



Habitat
for Humanity
of
Bermuda

HABITAT for HUMANITY of BERMUDA

Restoring Houses | Restoring Communities | Restoring Hope

**Home Improvement Application Form for
FAMILY APPLICANTS**

Email or bring this completed form to:

Habitat for Humanity of Bermuda

“York House”

#4 Front Street, Hamilton

Telephone 296-0256

Email: habitat.bermuda@gmail.com

Website: www.habitat.bm

To qualify for a Habitat Bermuda home improvement, applicants must complete this application form fully and accurately. All information provided on this form will be kept confidential.

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Age: _____

Email Address: _____

Telephone (Home/Cell): _____ (Work) _____

Married _____ Separated _____ Unmarried (single, divorced, widowed etc.)

Dependents (people who live with you):

Do you own Y/N Rent Y/N

If you are renting the property in question, please provide the following details regarding your landlord:

Name of Landlord: _____

Address of Landlord: _____

Contact Details: Cell: _____ Business: _____ Home: _____

Please provide a copy of the Rental Agreement with this application.

WILLINGNESS TO PARTNER

To be considered for a Habitat Bermuda home improvement, you and your family must be willing to complete a certain number of “sweat equity” hours. Your help in improving your home and the homes of others is called “sweat equity” and may include clearing lots, helping with construction, working in the Habitat ReStore, or other approved activities.

Please indicate whether you are willing to complete the required number of sweat equity hours: Yes: No:

PRESENT HOUSING CONDITIONS

Number of Bedrooms (please circle): 1 2 3 4 5

Other rooms in your current dwelling:

Kitchen: Bathroom(s) Living Room Dining Room Other

In the space below, describe the condition of your current dwelling. Why do you need Habitat home improvement?

FINANCIAL DETAILS

Total Net Monthly Income of all

Members of the household: \$_____

Primary Income Earner: _____

Name of Employer: _____

Secondary Income Earner: _____

Please provide the details of any special financial circumstances that may qualify you for Habitat home improvement:

AUTHORIZATION AND RELEASE

I understand that by completing and signing this application, I am authorizing Habitat Bermuda to evaluate my actual need for a Habitat home improvement and my willingness to be a partner family. I understand that the evaluation will include personal visits. I have answered all questions on this application truthfully. The original or copy of this application will be retained by Habitat Bermuda, even if the application is not approved.

Applicant Signature:

Date:

Please note: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

