



**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 7 and 8)
- 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**  
**514 Pillsbury Drive**  
**Manhattan, Kansas 66502**

**Questions?**  
**HRT Project Manager**  
**785-537-7545**  
**[larry@mahfh.org](mailto:larry@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)  Yes  No
- 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
- Are you willing and able to agree to the payment plan outlined below?  Yes  No

**Repair Restrictions:**

**Repairs ONLY, no replacements or renovations (except for Aging in Place or ADA modifications)**

Mobile Homes – Exterior repairs only - MAHFH costs not to exceed \$500.00

Traditional Homes – MAHFH costs not to exceed 2% of home value (based on county tax appraisal) or \$2,500.00, whichever is the lesser amount

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 [larry@mahfh.org](mailto:larry@mahfh.org) for further review.

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Deihl Community Grant Program

MANHATTAN FUND  
Caroline Peine  
CHARITABLE FOUNDATION



## Manhattan Area Habitat for Humanity Habitat Repair Team

514 Pillsbury Drive, Manhattan, KS 66502 • 785-537-7545 • mahfh.org

<b>For Office Use Only</b>	
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 2018 Guidelines)

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 2018	
Family Size	Maximum Annual
1	\$40,450
2	\$46,200
3	\$52,000
4	\$57,750
5	\$62,400
6	\$67,000
7	\$71,650
8	\$76,250

### Section 2: Special Needs

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

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:  Phone  Email

Co-Homeowner's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Best way to reach you:  Phone  Email

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State KS 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 (attach an extra sheet if necessary):

Name	Relationship to Homeowner	Birthdate
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.



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

**HOME REPAIR** project limit subject to critical nature of repair, funds Availability and homeowner financial payment (sliding scale based on income)

I understand payment to MAHFH may be required

**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. I/we confirm understanding of a payment for repairs according to MAHFH policy. 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: \_\_\_\_\_

\_\_\_\_\_