

building strength, stability, and self-reliance through shelter

Home Preservation Application

7:2021

Please complete all applicable sections below. Upon review of the information provided, you will receive notification regarding the status of your application and an Initial Assessment of your home will be scheduled. If your application is advanced after the Initial Assessment, you will be asked to provide supporting documents to confirm your financial qualifications.

This application does not guarantee approval. Our Home Preservation program is offered on a first-qualified, first-served basis and is dependent on financial qualification, need, willingness to partner with Habitat, and the availability of funding.



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

APPLICATION CONTACT INFORMATION

Legal name of homeowner (as listed on title)

First Last Date of birth

Email address Phone number

Legal name of co-applicant

First Last Date of birth

Home address

Street address City State Zip code

Mailing address (if different from above)

Street address City State Zip code

What projects do you need assistance with?

- Exterior paint
- Fence repair/replacement
- Minor drought-tolerant landscaping

Please provide details, if applicable: _____

building strength, stability, and self-reliance through shelter

How did you hear about our program? _____

HOUSEHOLD INFORMATION

Please list other members of the household, starting with co-applicant, if applicable.

	<i>First and last name</i>	<i>Relationship</i>	<i>Date of birth</i>
1			
2			
3			
4			
5			
6			

Total household size (incl. yourself): _____

Who is the head of the household? _____ Female head of household? Yes No

Please list anyone in the household that has served in the military.

	<i>First and last name</i>	<i>Branch served / Final rank / Period served</i>
1		
2		
3		

HOUSEHOLD INCOME

Please include all sources of income from household members over the age of 18.

	<i>First and last name</i>	<i>Source of income</i>	<i>Monthly amount</i>
1			
2			
3			
4			

MORTGAGE AND PROPERTY INFORMATION

Are you making mortgage loan payments on your home?

- Yes, \$ _____ per month
- No

If yes, are you current on your mortgage?

- Yes
- No

Are you current on your property taxes?

- Yes
- No

building strength, stability, and self-reliance through shelter

MEDIA AND PAY FORWARD

Media:

If San Diego Habitat for Humanity selects your home to be repaired, pictures of the applicant(s) and household members and the home may be taken and a bio/summary about the applicant(s) and the scope of work may be written and shared with the public. This is important in our outreach efforts and is something we ask of the homeowners we partner with.

- Yes, I consent to all media and public relations activities.
- No, I do not consent.

Sweat equity/pay forward:

Additional requirements of this program are a willingness to contribute to your repair project in two ways, with "sweat equity hours" and a "pay forward" contribution of a minimum of \$100 towards the sustainability of the program.

- Yes, I consent.
- No, I do not consent.

DEMOGRAPHICS

Please select the following demographic information that may apply. This data will be used for statistical reporting only and will be kept strictly confidential.

Applicant

Ethnic background

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female
- Other/prefer not to respond

Disabled/special needs?

- Yes
- No
- Prefer not to respond

Racial background

- White
- Black/African American
- Asian

- American Indian/Alaskan Native
- Native Hawaiian/other Pacific Islander
- Other: _____

Co-applicant/household member #2

Ethnic background

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female
- Other/prefer not to respond

Disabled/special needs?

- Yes
- No
- Prefer not to respond

Racial background

- White
- Black/African American
- Asian

- American Indian/Alaskan Native
- Native Hawaiian/other Pacific Islander
- Other: _____

Household member #3

Ethnic background

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female
- Other/prefer not to respond

Disabled/special needs?

- Yes
- No
- Prefer not to respond

building strength, stability, and self-reliance through shelter

Racial background

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |

Household member #4

Ethnic background

- Hispanic or Latino
 Not Hispanic or Latino

Gender

- Male
 Female
 Other/prefer not to respond

Disabled/special needs?

- Yes
 No
 Prefer not to respond

Racial background

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |

Please use the back of the application to list the demographics of additional household members.

HOME SPECIFICATION

How many years have you been at this address? _____

Bedrooms: _____ Bathrooms: _____

What is the square footage of the home? _____

What year was the home built? _____

Please estimate if unknown.

Please estimate if unknown.

Briefly share why you think you make a good candidate to partner with Habitat’s Home Preservation program.

CONSENT + SIGN

By signing below, you agree that the provided information is true and correct to the best of your knowledge and understand that failure to provide accurate information may result in your application being disqualified.

 Date

 Applicant name (please print)

 Applicant’s signature

 Date

 Co-applicant name (please print)

 Co-applicant’s signature

building strength, stability, and self-reliance through shelter

HOW TO APPLY

Please return completed applications to:

Attn: Neighborhood Revitalization Department
 San Diego Habitat for Humanity
 8128 Mercury Court
 San Diego, CA 92111

Questions? Please contact Gabriel Nicado, Neighborhood Revitalization Coordinator, at (619) 283-4663 x130 or Gabriel.Nicado@sandieghabitat.org.

San Diego County Income Limits	
FAMILY SIZE	GROSS MAXIMUM YEARLY INCOME
1	\$67,900
2	\$77,600
3	\$87,300
4	\$97,000
5	\$104,800
6	\$112,550
7	\$120,300
8	\$128,050

Effective April 1, 2021