



## Partner Family Application for City of Canandaigua Owner-Occupied Housing Rehabilitation Project

**Dear Applicant:** In order to determine if you qualify to be a Habitat for Humanity of Ontario County (HFHOC) partner family, we need you to complete this application. Please fill out the application as completely and accurately as possible. All of your information will be kept confidential. Before you begin completing the application, please read on and make sure that you can provide the required documentation and meet the partner family requirements. Please contact us at (585) 396-3600 or email [info@hfhoc.org](mailto:info@hfhoc.org) if you have questions. Thank you!

**Income Eligibility:**

**Maximum annual household income :**

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$37,950	\$43,350	\$48,750	\$54,150	\$58,500	\$62,850	\$67,150	\$71,500

**Required Documentation:** When you submit your application, please include **photocopies** of the following documents:

*(Note: we do not accept bank statements as proof of income)*

<input type="checkbox"/> Latest W-2, 1 month of pay stubs or other income documentation	<input type="checkbox"/> 1 month of social services documentation, if applicable.
<input type="checkbox"/> Proof of current homeowner's insurance	<input type="checkbox"/> Proof of most current tax payments

**As a Habitat Partner Family, you would be responsible for the following:**

**Volunteer Sweat Equity Hours with Habitat for Humanity (hours based on scope of work and ability)**

**On time repayment for costs of materials (low interest financing is available)**

**If your application meets Habitat for Humanity requirements, we will make a visit to your home.** You will receive a call from a member of HFHOC to schedule this visit. The intent of the home visit is to:

- Fully explain the program
- Review the work you request to be sure it falls within our scope of work

### Section One: Contact Information

Primary Applicant Name:

Co-Applicant Name:

Phone:

Alternate Phone:

Email:

Address:

City/State/ZIP:

I have lived at this address since (month/year):

## Section Two: Family Information

Please list your household members.

Name	Age	Gender	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

## Section Three: Present Housing Conditions

Briefly describe the work that you'd like done to **the exterior** of your home:

*Please Note: Habitat is unable to provide assistance for roof repairs or projects beyond the second story.*


I attest that I am current on all applicable property taxes (signature required).

Signature:

## Section Four: Employment Information

Name of current employer:

Address & phone number of current employer:

Your job title: Starting Date (Month/Year):

**Please Complete if in current position for less than 6 months**

Name of previous employer (if employed in current position for less than 6 months):

Address & phone number of previous employer:

Your job title:

Employment Start Date (month/year): Employment End Date (month/year)



**Authorization of release and signature:** By signing below you confirm that you have read the above guidelines, you understand that we will evaluate your need for assistance, your ability to repay a loan covering the materials cost, and your willingness to partner. You also confirm that you have answered the questions truthfully and to the best of your ability. Omissions and inaccuracies on your application are grounds for disqualification. A copy of this application will be retained by HFHOC even if it is not approved. Finally you understand that a favourable application will require a credit check and employment verification for final acceptance as a partner family.

**Applicant Name:**

**Co-Applicant Name:**

*Type or print*

**Applicant Signature:**

**Co-Applicant Signature:**

*We are pledged 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 marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or*



**Mail Completed Applications  
and Supporting Documents to:**

Habitat for Humanity  
3040 County Rd 10  
Canandaigua NY 14424

**Questions?** Please contact us by phone at 585-396-3600 or [info@hfhoc.org](mailto:info@hfhoc.org)

For office use only, please do not write or type in this space:

**Date Received:**

**Comments:**