

Dear Applicant:

Thank you for your interest in Habitat for Humanity of Montgomery County, Maryland, Inc.'s (HFH-MC) Weatherization program. HFH-MC is an ecumenical, non-profit organization that builds and weatherizes homes for families that could not otherwise afford to do so. Habitat projects are worked on by volunteers, staff, and partner families with donated money, materials, and supplies. Applicants must be willing to partner with HFH-MC, participate in work days, and have a need for Habitat services.

GENERAL GUIDELINES TO QUALIFY FOR HABITAT WEATHERIZATION SERVICES:

Applicant(s) Must:

- Have a need for Weatherization Services. Examples include:
 - Air leakage from doors and windows
 - High electricity, gas and water bills despite efforts to conserve
 - Uninsulated attic and/or crawl spaces
- The applicant/co-applicant must be unable to perform the repairs themselves
- The applicant/co-applicant must be unable to afford to pay someone to do the repairs
- The total household income must fall below the levels listed in this chart:

Household Size	Maximum Income Annual Allowed (gross)
1	\$47,350
2	\$54,100
3	\$60,850
4	\$67,600
5	\$73,050
6	\$78,450
7	\$83,850
8+	\$89,250

**there is no minimum income needed to qualify*

- Be willing to partner with Habitat and contribute the required Sweat Equity hours (up to 10 hours including homeowner education)
- Be a Montgomery County homeowner

All applicants will be reviewed by committee. A part of the application process will be a home audit to determine your homes suitability for HFH-MC's weatherization services. Please note that homes with unsafe, unsanitary, or illegal living conditions are not eligible for HFH-MC's Weatherization services. Also note that we will need to access key areas in your home to perform these services and if we cannot safely access these areas due to significant clutter in your home you may not be eligible for services.

You will also be required to submit the following documents:

- Income verification (paystubs, social security income, child support, alimony, etc. – at least 2 months)
- 6 months of utility statements before and after the services are completed
- Most recent mortgage statement
- Proof of homeowners insurance
- Pre- and Post-Weatherization Energy Consumption Surveys

Mail or drop off applications at our office

Attn: Weatherization Coordinator

9110 Gaither Road

Gaithersburg, MD 20877

Questions: 301-990-0014 x19

Applications and documentation will not be returned.

Make a copy of the completed application and all documents for your records.

Jessica Reid



Director of Volunteer and Family Services
 Habitat for Humanity of Montgomery County



Weatherization Assistance Application

Completed applications with all required documentation must be submitted to be considered.

1. Applicant Information

Applicant Information			Co-Applicant Information		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (mm/dd/yyyy):			Date of Birth (mm/dd/yyyy):		
Home or Cell Phone:			Home or Cell Phone:		
Work Phone:			Work Phone:		
E-mail:			E-mail:		
<input type="checkbox"/> Married <input type="checkbox"/> Single (unmarried, divorced, widowed) <small>*Please note if applicant is married, but plans to apply to Habitat as a single person, their divorce must be finalized before we can consider the application.</small>			<input type="checkbox"/> Married <input type="checkbox"/> Single (unmarried, divorced, widowed) <small>*Please note if applicant is married, but plans to apply to Habitat as a single person, their divorce must be finalized before we can consider the application.</small>		

Present Address:

Street
City State Zip

Number of years at this address:

Household Occupants

List the names and date of birth for all occupants who live in the home. Do not include the applicant and co-applicant who have already been listed.

Name (first and last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant(s)

If Living at Present Address for Less Than Two Years, Complete the Following

Applicant	Co-Applicant
Former Address:	Former Address:
Street	Street
City State Zip	City State Zip
Number of years at this address:	Number of years at this address:



2. House Information

THIS IS A **REQUIRED** PART OF YOUR APPLICATION. We cannot review applications without this information filled in.

Number of Bedrooms:
 Number of Bathrooms:

Total Number of People in Current Housing:

Property Information

- | | | | |
|---|----------------------------------|-----------------------------------|----------------------------------|
| Do you own the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you current on payments OR paid off on your mortgage? | <input type="checkbox"/> Current | <input type="checkbox"/> Paid off | <input type="checkbox"/> Neither |
| Do you have homeowners insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you current on your property taxes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Summary of Weatherization Needs: Tell us about the work that needs to be done in your home

- Year home was built: _____
- What is the approximate age of your heating and air conditioning systems? _____
- | | | | |
|--|---|-----------------------------------|---------------------------------------|
| Do you experience air leakage from doors and windows? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| Do you have low flow shower heads/ faucets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| Do you change your air filter regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| Is your attic insulated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| Are your exterior walls insulated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| What type of energy do you use? (check all that apply) | <input type="checkbox"/> Electricity | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil |
| What type of home do you have? | <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Townhome | <input type="checkbox"/> Condo |
- Summary of any recent upgrades (with in the past 5 years):

3. Willingness to Partner

To be considered for this program, you must be willing to complete Sweat Equity by participating in the walk thru of your home and helping with the work during the work day.

- I / WE ARE WILLING TO COMPLETE THE **REQUIRED SWEAT EQUITY HOURS** (approx. 10 per person).

4. Personal Statement

Give a brief explanation of why you are applying for assistance and how it will help you.
 (any specific need/areas of concern related to your home's energy efficiency)



5a. Financial Information - Monthly Household Income

Applicant	Co-Applicant
Gross Monthly Wages (Before Taxes):	Gross Monthly Wages (Before Taxes):
Social Security Income:	Social Security Income:
Social Security Disability:	Social Security Disability:
Child Support (monthly amount and how long you expect to receive):	Child Support (monthly amount and how long you expect to receive):
Alimony:	Alimony:
Other (Please specify--TCA, Food Stamps, etc):	Other (Please specify--TCA, Food Stamps, etc):
Total Monthly Income for Applicant:	Total Monthly Income for Co-Applicant:

Total Monthly Income for any other Household Members (18 years or older; please specify wages, Social Security, etc) :

Total Household Monthly Income:

REMEMBER you must provide official documentation of all sources of income.

5b. Financial Information - Monthly Household Expenses

Expense	Monthly Payment	Property Information
Mortgage		Do you own any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: What is your Monthly Payment: _____ What is your Unpaid Balance: _____ Address/Location _____ _____ Type of Property: <input type="checkbox"/> House/Condo <input type="checkbox"/> Land <input type="checkbox"/> Other: (specify) _____
Child Care		
Cell Phone		
Car insurance		
Other		
Total Monthly Expenses:		
Utilities	Monthly Payment	
Electricity		
Gas		
Oil		
Water		
Other		
Total Monthly Utilities:		



6. Declarations

Applicant		Co-Applicant	
A. Do you have any debt because of a court decision against you (i.e. tax lien, judgment etc):	<input type="checkbox"/> Yes <input type="checkbox"/> No	A. Do you have any debt because of a court decision against you (i.e. tax lien, judgment etc):	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you had property foreclosed on within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Have you had property foreclosed on within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to either question A or B, however; please explain on a separate sheet of paper.

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to either question A or B, however; please explain on a separate sheet of paper.

7. Authorizations

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for weatherization services. I understand that the evaluation will include personal visits and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive weatherization services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant		Co-Applicant	
Print Name		Print Name	
Social Security Number (xxx-xx-xxxx)		Social Security Number (xxx-xx-xxxx)	
Signature	Date	Signature	Date

Complete if you are NOT the homeowner but are assisting the homeowner in this application

	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Daytime Phone Number	Is the homeowner aware of this application?

8. Additional Documents

Did you make sure to include the following?

Applications CANNOT be reviewed without the following information:

A. at least 2 months of income verification (paystubs, social security income, child support, alimony, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please use this space to provide notes about any information listed in A. B. or C.</i>
B. utility statements (gas, water, electric, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. mortgage statement and proof of homeowners insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



9. Optional Information

The questions below are optional and do not affect your application status but we appreciate your cooperation.

How did you hear about the Weatherization Program? (check all that apply)

- TV
 Radio
 Newspaper
 Flyer
 Friend
 Neighbor
 Neighborhood Organization
 Other (please specify) _____

Applicant

Co-Applicant

What is your occupation?

What is your occupation?

Did you purchase your home through a conventional loan? _____

Did you purchase your home through a homeownership assistance program such as HOC, MPDU, etc? Yes No

If yes, which program?: _____

Is anyone in the household a veteran? (If so, provide documentation)

Is anyone in the household currently in the military?

Is anyone in the household disabled?

If yes, indicate type of disability below (check all that apply, please describe if "other"):

- Uses a Walker, Cane or Crutches
 Wheelchair Bound
 Blind
 Hearing Impaired
 Loss of Limb
 Mentally Disabled
 Other: _____



We 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 nation origin.

Use this space for any additional notes: