



Before returning your application, you should check to see that you have...

- Completed the Questionnaire
- Completed all 6 sections of the application
- Signed the application.** (sections 6 *and* 7)
- Enclosed a copy proof of ownership**, such as property tax receipt. All documents submitted must show the name and address of the applicant(s)
- Included a copy of the driver's license/state ID of each adult listed on the title
- Made a copy of this application for your own records
- Proof of Homeowner's Insurance
- Completed Waiver of Liability
- Proof of income

When complete, bring or mail to:

Manhattan Area Habitat for Humanity

ATTN: Habitat Repair Team

727 Poyntz Ave.

Lower Level of Commerce Bank Building

Manhattan, Kansas 66502

Questions?

HRT Project Manager

785-537-7545

office@mahfh.org

Questionnaire

Please answer the following questions to assess your household's eligibility for the Manhattan Area Habitat for Humanity's Habitat Repair Team program.

- Do you own the home where the **HOME REPAIRS** are to needed? Yes No
- Do you occupy the home as your primary residence? Yes No
- Are you current on your mortgage? Yes No N/A
- Are you current on your property taxes? Yes No
- Are you current on your homeowners insurance? Yes No
- Do you meet the income requirements for this program (page 2)
- If your house is selected, will all able-bodied household members be present during the work days to help with the project? Yes No
- If you meet all other requirements, will you authorize MAHFH to conduct a home inspection to assess the condition of the house and the approximate cost of needed repairs? Yes No

If you answered "**yes**" to **all** of the above questions, please continue on and complete the following application. Make sure to send this page to MAHFH with your application.

If you answered "**no**" to **any** of the above questions, contact MAHFH at 785-537-7545 or office@mahfh.org for further review.





Manhattan Area Habitat for Humanity Habitat Repair Team

727 Poyntz Ave Manhattan, KS 66502 • 785-537-7545 • mahfh.org

For Office Use Only	
Date Rec'd _____	
Referred by _____	
Phone _____	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied



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 in obtaining housing services because of race, color, religion, sex, handicap, familial status, or national origin.

Section 1: Income Qualification

According to the table to the right, is your household income at or below (80% Manhattan Median Income according to HUD 2017 Guideline)

Make sure to include gross income (before taxes) for all family members)

YES = continue application
NO = you do not qualify for this program at this time

Income Guidelines 2017		
Family Size	Maximum Annual	Maximum Monthly
1	\$39,050	\$3,254
2	\$44,600	\$3,717
3	\$50,200	\$4,183
4	\$55,750	\$4,646
5	\$60,250	\$5,021
6	\$64,700	\$5,392
7	\$69,150	\$5,763
8	\$73,600	\$6,133

Section 2: Special Needs

Does anyone in the home have a disability? Yes No *If so, please list the resident name and type of disability*

Name _____ Disability _____

Name _____ Disability _____

Name _____ Disability _____

Is translation needed? Yes No If yes, what language: _____

Section 3: Application History

Have you submitted an application to MAHFH in the past? Yes No What Year(s)? _____

Section 4: Media and Publicity

How did you hear about Habitat Repair Team?

- Friend/Relative
 Radio/Television
 Poster/Flyer
 Social Media
 other _____

If MAHFH selects your house for **HOME REPAIRS**, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

- YES interviews are okay
 YES visits by elected officials are okay
 NO I don't want to be interviewed
 NO I do not want visits by elected officials.

MAHFH has permission to use photos of my family and my home for publicity purposes _____ (initial)

Section 5: Household Information

Homeowner's Legal Name _____ Birth Date _____

Phone: Primary _____ Work _____

Email _____ Best way to reach you: Home Email

Co-Homeowner's Legal Name _____ Birth Date _____

Phone: Primary _____ Work _____

Email _____ Best way to reach you: Home Email

Home Address: _____

City _____ State _____ Zip _____

Do you own your home? Yes No

If yes, is it your primary residence? Yes No

Do you currently have homeowner's insurance? Yes No

Are you current on your homeowner's insurance premiums? Yes No

Are you current on your property taxes? Yes No

Name of your homeowner's insurance company _____

Policy # _____ Telephone # _____

Is anyone in your household a veteran of the US Military? Yes No

If yes, Name _____ Branch _____

Are you or anyone in your household currently in the US military? Yes No

Name _____ Branch _____

Name _____ Branch _____

Number of persons living in your home (including homeowner) _____

List the names, **relationship to homeowner** and birthdates of **all** people living in the home, including homeowner:

Name	Relationship to Homeowner	Birthdate

Are you able to provide some of the labor necessary to complete your **HOME REPAIR** project? (you, family, friends, neighbors etc.) Yes No

Are you able to offer any other support to Habitat volunteers while they work on your **HOME REPAIR** project? (water, refreshments, meals etc.) Yes No

Do you already have some (or all) of the materials needed to complete your **HOME REPAIRS**? Yes No

Section 7: Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs, may we share it with them?
Yes No

Signature of Homeowner

Date

Signature of Co-Homeowner

Date

*Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give MAHFH your consent to share the information you provide on this application with similar organizations if MAHFH is not able to assist you. **Please sign above to confirm your decision***

Section 8: Homeowner's Agreement

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we authorize Manhattan Area Habitat for Humanity (MAHFH) to examine my/our residency and any other requirements throughout the application process. I/we confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the MAHFH volunteers. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I /we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize MAHFH to investigate my/our criminal history. As an applicant, I/we acknowledge MAHFH has obtained non-public and public information for the application to be processed. I/we understand that MAHFH will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

Signature of Homeowner

Date

Signature of Co-Homeowner

Date

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your Name _____ Your Daytime Phone Number _____

Relationship to Homeowner _____ Is the homeowner aware of this application? Yes No

Release of Liability

Homeowner (s) _____

Address: _____

Phone: _____ Email: _____

The above named homeowner (s), certify that I/we are the owner (s) of the above listed property. I/we give permission for volunteers from MANHATTAN AREA HABITAT FOR HUMANITY, INC. to work on the property for the purposes of cleaning, maintenance and/or repairs. I/we further understand that these volunteer are not professionals working for profit and that no warranty is made as to the quality of work done.

In consideration of the volunteer services to be rendered on the property by the volunteers, I/we the undersigned, release and agree to indemnify and hold harmless MANHATTAN AREA HABITAT FOR HUMANITY, INC., and any other related entity of MANHATTAN AREA HABITAT FOR HUMANITY, INC. or any Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties") from any and all claims, liabilities, damages, injury (including but not limited) to physical and/or mental injury and/or death and/or property damage, delay or irregularity related to the aforementioned volunteer services.

The release covers all rights and causes of action of every kind nature and description, which the undersigned have ever had, now has, and but for their release may have. This release binds the undersigned and any heirs, representatives and assigned.

Signatures(s): _____ Date: _____

Print Names(s): _____ Date: _____



What will *you* build?