



Habitat
for Humanity
of Bermuda

HABITAT FOR HUMANITY OF BERMUDA
Repairing Houses | Building Communities | Building Hope

Home Improvement Application Form for
FAMILY APPLICANTS

Email or bring this completed application form to:

Habitat for Humanity of Bermuda
38 Mount Hill Road, Pembroke
Telephone: 296-0256
Email: habitat@northrock.bm
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 application will be kept confidential.

APPLICANT INFORMATION																	
Applicant's Name: _____																	
Age: _____																	
Telephone: (Home) _____ (Work) _____																	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, etc.)																	
Dependents (people who live with you):																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 50%;">Name</th> <th style="width: 25%;">Sex (male/ female)</th> <th style="width: 25%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name	Sex (male/ female)	Age												
Name	Sex (male/ female)	Age															
Present Street Address: _____																	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent																	
If you are renting the property in question provide the following details regarding your landlord:																	
Name of Landlord: _____																	
Address of Landlord: _____																	
Contact Details: Cell: _____ Business: _____ Home: _____																	
<i>Please provide a copy of the Rental Agreement with this application</i>																	

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 office, 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 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 Member of the household: \$ _____

Primary Income Earner: _____

Name of Employer: _____

Secondary Income Earner: _____

Name of Employer: _____

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 a 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.

