



Putnam County
Habitat for Humanity®
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Critical Home Repair Program

PRE-QUALIFICATION FORM FOR CRITICAL HOME REPAIRS

This is a pre-screening questionnaire, not a final application for Critical Home Repair. This form is to help determine if the Habitat for Humanity Critical Home Repair program will be able to assist you. Please return this form to our office.

Name _____
 Print (first, middle initial, last)

Preferred Phone _____

Other Phone _____

1. Describe the Repair(s) you need assistance with.

2. My home is in Putnam County. Y___ N___

3. I live in the home year-round. Y___ N___

4. This is the only home I own. Y___ N___

5. My home is under a land contract agreement.
 Y___ N___

6. I have owned my home for at least 2 years.
 Y___ N___

7. I am current on my property taxes and homeowner insurance.
 Y___ N___

8. Habitat for Humanity requires each participant in the Critical Home Repair Program to complete a defined number of sweat equity/volunteer hours. To your ability, are you willing to make this commitment?
 Y___ N___

(friends and family may assist with sweat equity)

9. Please list your total **monthly** household income. **You will be asked to verify this information.**

Type of Income	Monthly Amount \$
Employment Wages	_____
Social Security	_____
Alimony	_____
Child Support	_____
Disability Income	_____
Other	_____

10. Please list your recurring monthly expenses:

Expense	Monthly Amount \$
Mortgage	_____
Electricity	_____
Natural Gas	_____
Other	_____

Please list other monthly expenses such as credit cards, car payments, insurance, child care, other loans, and any other debt.

Expense	Monthly Amount \$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Do you have any outstanding collections or judgements (including past-due child support)? Y___ N___

Before being invited to complete a homeowner application, applicants must provide proof of citizenship or residency status and agree to a credit check, a sex offender check, and a criminal background check.

By my signature, I affirm that the information on this form is true and correct. I understand that providing false information could cause me to be disqualified. I also understand that someone from Habitat for Humanity will contact me with the results from this questionnaire, and that I MAY be invited to complete a formal application.

Signature _____ Date ____/____/____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____