

DOCUMENTATION NEEDED TO PROCESS APPLICATION

PROOF OF RESIDENCY – EXAMPLE: BILL WITH NAME ON IT

PROOF OF INCOME- EXAMPLE: PAY STUBS, W-2'S, CHILD SUPPORT, SOCIAL SECURITY, RETIREMENT, FOOD STAMPS, SSI, DISABILITY, ETC.

FEMA LETTER IF YOU HAVE APPLIED (APPROVAL OR DENIAL)

INSURANCE CLAIM DECISION IF YOU HAVE HOMEOWNER'S INSURANCE (APPROVAL OR DENIAL)

PLEASE CONTACT BRITTNEY GALBREATH (FAMILY SERVICES DIRECTOR OF HABITAT FOR HUMANITY OF SCOTLAND COUNTY) WITH ANY CONCERNS OR QUESTION AT 910-276-3337 MON-FRI 10AM-3PM.



Roof Repair Ministry Application

Roof Repair Ministry Application

Applicant Information

(Applicant must be homeowner living in the home)

Name: _____

Today's date: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Date of Birth: _____ Age: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

Co- Applicant Information

(Co-Applicant must be second homeowner living in the home)

Name: _____

Today's date: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Date of Birth: _____ Age: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

Is your name on the deed of the home?

YES NO

Please List All Individuals Living in the Home

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Do they have a physical disability?</u>	
			Yes	No
			Yes	No
			Yes	No

Please Answer the Following Questions Pertaining to your Home

Do you own and are currently living in the home that is in need of roof repairs? YES NO	How long have you owned your home?
Do you have homeowner Insurance? YES NO	Name of Company:
Have you contacted you home Insurance company about repairing you roof? YES NO	Results:
If No, explain Why.	
Have you contacted FEMA about repairing you roof? YES NO	Results:
If No, explain Why.	

Employment Information		
	<u>Applicant</u>	<u>Co-Applicant</u>
Name of Current Employer		
Address of Current Employer		
Phone Number		
Years of Employment		

Monthly Income		
<u>Income Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>
Wages	\$	\$
Income source	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Retirement/Pension/VA	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Food Stamps	\$	\$
TANF	\$	\$
Other:	\$	\$
<i>Total</i>	\$	\$

Monthly Expenses		
<u>Expense Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>
Mortgage	\$	\$
Property Tax	\$	\$
Home Insurance	\$	\$
Health Insurance	\$	\$
Auto Insurance	\$	\$
Car Payment	\$	\$
Gas	\$	\$
Electric	\$	\$
Water	\$	\$
Phone/Mobile	\$	\$
Internet/Cable	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Medical/Prescription	\$	\$

