS

Black Hills Area Habitat for Humanity Inc. (BHAHFH) is interested in collecting applicant information for the purpose of conducting a long term study regarding the benefits of homeownership. The study will be conducted by Hamilton Data Group. BHAHFH wishes to use the data trends revealed by the study for grant purposes, which will allow us to increase our capacity to provide affordable homeownership, and to impact public policy regarding affordable homeownership.

Information collected and utilized includes:

- Your name
- Your age or date of birth and those of your household members
- Your household members, including minor children
- Your address
- Your professional or employment-related information
- Your educational information
- Your veteran status
- Information which can be gained from social media, public records, or other search engines based on your name, address, employment, veteran status, and education.

You have a choice to allow BHAHFH to use your information in the above stated manner **OR** to opt out of your information being used in the above stated manner. Please select your choice below:

- Yes, I give my permission for BHAHFH to use the above information for the purpose of conducting a long term study.
- No, I would like to **OPT OUT** of my above information being used for the purpose of conducting a long term study.

*Please note your information may be used (depending on your response above) whether your application is **approved OR denied**.

Your response above will have **NO** bearing on whether your application is approved or denied. Your status as a BHAHFH Partner Family is based **SOLEY** on your **financial eligibility, ability to pay, need for housing, and willingness to partner with BHAHFH**.

Your information will **NOT** be sold or given to any advertisers or marketing companies. It will be provided only to Hamilton Data Group for the purpose of the study.

If you have any questions regarding this Disclosure, please contact the Homeowner Services Administrator at (605) 348-9196.

Date: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

Printed Name of Co-Applicant: _____

Signature of Co-Applicant: _____