



Return completed form to:
Habitat for Humanity Durham
 ReNew It
 85 Chamber Drive, Unit 7
 Ajax, ON L1Z 1E3

For Office use only

Referred By
Phone No.
Application No.

ReNew It

SECTION 1 - Homeowner Information

APPLICANT

Name:

SIN Number:	Birth Date: yyyy/mm/dd	Age:
Address:		Postal Code:
Telephone Numbers: Home:	Number of years at address:	
Work:		

C0-APPLICANT

Name:

SIN Number:	Birth Date: yyyy/mm/dd	Age:
Address:		Postal Code:
Telephone Numbers: Home:	Number of years at address:	
Work:		

List the names, ages, **and relationship** to homeowner of all people living in the home.

Name/relationship:	Birth date: yyyy/mm/dd	Age:
Name/relationship:	Birth date: yyyy/mm/dd	Age:
Name/relationship:	Birth date: yyyy/mm/dd	Age:
Name/relationship:	Birth date: yyyy/mm/dd	Age:
Name/relationship:	Birth date: yyyy/mm/dd	Age:

Is the homeowner or anyone in the home disabled?
 Yes No

If yes, please indicate the type of disability below (check all that apply, please describe if "other")
 Uses a Walker, Cane or Crutches Mentally Disabled Blind Hearing Impaired Wheelchair
 Loss of Limb Other:

Is translation needed? Yes No If yes, what language: _____.

SECTION 2 - Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs would you like to receive information on these programs?
 Yes RRAP HASI Service Clubs No, thank you.

*Privacy legislation prevents us from sharing your information. We will send you out information on similar programs at your request. Your application will be kept confidential and will be used solely for the purpose of evaluating the acceptability of your home for repairs or restoration work by ReNew It and **Habitat for Humanity Durham**. Please see Section 9 - Authorization and Release*

SECTION 3 - Media and Publicity

Where did you learn about the ReNew It program?

- TV Radio Newspaper Flyer Neighbour Neighbourhood Organization
 Other: _____ (please describe)

If ReNew It selects your house to be repaired, would you be willing to have your picture taken or be interviewed by media reporters? May we bring elected officials to your home?

- | | |
|--|---|
| <input type="checkbox"/> YES. Interviews and photographs are OK | <input type="checkbox"/> YES. Visits by elected officials are OK |
| <input type="checkbox"/> NO. I do not want interviews or photographs | <input type="checkbox"/> No I do not want visits from elected officials |

SECTION 4 - Household Income and Mortgage and Insurance Information

APPLICANT	CO-APPLICANT
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EMPLOYMENT INFORMATION

Name and address of primary employer:			Name and address of secondary employer:		
Position held:			Position held:		
Work Phone:	Start Date:		Work Phone:	Start Date:	
Name and address of secondary employer (if applicable):			Name and address of secondary employer (if applicable):		
Position held:			Position held:		
Work Phone:	Start Date:		Work Phone:	Start Date:	
Name and address of former employer (if applicable):			Name and address of former employer (if applicable):		
Position held:			Position held:		
Work Phone:	Start Date:	End Date:	Work Phone:	Start Date:	End Date:

MONTHLY INCOME AND TOTALS

Income before tax	Applicant	Co-Applicant
Monthly Income from Job1		
Monthly Income from Job2		
Monthly Social Assistance		
Monthly Child Tax Benefit		
Monthly Disability		
Monthly Spousal Support Received		
Monthly Child Support Received		
Monthly Ontario Child Care Supplement for working families		
Monthly Pension income		
Any other income (attach written explanation of this income)		
TOTAL		

The total, combined income before taxes for ALL persons living in the home is: \$ _____ per year

BALANCE OWING ON LONG TERM DEBT

Account	Applicant	Co-Applicant
Credit Cards		
Balance on Car Loan/Lease		
Balance on Student Loan		
Balance on Line of Credit		
Balance on Personal Loans		
Balance on other debts (Please explain)		
TOTAL		

CURRENT MONTHLY EXPENSES AND TOTALS			
Expense		Applicant	Co-Applicant
Monthly Rent			
Monthly Utilities (Heat and Hydro)			
Monthly household insurance			
Monthly Telephone and cabke (Telephone, Cell, Internet and Cable)			
Monthly Car Payment			
Insurance (Medical/Cat/etc.)			
Child Care			
Monthly Student Loan Payments			
Monthly Spousal/Child Support Payment			
Monthly Credit Card Payment			
Other (Please Specify)			
TOTAL			
ASSETS			
Name and address of bank:		Name and address of bank:	
Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance	Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance
Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance	Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance
Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance	Account Type (Chequing, savings, RRSP, Mutual Funds, etc.):	Balance
Total of above accounts		Total of above accounts	
Do you own any vehicles? Please provide year, make and model.		Do you own any vehicles? Please provide year, make and model.	
PERSONAL REFERENCES			
Please list at least 4 personal references, 2 of whom should not be related to you			
Name and address of reference 1:		Name and address of reference 1:	
Relationship to applicant:		Relationship to applicant:	
Home Phone:		Home Phone:	
Name and address of reference 2:		Name and address of reference 2:	
Relationship to applicant:		Relationship to applicant:	
Home Phone:		Home Phone:	
Name and address of reference 3:		Name and address of reference 3:	
Relationship to applicant:		Relationship to applicant:	
Home Phone:		Home Phone:	
Name and address of reference 4:		Name and address of reference 4:	
Relationship to applicant:		Relationship to applicant:	
Home Phone:		Home Phone:	

You must attach verification of all sources of HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and any benefits received for children (i.e. child support, child tax benefit, etc.) Acceptable verification would be a copy of your most recent income tax return, monthly pension statement, other retirement income statements, employment cheque stub. Please note on the statement if it represents annual, monthly, semi-monthly, bi-weekly or weekly income.

Are you still making loan or mortgage payments on your home? Yes No

If yes, what is your monthly payment? \$ _____/month

Mortgage holder: _____

Estimated present value of home \$ _____

Balance owing on mortgages and/or loans on property \$ _____

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on home repairs? \$ _____/month

Do you currently have homeowner's insurance? Yes No

Name of Insurance Company: _____

Broker's Name: _____

Broker's Phone Number: _____

SECTION 5 - Personal Statement

Please write a *brief* explanation of why you feel you should be selected and how it will help you

SECTION 6 - Homeowner Agreement

I/We certify that the information on this application is accurate and that I/We own the property at the address given on this application. I/We have no present intention to move or offer my home for sale for at least three years. I/We confirm that any physically able persons residing in my home or visiting for the project day will work alongside the ReNew It volunteers. I/We confirm that, except for the conditions listed above, my home is a safe place for volunteers.

I/We understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that ReNew It MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I/We hereby release ReNew It, **Habitat for Humanity Durham**, all volunteers, employees, agents, directors, officers and representatives from any and all liability whatsoever.

I/We the applicant(s) consent(s) to any inquiries by Habitat for Humanity Durham as it deems necessary to reach a decision on this application, including contacting references, and consent(s) to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom I/we have financial relations. A police record check may also be required of both applicants. I/we the applicant(s) further certify that I/we have answered all the questions truthfully.

To be considered for a Habitat home, I/we must be willing to complete 500 hours of volunteer service to Habitat for Humanity Halton

To be considered for a Habitat home, I/we must be willing to complete 500 hours of volunteer service to Habitat for Humanity Habitat. Volunteer hours are called "sweat equity" and the ways and means of completing hours will be discussed with you. I HAVE BEEN INFORMED OF THE SWEAT EQUITY REQUIREMENTS AND AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS.





SIGNATURE OF APPLICANT: _____ DATE _____

SIGNATURE OF CO_APPLICANT: _____ DATE _____

Complete the following if you are not the homeowner/applicant, but are assisting the homeowner in completeing this application

Your Name: _____ Daytime Telephone #: _____ Is the home owner aware of this application? Yes No

SECTION 7 - Requested Repairs

House Information	House Interior	House Exterior	Garage Exterior																																				
<p>Place a large "X" over the house(below), which most resembles the size of your house.</p> <div style="display: flex; justify-content: space-around; align-items: center;">     </div> <p>1 story 1.5 story 2 story 2.5 story</p> <p>Year Purchased: _____ Year Built: _____</p> <p>Last Painted: _____ Square Feet: _____</p>	<p>This section needs to be completed with the interior repair options</p>	<table border="0"> <thead> <tr> <th>Siding</th> <th>Trim</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> wood</td><td><input type="checkbox"/> wood</td></tr> <tr><td><input type="checkbox"/> brick</td><td><input type="checkbox"/> vinyl</td></tr> <tr><td><input type="checkbox"/> shakes</td><td><input type="checkbox"/> metal</td></tr> <tr><td><input type="checkbox"/> stucco</td><td></td></tr> <tr><td><input type="checkbox"/> painted stucco</td><td></td></tr> <tr><td><input type="checkbox"/> asbestos/slate</td><td></td></tr> <tr><td><input type="checkbox"/> aluminum</td><td></td></tr> <tr><td><input type="checkbox"/> vinyl</td><td></td></tr> </tbody> </table>	Siding	Trim	<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> vinyl	<input type="checkbox"/> shakes	<input type="checkbox"/> metal	<input type="checkbox"/> stucco		<input type="checkbox"/> painted stucco		<input type="checkbox"/> asbestos/slate		<input type="checkbox"/> aluminum		<input type="checkbox"/> vinyl		<table border="0"> <thead> <tr> <th>Siding</th> <th>Trim</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> wood</td><td><input type="checkbox"/> wood</td></tr> <tr><td><input type="checkbox"/> brick</td><td><input type="checkbox"/> vinyl</td></tr> <tr><td><input type="checkbox"/> shakes</td><td><input type="checkbox"/> metal</td></tr> <tr><td><input type="checkbox"/> stucco</td><td></td></tr> <tr><td><input type="checkbox"/> painted stucco</td><td></td></tr> <tr><td><input type="checkbox"/> asbestos/slate</td><td></td></tr> <tr><td><input type="checkbox"/> aluminum</td><td></td></tr> <tr><td><input type="checkbox"/> vinyl</td><td></td></tr> </tbody> </table>	Siding	Trim	<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> vinyl	<input type="checkbox"/> shakes	<input type="checkbox"/> metal	<input type="checkbox"/> stucco		<input type="checkbox"/> painted stucco		<input type="checkbox"/> asbestos/slate		<input type="checkbox"/> aluminum		<input type="checkbox"/> vinyl	
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Number of Bedrooms 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms 5 Bedrooms

Description of Work Required

For example - carpentry, electrical, plumbing, painting, doors/windows

Keeping in mind that ReNew It is designed to make minor repairs to your home, please describe the type of work that you would like done. (Attach separate pages if needed.) Remember that the items listed below will be considered but the final decision on what work can be done with our time and financial resources will be made at the discretion of ReNew It. The work done by ReNew It will focus on warmth, safety and independent living. **Our workers are volunteers and may not be qualified to make all repairs.**

SECTION 8 - AUTHORIZATION AND RELEASE

The undersigned applicant(s) applies for A Brush with Kindness services and a no-interest loan to finance the cost of repairs being completed on the home. In signing, applicants expressly authorize Habitat for Humanity { } or their designate to conduct credit checks, contact personal references and employers or obtain any other information that is pertinent in the verification of this application.

The word "information" means credit information, personal information and information about the services that you use.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, martial status, co-occupant's/spouse's/ same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, places of employment, previous places of employment, employment duration, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvment in bankruptcy proceedings, assets and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to being a homeowner, including your social insurance number, driver's licence number, vehicle licence plate number, vehicle make and year, and information from references if needed.

You expressly give your consent to and authorize Habitat for Humanity { }:

- to use this information about you to determine your suitability for A Brush with Kindness
- to disclose information about you as permitted or required by law in order to establish credit history, and to support the credit approval process.
- to retain this application and information indefinitely for the purposes above, subject to any applicable legal restrictions, even if the application is not approved.

You further agree that you will not withdraw your authorization and consent to the collection, use and disclosure of information about you by Habitat for Humanity { } as outlined above.

Please provide your consent by checking the following box and signing in the appropriate space below.

Yes, I have read and agree to the collection, use and disclosure of information as outlined above. I have read, understood and voluntarily agree to the terms and conditions outlined above.

Applicant's Signature _____

Print Name _____

Yes I have read and agree to the collection, use and disclosure of information as outlined above. I have read, understood and voluntarily agree to the terms and conditions outlined above.

Co-Applicant's Signature _____

Print Name _____

By signing below, the applicant(s) warrants the information on this application to be accurate and true, and authorizes the release of information. The applicant(s) also agree to provide any other up-to-date information that may be deemed necessary in the construction of this application.

Applicant's Signature: _____

Date _____

Co-Applicant's Signature: _____

Date _____

SECTION 9 - Checklist

- Did you complete all 8 sections of this application?
- Did you sign the application? (SECTION 6)
- Did you enclose a copy of the deed on your home or other proof of ownership, such as property tax receipt? All documents submitted must show the name and address of the applicant.
- Do you currently have homeowner's insurance? Yes No
- Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. *All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address*

What organizations are you connected with?

- Lions Club Rotary Scouts/Guides
- Church _____ Other _____
which one? Please name