



Aging in Place Application

Note: The person whose name is on this application must be one of the people who legally owns and lives in the house to be repaired.

SECTION 1 - Homeowner Information

Applicant's Name: _____

Birthdate: _____ SSN#: _____

Phone: _____ Email: _____

Married Separated Unmarried (includes: single, divorced, widowed)

Co-Applicant's Name: _____

Birthdate: _____ SSN#: _____

Phone: _____ Email: _____

Married Separated Unmarried (includes: single, divorced, widowed)

Has anyone in your household served in the Armed Forces?

Yes No Who? _____ Branch _____

SECTION 2 - Residential Address (where you live and where repair work will be completed)

Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived here? _____ Year house was built _____

Who owns the home? _____

Type of home: Single story Two story Mobile home

SECTION 3 - Insurance

Do you have homeowner's insurance? No Yes

Insurance company _____

Policy # _____

How did you hear about the Aging in Place program? _____



All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act. We are pledge 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.

FOR OFFICE USE ONLY Date application received: _____

SECTION 4 – Special Accommodations and Requested Work

Does anyone in the home need special accommodations (ie: wheelchair accessibility, uses a walker, hearing impaired)? Accommodation(s) needed: _____

Description of requested work: _____

SECTION 5 – Household Income and Mortgage Information

The *total, combined* income before taxes for ALL persons in the household \$ _____ per year.

Please list all monthly income sources	Applicant	Co-applicant
Wages (list employer)	\$	\$
Social Security	\$	\$
SSI	\$	\$
Disability	\$	\$
Other:	\$	\$
Other:	\$	\$

Do you have a mortgage payment? No Yes, monthly payment amount is _____

Do you have any outstanding debt (credit card or auto loan)? No Yes, amount is _____

Approximately how much are your monthly expenses? _____

SECTION 6 – Authorization

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 Habitat for Humanity of Douglas County (Habitat) to examine my/our credit history, income, residency, and any other requirements throughout the application process. 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 Habitat to investigate my/our criminal history. As an applicant I/we acknowledge Habitat has obtained non-public and public information for the application to be processed. I/we understand that Habitat 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 - Applicant

Date

Signature of Homeowner - Co-Applicant

Date



Documents Needed for Aging-in-Place Program Application

If you need assistance in completing the application, call the Habitat Office at 575-437-6562

Please provide the following documents with your completed application
Habitat can make copies for you.

- Driver's License or New Mexico I.D. for all adult family members (18 years and older)
- Proof of Income (as applicable)
 - Two most recent pay stubs
 - Most current Award Letter for income received from:
 - Social Security
 - SSI
 - Pension or Retirement
 - Disability (SSDI)
 - Veteran benefits
- Proof of insurance on the home
- Divorce Decree (if applicable)

How to submit your application

You must call and schedule an appointment to have your application reviewed. You are required to provide all supporting documentation at the review.

White Sands Habitat for Humanity
1109 Tenth Street
Alamogordo, NM 88310
(575) 437-6562