

Home Repair Programme Application Form

FOR OFFICE USE ONLY: (Do not write in this space)

Date received:

Name of applicants:

building strength, stability, and self-reliance.

HOME REPAIR PROGRAMME



PROGRAMME OVERVIEW

Our Home Repair programme provides affordable home maintenance and repair solutions specific to your needs. From minor repair to major projects, we have developed these unique services to address challenges associated with home maintenance and repairs, helping to keep your home safe, warm, and healthy for you and your family. All work is costed by Habitat for Humanity, in conjunction with qualified trades people where necessary. We then offer an affordable repayment option based on income and ability to meet the repayments.

URGENT REPAIRS

- Any issues related to Health and Safety.
- Weather-proofing your home.
- Electrical rewiring.
- Roofing replacement.
- Wall lining replacement.

NECESSARY RENOVATIONS

- Disability access & conversions.
- Kitchen modifications.
- Wall / flooring repairs.
- Driveway repairs.
- Installation of security fittings.
- Insulation, heating, and ventilation.
- Bathroom modifications.

PREVENTATIVE MAINTENANCE

- Section / drainage cleaning.
- Exterior cladding replacement or repair.
- Painting.
- Minor electrical / plumbing repairs.

ELIGIBILITY

You must own your own home (with or without a mortgage).
Your home requires work which you are unable to afford.
You are willing to partner with Habitat for the duration of the project.
You are willing and able to meet the affordable repayments.

PROCESS

1. **Submit application:** Complete an application form ensuring you include all bank statements, proof of income, and a copy of identification for all applicants.
2. **Applications assessed:** The application process will assess the repairs necessary to your home, any health related issues, your income, and your debt. We will visit your home to view the necessary repairs and discuss the remainder of the process.
3. **Application decision:** If your application is successful, we will present you with a quote including a scope of works and a suggested payment schedule.
4. **Project start:** If you choose to go ahead we will draw up a contract and begin work as soon as possible. Your repayments begin two weeks prior to work commencement and continues until the total loan is re-paid.
5. **Project ends:** The partnership with Habitat comes to an end once all payments are complete. (Usually within 3-4 years as outlined in the contract.)

CONTACT DETAILS:

PHONE: 07 849 0284

EMAIL: homerepaircentral@habitat.org.nz

ADDRESS: 29 Bryant road, Te Rapa, Hamilton

APPLICATION: Home Repair



1. APPLICANT INFORMATION

APPLICANT

Last name

First names

Ethnicity

Iwi / hapu

DOB

CSC/Supergold # (if applicable)

Gender: Male Female Unspecified

CO-APPLICANT

Last name

First names

Ethnicity

Iwi / hapu

DOB

CSC/Supergold # (if applicable)

Gender: Male Female Unspecified

Home phone Mobile

Email

Address

I / We have lived at this address for years.

I / We own this house with mortgage without mortgage OR we rent this house (TICK).

PERSONAL DETAILS

Do you have any other major assets, eg another home?

HOW DID YOU HEAR ABOUT US?

NEWSPAPER RESTORE RADIO / TV WORD OF MOUTH

AT AN EVENT FACEBOOK APP OTHER

WINZ REFERRAL: (Please state organisation & contact.)

2. HOUSEHOLD INFORMATION (WHO LIVES WITH YOU?)

CHILDREN

(please list additional names on the back)

Child's name

Relationship to you

Age

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(Please list additional names on the back.)

OTHER ADULTS WHO LIVE WITH YOU

Last name	First name	Relationship to you	Are you receiving board payments from this adult?

3. PRESENT HOUSING CONDITIONS

In your own words, please describe your current housing conditions and what help you want from Habitat. Please list your requirements in order of priority.

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A scope of works will be completed by Habitat. Habitat may not be able to do all the work you require.

4. FAMILY HEALTH

Please tick any that apply to you or your family.

Asthma:	<input type="checkbox"/>
Flu & Colds:	<input type="checkbox"/>
Rheumatic Fever:	<input type="checkbox"/>
Bronchiolitis:	<input type="checkbox"/>
Eczema:	<input type="checkbox"/>
Pneumonia:	<input type="checkbox"/>
Strep A:	<input type="checkbox"/>
Tuberculosis:	<input type="checkbox"/>

Cancer:	<input type="checkbox"/>
Disability:	<input type="checkbox"/>
Heart Condition:	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>
Mobility:	<input type="checkbox"/>
Dementia:	<input type="checkbox"/>
Other:	<input type="text"/>

Additional health information. (Optional)

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5. EMPLOYMENT INFORMATION (WHERE APPLICABLE)

CURRENT EMPLOYER - APPLICANT

Company name	<input type="text"/>
Hours per week	<input type="text"/>
Length of time at job	<input type="text"/>
Annual salary	<input type="text"/>
Permanent? (Circle)	YES / NO

CURRENT EMPLOYER - CO-APPLICANT

Company name	<input type="text"/>
Hours per week	<input type="text"/>
Length of time at job	<input type="text"/>
Annual salary	<input type="text"/>
Permanent? (Circle)	YES / NO

6. BANK ACCOUNTS

Please include copies of **bank statements for the last three months for each account.**

Account 1: Bank name	<input type="text"/>	Balance \$	<input type="text"/>
Account 2: Bank name	<input type="text"/>	Balance \$	<input type="text"/>
Account 3: Bank name	<input type="text"/>	Balance \$	<input type="text"/>
KiwiSaver	<input type="text"/>	Balance \$	<input type="text"/>
Other Savings	<input type="text"/>	Balance \$	<input type="text"/>
Other investments or major assets	<input type="text"/>		

7. HOUSEHOLD INCOME - WHAT DO YOU EARN?

How much money do you and your partner/spouse receive on a regular basis, per week?

	Applicant	Co-Applicant	Joint Income
Full time wages after tax	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Basic benefit income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Part time/casual work	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Accommodation supplement	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Working for Families	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Special Benefit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability Allowance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Superannuation/Pension	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Interest/Dividend	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Board paid to you	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Notes about your household income (if explanation required).....

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8. MORTGAGE OR RENT PAYMENTS

MORTGAGE OR RENT	Weekly	Monthly	Balance
Full time wages after tax	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

9. OTHER EXPENSES

Who do you and your partner/spouse owe money to (as per attached bank statements)?

DEBT REPAYMENTS	WEEKLY	BALANCE	NOTES
Student loan	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other loan	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Hire purchase - Car	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Hire purchase - Warehouse	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Hire purchase - Clothing truck	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Hire purchase - other	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card - Visa / Mastercard	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card - Q card	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card - GE Money	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
TOTAL DEBT REPAYMENTS	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

10. WILLINGNESS TO PARTNER

To be considered for a Habitat programme, if physically able you and your family must be willing to complete some 'sweat equity' hours - helping with the work on your home. Where possible, we will try to make work available to match your physical ability.

I / we and / or family members are willing to complete the required sweat equity hours and / or attend workshops:

Yes No Possibly (please comment)

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11. AUTHORISATION AND RELEASE

I understand that by filling in this application, I am authorising Habitat for Humanity to evaluate my actual need for home repair services. This may include personal visits, employment verification and a credit check. By completing this application for credit, under the Privacy Act 1993, I consent to authorising Habitat for Humanity to release my application information to its banking partners, if required, as part of the credit process. I also acknowledge that the information contained in this application may be retained by Habitat for Humanity. I have answered all the questions on this application truthfully and confirm no relevant information has been withheld. I have attached a copy of my/our bank statements for the past three months.

Applicant signature

Co-applicant signature

Date

Date

CHECKLIST

Please confirm you've completed the following information.

- | | |
|--|--------------------------|
| 1. Applicant Information | <input type="checkbox"/> |
| 2. Household Information | <input type="checkbox"/> |
| 3. Present Housing Conditions | <input type="checkbox"/> |
| 4. Family Health | <input type="checkbox"/> |
| 5. Employment Information | <input type="checkbox"/> |
| 6. Bank Accounts | <input type="checkbox"/> |
| 7. Household Income | <input type="checkbox"/> |
| 8. Mortgage or Rent Payments | <input type="checkbox"/> |
| 9. Other Expenses | <input type="checkbox"/> |
| 10. Willingness to Partner | <input type="checkbox"/> |
| 11. Authorisation and Release | <input type="checkbox"/> |
| 12. Additional Information <small>(Optional)</small> | <input type="checkbox"/> |

Please confirm you have provided the following additional documentation.

- | | |
|--|--------------------------|
| Copies of all bank account statements from the past 3 months. | <input type="checkbox"/> |
| Proof of income from the past 3 months. | <input type="checkbox"/> |
| Statements for all credit cards and store cards from the past 3 months. | <input type="checkbox"/> |
| Proof of balance owed on mortgage. (Statements indicating names, address, transactions, and balance due from the past 3 months.) | <input type="checkbox"/> |
| Copy of photo identification for applicant and co-applicant. | <input type="checkbox"/> |
| Title Deed / Rates bill / Watercare bill (At least one of these is required. No older than 3 months). | <input type="checkbox"/> |

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13. ADDITIONAL INFORMATION (OPTIONAL)

A series of horizontal dashed lines providing space for additional information.

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