

## Habitat Critical Roof Repair Application

### Applicant(s) Information (must be home owner(s) and listed on the title to the house):

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address City Zip Code

Describe the repairs requested: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_  
Please circle: Home Mobile Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Phone: \_\_\_\_\_  
Please circle: Home Mobile Work

Marital Status:

- Single  
 Married  
 Widowed

**Please list all residents: Name, Date of Birth, & Relationship.**  
**Also include Social Security Number if age 16 or older.**

### Co-Applicant Information (married couples MUST apply together whether included on the title or not):

Name: \_\_\_\_\_  
Last First MI

Monthly Income: \$ \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Social Security  
 Pension  
 Disability  
 Other

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
Please circle: Home Mobile Work

Relationship to Applicant:  
\_\_\_\_\_

Address, if different: \_\_\_\_\_

I certify that all of the information for the duration of the application process provided to Habitat for Humanity of Southern Brazoria County is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application and termination from the program. I understand that the completion of my application in no way guarantees that I will receive assistance from Habitat for Humanity of Southern Brazoria County.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Attn. Melissa Alexander Executive Director  
Critical Roof Repair Program,  
HFHSBC  
12 Circle Way  
Lake Jackson, TX 77566

Questions? Call 979-285-2800