





6235 E 13th St, Tulsa OK 74112

918-556-4604 kweitl@greencountryhabitat.org

## **Homeowner Repair Grant Application**

		Date Received:	
Homeowner(s) Information : Ple	ase print clearly		
Homeowner 1:			
First Name	MI	Last Name	
Date of Birth		Active Duty/Veteran?	
Home Phone		Mobile/Cell Phone	
Texting?		Email	
Home Address			
City	County	ZIP	
Homeowner 2:			
First Name	MI	Last Name	
Date of Birth		Active Duty/Veteran?	
Home Phone		Mobile/Cell Phone	
Texting?		Email	
Home Address			
City	County	ZIP	
# of People in Household:	# of	Redrooms in Home:	

## **Special Needs and Program Questions:**

This information is private and is only used for special programming requirements.

Are you willing to attend financial education courses designed for and approved for use with the Homeowner Rehabilitation Grant? Course will be taught by Cindy Randolph at Midfirst Bank Yes No

By signing this application, you affirm that such opportunity was offered to you.

Are you, or any member of your household, disabled or handicapped (please include mental and physical disabilities)? Yes No

Are you, or any member of your household, currently recovering from physical, alcohol, or drug abuse? Yes No

Are you, or a member of your household, being treated for HIV or AIDS? Yes No

Monthly Household Inco	ome:			
Income Source	Homeowner 1		Homeowner 2	
Salary			_	
Alimony or Child Support				
Social Security				
Pension Income				
Public Assistance				
Self-Employment Income				·
Dependent SSI Income				
Other				
I/We certify that the informat agree to abide by the terms of providing requested informaticontractor requests, and staying the contractor requests.	f the Habitat Homeowr	ner Repair Grant prog timely manner, resp	ram, including but not lim	ited to,
Homeowner 1:			Homeowner 2:	
Habitat Staff:			Date:	