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Senior Home Assistance Repair Program S.H.A.R.P.

PRE-APPLICATION

HOUSEHOLD INFORMATION

Applicant:

Birth Date: _____ **Email:** _____ **Phone:** _____

Co-Applicant:

Birth Date: _____ **Email:** _____ **Phone:** _____

Include the name, relationship to applicant, birth date and monthly income for each person living in your home, if none, enter "N/A". Verification of all household income for each adult in the house unless a fulltime student (provide proof of registration) and/or benefits for children will be requested with the full application. Household income may include but is not limited to employment income, food stamps, child support, SSI, SSDI, pension/retirement/Social Security and contributions from other family members not living in the home. *If you need additional space please include information on another sheet of paper.*

Name	Relationship	Date of Birth	Monthly Income/Benefits

The total combined income before taxes for all persons living in the home is \$ _____ per year.

HOME INFORMATION

Address:

Year Home Was Built: _____ **Year Home Was Purchased:** _____ **Years at Address:** _____

This Home Is: Single Detached Residence Condo Townhome Mobile Home

Is Any Person Residing In Your Home a Veteran of the United States Armed Services?



MORTGAGE INFORMATION

Are you still making loan payments on your home? ___ Yes ___ No If Yes, how much? \$ _____
After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.) approximately how much money do you have left to spend on house repairs? \$ _____ per month.
Are you current on your Homeowners Insurance? ___ Yes ___ No

CURRENT FINANCIAL INFORMATION

Approximate balance in checking account:	\$
Approximate balance in savings account:	\$
Balance in second savings account:	\$
Retirement fund:	\$
Stock/Bond portfolio:	\$
Other assets:	

HOME REPAIR NEEDS

Please describe the type of repairs you believe your home needs. Attach a separate piece of paper if you need additional space. If your pre-application is approved, please remember that the items listed below will be considered for repair, but the final decision on the type of repairs that will ultimately take place will be made at the sole discretion of Habitat for Humanity of Orange County.

PLEASE WRITE CLEARLY

Roof. Leaking, missing shingles/tiles, fascia, etc.

Safety. Inadequate or missing the following: electrical, holes, hazards, railings and/or ramps.

Painting. List any exterior painting requirements.

Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.

Other. Identify other repairs requested but not listed above.