



The Helping Hands Project is a program of Ardmore Habitat for Humanity that does home painting, minor repairs and clean-up for low income homeowners who need assistance to do necessary work. Call 580-223-1540 with any questions.

SECTION 1 - Homeowner Information

Legal Name of Homeowner: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

Email: _____ County: _____

Telephone Numbers: Home: _____ Number of Years at Address: _____

Cell: _____

Please include area code Work: _____

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

Name/relationship: _____ Age _____

Name/relationship: _____ Age _____

Name/relationship: _____ Age _____

Name/relationship: _____ Age _____

Name/relationship: _____ Age _____

SECTION 2, - Special Needs

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

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired

Loss of Limb Other:

SECTION 3 – Household Income and Mortgage Information:

The *total, combined* income *before taxes* for ALL persons living in the home is: \$_____per Year

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

If yes, what is your monthly payment? \$_____per Month

After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs: \$_____per Month



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SECTION 5 - Homeowner's Agreement

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

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

SIGNATURE OF HOMEOWNER

DATE

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your name:

Your daytime phone number:

Is homeowner aware of this application?

Yes

No

House Information

What best describes your home: (circle one)

1 story 1.5 Story 2 Story

Year Purchased: _____ Year Built _____

Last Painted: _____ Square Feet _____

House Exterior

Circle ones that apply

Siding

Trim

Wood

wood

Brick

Vinyl

Shakes

metal

Stucco

Asbestos/slate

Vinyl/aluminum

Garage Exterior

Circle ones that apply

Siding

Trim

Wood

Wood

Brick

Vinyl

Shakes

metal

Stucco

Asbestos/slate

Vinyl/aluminum

Parts of house and garage that need painting

House Siding

House trim (around doors, windows, overhangs ect.)

Garage Siding

Garage trim (around doors, windows, overhangs ect.)

Other

Repairs needed on exterior:



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Media and Publicity

Where did you learn about The Helping Hands Project?

TV Radio Flyer Friend Neighbor

Other _____ please describe

If your home is selected Helping Hands will be taking pictures of you and your home. Also a sign may be temporarily place in your yard. By signing below you agree to let the Helping Hands Project take pictures of you and your home and use them as publicity as they deem fit.

Signature of Homeowner

Date

Personal Statement

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