

## 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: <u>habitat.bermuda@gmail.com</u>

Website: <u>www.habitat.bm</u>



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:
Telephone (Home/Cell): (Work)
Married Separated Unmarried (single, divorced, widowed etc.)
Dependents (people who live with you):
Do you own Rent
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 in 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?



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.* 

