DOCUMENTATION NEEDED TO PROCESS APPLICATION

PROOF OF RESIDENECY - EXAMPLE: BILL WITH NAME ON IT

PROOF OF INCOME- EXAMPLE: PAY STUBS, W-2'S, CHILD SUPPORT, SOCIAL SECURITY, RETIREMENT, FOOD STAMPS, SSI, DISABILTIY, 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:	
	State:
Zip Code:	_
Date of Birth:	Age:
Email:	
Primary Phone:	
Secondary Phone:	
	cant Information cond homeowner living in the home)
Name:	
Today's date:	
Address:	
City:	
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>Gend</u>		
		<u>er</u>	physical d	<u>isability?</u>
			Yes	No
			Yes	No
			Yes	No

Please Answer the Following Questions Pertaining to your Home		
Do you own and are currently	How long have you owned your	
living in the home that is in	home?	
need of roof repairs?		
YES NO		
Do you have homeowner	Name of Company:	
Insurance?		
YES NO	Deculto	
Have you contacted you home	Results:	
Insurance company about repairing you roof?		
YES NO		
If No, explain Why.		
in ito, explain trily.		
Have you contacted FEMA about	Results:	
repairing you roof?		
YES NO		
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		
Income Source	Applicant	Co-Applicant
Wages	\$	\$
Income source	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Retirement/Pension/VA	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Food Stamps	\$	\$
TANF	\$	\$
Other:	\$	\$
Total	\$	\$

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

Food	\$ \$
Other:	\$ \$
Total	\$ \$

Please describe how participating in the Habitat for Humanity of Scotland County Roof Repair Ministry will improve the overall health, safety, and quality of life for you and your family	
Authorization Py Signing holow I (wo) authorize Habitat for Humanity of	
By Signing below, I (we) authorize Habitat for Humanity of Scotland County will:	
 Evaluate my actual need for the Habitat for Humanity of 	
Scotland County Roof Repair Ministry ProgramRetain the original or a copy of this application, even if not	
approved, for the appropriate amount of time.	
I am confirming I have answered all the questions in this application truthfully. I understand if I have not answered the questions truthfully, my application may be denied, even if I have already been selected to receive a roof repair.	
Applicant Signature: Date:	

Date:

Co-Applicant Signature: