HOME PRESERVATION PROGRAM APPLICATION

Applicants who believe they meet the initial requirements may complete a Home Repair Application and return required materials via U.S mail, drop off at Habitat for Humanity of Waukesha and Jefferson Counties, 2020 Springdale Rd, Waukesha, WI 53186 or email to Repair@habitatwaukesha.org

The application materials, including requested documentation, will be reviewed by HFHWC staff. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

This application is to qualify income.

Please reach out to Repair@habitatwaukesha.org for any additional questions.

Section A. Documentation Requirements and Checklist

Applicant must own their home in Waukesha County.

- ❑ Include proof of ownership with the application.

Applicant must reside in the home for which repairs are requested.

- ❑ Include proof of insurance with the application (Declaration page)
- ❑ Include verification of residence with the application. (Utility bill)

Applicant must meet the income guidelines – refer to income guidelines table below.

- ❑ Include 2 month's most recent pay stubs for each household member employed with the application. Every individual over the age of 18 that is residing in the home and working must be included.
- ❑ Include the most recent tax returns
- ❑ Include 3 months checking bank statements
- ❑ If applicable, include documentation of non-employment income or assistance with the application, if the residents over 18 years of age are not working and receiving benefits [SSI,SSDI, TANF, child support, Pension/Retirement, Medicaid, etc.]

Household Income	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Under 80% AMI	$57,200	$65,400	$73,550	$81,700	$88,250	$94,800

Household Members
Please list all individuals living in the household & date of birth
1.
2.
3.
4.
5.
6.

Section B. Home Information

Best Telephone No.			
Home Address			
Citv		**Zip Code**	
Legal Owners (Names on Deeds)			

		Number and Types of Work Spaces in Home		**Number and Types of Living Areas in Home**				**Number and Types of Pets Dwelling at the Home**	
Year Built		**Garages**	#	**Bedroom**	#	**Family Room**	#	**Dogs**	#
Year Purchased		**Carports**	#	**Kitchen**	#	**Living Room**	#	**Cats**	#
Homeowner's Insurance		**Sheds**	#	**Dinette/ Breakfast**	#	**Den**	#		
Carrier		**Barn**	#	**Dining Room**	#	**Office**	#		
Policy No.		**Other:**		**Full Bath**	#	**Other:**			
				Half Bath	#				

	Are any of the pets in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?	Yes ❑ No ❑
	Are any of the residents in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?	Yes ❑ No ❑
	Would youth volunteers be welcomed as members of the repair team?	Yes ❑ No ❑
	Do any member of the household have a physical disability?	Yes ❑ No ❑
	Are property taxes paid up to date?	Yes ❑ No ❑
	Do you own other real estate property?	Yes ❑ No ❑
If yes, what is the address?	Street: City: State: Zip:	

Have you ever been granted funds from County of Waukesha or City of Waukesha for home repair purposes? Yes ❑ No ❑

If so, how much? _____

Please indicate if there are any known code violations at the home that have not been addressed.

Briefly describe the repairs necessary and why you are asking for Habitat for Humanity to assist you with the repair.

Are there any special instructions or information that the repair team should know prior to entering the home? If so, please describe below:

Yes ❑ **No** ❑

Section C. Sweat Equity and Partnership

Your help in renovating your home and the homes of others is called sweat equity. To be considered for the Habitat for Humanity repair program you must be willing to complete a determined number of "sweat equity" hours set for the value of services rendered, on your home or the homes of other Habitat families. Other family members or friends can help you in accumulating sweat equity hours. This may include landscaping, construction work, painting, attending educational sessions, working in the Habitat for Humanity of Waukesha County office or ReStore, or other approved activities.

Note: ***Reasonable accommodations will be made for people with disabilities who may be unable to perform "sweat-equity" hours or certain physical activities. Other family members or friends may help fulfill the hours or other activities will be substituted. Further information will be provided at a meeting with the applicant.***

Applicant	**Are you willing to complete sweat equity hours?**	**Yes** ❑ **No** ❑
	Will you be willing to take home ownership classes?	**Yes** ❑ **No** ❑
	Are you willing to be a partner with Habitat for Humanity of Waukesha County?	**Yes** ❑ **No** ❑
	Did you serve, or is currently serving, in the military	**Yes** ❑ **No** ❑
	Are you willing to be present and participate in a home interview?	**Yes** ❑ **No** ❑
	Are you willing to be present and provide access to the home for a repair assessment?	**Yes** ❑ **No** ❑
Co-Applicant	**Are you willing to complete sweat equity hours?**	**Yes** ❑ **No** ❑
	Will you be willing to take home ownership classes?	**Yes** ❑ **No** ❑
	Are you willing to be a partner with Habitat for Humanity of Waukesha County?	**Yes** ❑ **No** ❑
	Did you serve, or is currently serving, in the military	**Yes** ❑ **No** ❑
	Are you willing to be present and participate in a home interview?	**Yes** ❑ **No** ❑
	Are you willing to be present and provide access to the home for a repair assessment?	**Yes** ❑ **No** ❑
Other Adults over the Age of 18 Residing in the Household	**Are other adults over the age of 18 residing in the household willing to complete sweat equity hours?**	**Yes** ❑ **No** ❑

Will any of these persons require reasonable accommodations? Yes ❑ No ❑

Section D. Personal Statement

Please write a brief explanation of why you feel you should be selected for assistance and how it will help you. If you need additional space, use the back side of this page.

Section E. Commitment Statement and Signatures

By signing or typing my name in the space provided below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal from the program and to such other penalties as may be prescribed by law or policies of Habitat for Humanity of Waukesha County.

Applicant's Signature **Date** / /

Co-Applicant Signature **Date** / /

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information
Race (applicant may select more than one racial designation):	**Race** (applicant may select more than one racial designation):
☐ American Indian or Alaska Native	☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander	☐ Native Hawaiian or other Pacific Islander
☐ Black/African-American	☐ Black/African-American
☐ White	☐ White
☐ Asian	☐ Asian
Ethnicity:	**Ethnicity:**
☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Sex:	**Sex:**
☐ Female ☐ Male ☐ Other	☐ Female ☐ Male ☐ Other
Birthdate: _____/_____/_____	**Birthdate:** _____/_____/_____
Marital status:	**Marital status:**
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)	☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Home Preservation program and my ability to repay an affordable loan.

I understand that the evaluation will 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 I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity completes background checks and screens all applicants on the sex offender registry . By completing this application, I am submitting myself to such an inquirys. I further understand that by completing this application.

I hereby authorize Habitat for Humanity of Waukesha County to disclose and/or receive in good faith any information they may have regarding my application for the Habitat Preservation program with any third parties associated with the homeownership program, such as third party lenders and/or not-for-profit credit counseling agencies. This information may include my name, address, telephone number, social security number, FICO score, loan data, credit report, income, account balances, and program eligibility. I understand that some or all of this information may be shared with third parties for any purpose that Habitat for Humanity of Waukesha County deems reasonable and necessary in order to provide services and information that may benefit myself as a participant in the Habitat for Humanity Preservation program.

Name (please print): _____

Maiden Name (or other names used): _____

Date of Birth: _____

Social Security Number: _____

Applicant signature Date

X _____ _____

Name (please print): _____

Maiden Name (or other names used): _____

Date of Birth: _____

Social Security Number: _____

Co-applicant signature Date

X _____ _____

YEAR 2025

CLIENT INCOME CERTIFICATION OF FAMILY SIZE AND INCOME
(For CDBG Federally-Funded Programs in Waukesha County)

AGENCY NAME: _____Funded Program: _____

The following information is needed because we are a government-funded agency and they require that we verify the income of the clients that we serve.

MY CURRENT FAMILY SIZE AND INCOME LEVEL IS CIRCLED BELOW: (Circle the appropriate number in your family and income level). Reportable income includes wages, salaries, pensions, child support, rental income, investment income.

CERTIFICATION OF FAMILY SIZE AND INCOME

Family Income (at time of entry into your CDBG program) - Circle number of related individuals living in your home, and Family Income

HUD Income Limits effective June 1, 2025

NUMBER IN HOUSEHOLD	EXTREMELY LOW INCOME LEVEL	LOW INCOME LEVEL	MODERATE INCOME LEVEL	NON LOW MODERATE INCOME LEVEL
1	$ 23,250	$ 23,251- $38,750	$ 38,751 - $ 62,000	Over $62,000
2	26,600	26,601 - 44,300	44,301 - 70,850	Over $70,850
3	29,900	29,901 - 49,850	49,851 - 79,700	Over $79,700
4	33,200	30,651 - 55,350	55,351 - 88,550	Over $88,550
5	35,900	35,900 - 59,800	59,801 - 95,650	Over $95,650
6	38,550	38,551 - 64,250	64,251 - 102,750	Over $102,750
7	41,200	41,201 - 68,650	68,651 - 109,850	Over $109,850
8	43,850	43,851 - 73,100	73,101 - 116,900	Over $116,900

Please note: move straight across chart after circling number in household

DEFINITIONS:

1) Extremely Low Income Level. This income level is at or less than 30% of County Median Income.

2) Low Income Level. This income level is between 31% and 50% of County Median Income.

3) Moderate Income Level. This income level is between 51% and 80% of County Median Income.

4) Non Low Moderate Income – Above 80% of County Median Income.

Client Name:_____
(Please Print)

Client Signature:_____ Date: _____

Address: _____City:_____ Zip Code: _____

Signature of Agency Representative: _____Date:_____

Falsification of a certification is a violation of federal law and subject to prosecution. Updated 6/1/25