



**Kalamazoo Valley  
Habitat  
for Humanity®**

Return completed application  
and supporting documents to:  
**Kalamazoo Valley Habitat for Humanity**  
1126 Gull Rd, Kalamazoo, MI 49048  
Phone: 269-344-2443

**FOR OFFICE USE ONLY**

Application # \_\_\_\_\_  
Date received \_\_\_\_\_  
Date of inspection \_\_\_\_\_  
Date submitted \_\_\_\_\_

## Critical Home Repair Program Application 2024

Homeowners located in Kalamazoo County, as well as Otsego, Plainwell,  
Otsego Township, and Gun Plain

Township are welcome to apply. Please note, you must own your home and it must be your primary residence.

Applicant Information				
Homeowner #1			Homeowner #2	
Legal Name			Legal Name	
Social Security #	Age	Date of Birth	Social Security #	Age Date of Birth
Phone			Phone	
Email			Email	
Employer	Month/yr. of Employment		Employer	Month/yr. of Employment
Household Information				
Name(s) on the title of the home:			Month/year purchased or last changed deed date:	
Street Address				
City			Zip	
<b>List the names, ages, and relationship to you of ALL people living in your home.</b> <i>Please use an additional sheet of paper if you need more space.</i>				
Legal Name	Date of Birth	Relationship to You	Disabled?	Veteran?
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N
Is anyone living in your home a registered sex offender?			___ Yes ___ No	
Has anyone living in your home been convicted of other criminal charges?			___ Yes ___ No	
Are there any criminal charges pending against anyone living in your home?			___ Yes ___ No	

**Service in the Armed Forces**

Has anyone living in your home served in the Army, Navy, Marines, Air Force, Coast Guard or National Guard?  
 Yes  No

If you answered yes, does the service member have a form DD214?  Yes  No

Is anyone living in your home currently serving in the Army, Navy, Marines, Air Force, Coast Guard or National Guard?  Yes  No

Are you the widow/widower of a veteran?  Yes  No

**Accessibility Needs**

Has the applicant (homeowner) or anyone else living in the home applied for disability?  Yes  No

If YES, does the person receive monthly benefits?  Yes  No

If YES, does the disability require accessibility modifications be made to the home?  Yes  No

**Household Income**

Do you receive income/rent from tenants or people living in your home?  Yes  No

Are you or the co-applicant self-employed?  Yes  No

Do you or the co-applicant have seasonal income?  Yes  No

Please list ALL MONTHLY household income amounts before taxes or deductions

Type of Income	Homeowner	Co-Owner	Other Household Member	Other Household Member
Wages/Salary ( <i>before taxes</i> )				
Unemployment				
Veterans Benefits				
Social Security Benefit				
Disability/SSI				
FIP ( <i>cash assistance</i> )				
Retirement/Pension				
Child Support/Alimony				
Rental Income				
Adoption Subsidy				
Foster Care Subsidy				
Other				

**Mortgage and Property information**

CHECK ONE – Do you have a:  **Mortgage** or  **Land Contract** or are you  **Mortgage-free**

Type of home:  **Single-family**  **Multi-family (Duplex, etc.)**  **Mobile Home**

Are you current on your mortgage loan payments?  **Yes**  **No**  **My mortgage is paid off**

If yes, how much is your payment: \_\_\_\_\_

Is your house in the process of foreclosure?  **Yes**  **No**

Is there a lien on your house other than a mortgage lien?  **Yes**  **No**

Do you have any other real estate?  **Yes**  **No**

If you answered **YES** to any of the above, please explain:

Are your property taxes up-to-date?  **Yes**  **No**

Do you have homeowner’s insurance?  **Yes**  **No**

If you answered **NO** to either of the questions above, please explain:

Have you purchased your home in the last 5 years and received down payment assistance?  **Yes**  **No**

Do you receive rental income from tenants?  **Yes**  **No**

Do all persons who appear on the title live in the home as their primary residence?  **Yes**  **No**

Have you received NIP (home improvement funds) in the past seven years?  **Yes**  **No**

Has Kalamazoo Valley Habitat for Humanity performed repairs on your home in the past?  **Yes**  **No**

Gas Utility Company \_\_\_\_\_

Water Utility Company \_\_\_\_\_

Propane Utility Company \_\_\_\_\_

Electric Utility Company \_\_\_\_\_

**Requested Repairs and Condition of Home**

*Briefly describe the requested repairs and any issues with the home. Please note that the requested repairs will be considered, however, the final decision on what work can be done based upon the time and funding sources **will be made at the discretion of Kalamazoo Valley Habitat for Humanity.***

Water Heater

Insulation

Gutters/Downspouts

Furnace/AC

Windows/Doors

Electrical (Knob & Tube)

Roof

Siding

Flooring/Concrete

Soffits/Fascia

Plumbing

Health and Safety Standards

Please provide any additional details regarding requested repairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For accessibility modifications only:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walk-in/Roll-in Shower; Easy-entry Bath | <input type="checkbox"/> Ramps or Zero-step Entries | <input type="checkbox"/> Lowering Kitchen Cabinets |
| <input type="checkbox"/> Handrails & Levered Door Handles        | <input type="checkbox"/> Raised Toilet              | <input type="checkbox"/> Widen Door Ways           |
| <input type="checkbox"/> Self-closing Doors/Hinges               | <input type="checkbox"/> Grab Bar                   | <input type="checkbox"/> Smoke Detectors           |
| <input type="checkbox"/> Relocate Laundry to Main Floor          | <input type="checkbox"/> Universal Flooring         | <input type="checkbox"/> Internal Chair Lift       |

Please provide any additional details regarding requested repairs:

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**Photographs, Video and Media – OPTIONAL**

I understand that if I am selected for Habitat’s home repair program, photos of my household and/or property, and/or information about them, may be used in Habitat’s publicity efforts. I hereby authorize Kalamazoo Valley Habitat for Humanity, Habitat for Humanity International, and its employees and volunteers to use and/or publish any and all photographs of my own property and myself.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program and Repair Funding Availability – REQUIRED**

**Must be signed by applicant:** I understand that completion of this application in no way guarantees assistance through the Kalamazoo Valley Habitat for Humanity (KVHH) repair program and that repairs are subject to the availability of funds and subject to change at any time without prior notice. If in reviewing my application, KVHH identifies alternate repairs funding sources (veterans, USDA, etc.) that I am eligible for, I will be required to apply for these sources before I will be considered for repair funding through KVHH.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We acknowledge my/our typed name(s) above as my/our electronic signature and give permission for it to be in place of my/our written signature.

**Agreement, Authorization and Release – REQUIRED**

*Please read the following statements carefully and sign*

**Applicant and all household members aged 18 and older:** I understand that by submitting this application, I am authorizing Kalamazoo Valley Habitat for Humanity (KVHH) to evaluate my actual need for the repair program, my ability to repay the loan and/or other expenses of the repair program, and my willingness to partner with Habitat. The evaluation will include personal visits (including an inspection of my home) to determine the nature of repairs. I understand that specific repair grants administered by KVHH may require additional applications and paperwork in order to determine eligibility. I also understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected, I may be disqualified from the program. The original or a copy of this application will be retained by KVHH even if the application is not approved.

I hereby release and forever discharge the officers, directors, agents, employees, volunteers, and representatives of Kalamazoo Valley Habitat for Humanity, Habitat for Humanity International, and the persons or entities providing materials or labor to the rehabilitation, renovation, or revitalization work provided to the residence, from all claims, demands, actions, and causes of action relating to any injury or loss which I may sustain in any way connected with my home participating in the Kalamazoo Valley Habitat for Humanity repair program.

I authorize KVHH to conduct a title search, credit report, sexual offender check and criminal background check. Confidentiality of personal information will be maintained according to KVHH Confidential Policy. My signature releases Kalamazoo Valley Habitat for Humanity, Habitat for Humanity International, and its member volunteers from any and all liability, which may rise in connection with the release of information.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Kalamazoo Valley Habitat for Humanity provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

I/We acknowledge my/our typed name above as my/our electronic signature and give permission for it to be in place of my/our written signature.

**Information for Government Monitoring Purposes & Statistical Analysis – OPTIONAL**

**Please read this statement before completing:** The following demographic information is often requested by the government to monitor compliance with equal credit opportunity and fair housing laws. You are NOT required to furnish this information but are encouraged to do so. The law provides that we may neither discriminate on the basis of this information nor on whether or not you choose to furnish this information. If you do not wish to furnish this information, please check the box indicating so.

**Applicant**

I do not wish to provide any of this information.

1. Gender

Male  Female  Non-Binary  
 Prefer Not to Answer

2. Ethnicity

Hispanic/Latino  Non-Hispanic/Latino

3. Race

Indigenous or Alaskan Native  
 Black  
 Asian  
 White  
 Native Hawaiian or other Pacific Islander

4. Marital Status

Married  Separated  
 Unmarried (single, divorced, widowed)

**Co-Applicant**

I do not wish to provide any of this information.

1. Gender

Male  Female  Non-Binary  
 Prefer Not to Answer

2. Ethnicity

Hispanic/Latino  Non-Hispanic/Latino

3. Race

Indigenous or Alaskan Native  
 Black  
 Asian  
 White  
 Native Hawaiian or other Pacific Islander

4. Marital Status

Married  Separated  
 Unmarried (single, divorced, widowed)

**How did you hear about Kalamazoo Valley Habitat for Humanity?**

Agency  Church  
 Employer  Web/Google search  
 Referral

Name of referral: \_\_\_\_\_