



PO Box 5265  
Kingsport, Tennessee 37663

Phone: 423-239-7689

Fax: 423-239-4953

Website: [www.holstonhabitat.org](http://www.holstonhabitat.org)

E-mail: [info@holstonhabitat.org](mailto:info@holstonhabitat.org)

Dear Disaster Home Repair Applicant,

Enclosed is an application for Holston Habitat for Humanity's Disaster Recovery Home Repair program. Please read the information in this packet carefully. **Funding for this program is limited, and applications will be chosen on a first-qualified, first-selected basis. For this reason, we encourage you to fill out and submit your application as soon as possible. In addition to your completed application, please include any documents listed below that apply to your situation.** We are unable to process your application until all the necessary documents are received, so please review the list below carefully.

Included      N/A

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A copy of your payroll stubs for the last 2 weeks or a letter from your employer detailing your gross pay (before taxes) for the previous 2 weeks. If paid weekly, we need a total of 2 pay stubs. If paid bi-weekly, we need a total of 1 pay stub. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A benefit statement from the Social Security Administration outlining the amount of Social Security or SSI you receive   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A statement outlining any other income received in your household ( <i>Families First, child support, alimony, VA benefits, pension, etc.</i> )  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A copy of your Homeowners and/or Flood Insurance claim approval or denial letter.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. A copy of your driver's license or state-issued ID. If you do not have the documentation listed above, you may provide a copy of your U.S. Passport or Social Security Card.   |

**Once you have completed this application and gathered all the necessary documents, please mail the packet to Holston Habitat at P.O. Box 5265, Kingsport, TN 37663, or email it to [familysupport@holstonhabitat.org](mailto:familysupport@holstonhabitat.org).** Please ensure that you include the correct postage, as the item may not be received without it.

**You may also choose to drop off your application in person at the Holston Habitat office, located at 100 Greenwood Lane, Kingsport, TN 37663.** Our office is open 9:00 a.m. to 5:00 p.m., Monday through Thursday. If no one is present at the office when you arrive, you may place your application packet in the secure drop box located on the front door (open the white metal flap and slide your envelope into the slot).

If you have any questions or need assistance with your application, please email [familysupport@holstonhabitat.org](mailto:familysupport@holstonhabitat.org) or call 423-239-7689, ext. 806.

Regina Lane  
Home Repair Program Coordinator  
423-239-7689 Ext. 806

## Habitat's Disaster Recovery Home Repair Program Process

- ✓ Complete and submit this application for review. Be sure to include any necessary documentation listed on the previous page that applies to your family's situation. **Funding is limited, so application selection will be made on a first-qualified, first-selected basis.**
- ✓ Holston Habitat for Humanity staff will complete an analysis of your finances, process your application, and complete a home visit to verify the repairs needed and to gauge the scope of work.
- ✓ You will be notified of whether you qualify for this limited disaster recovery repair program.
- ✓ If approved for a home repair, you will meet with Holston Habitat staff before the work beginning on your home to complete a Pre-Work Agreement Form. This form outlines the scope of work to be completed and your other partnership responsibilities as the homeowner.
- ✓ On the scheduled workday(s), we ask that you be present at your home and, to the best of your abilities, assist and interact with the Habitat volunteers and construction staff working on your home.
- ✓ Once the repair work on your home is complete, Holston Habitat for Humanity staff will meet with you at your house to take photographs of the finished work and sign the Post-Work Completion Form, confirming that our commitment to you has been met.



Holston Habitat for Humanity is committed to upholding the letter and spirit of U.S. policy for achieving equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, sex, sexual orientation, gender identity, age, disability, religion, national origin, familial status, marital status, or sources of income.

Disaster Recovery Home Repair Program Application  
Phone: 423.239.7689 ext. 806  
Email: [familysupport@holstonhabitat.org](mailto:familysupport@holstonhabitat.org)  
Website: [www.holstonhabitat.org](http://www.holstonhabitat.org)

**Please return this application to:**  
Holston Habitat for Humanity  
P.O. Box 5265  
Kingsport, TN 37663



Please complete this application so that we can determine if you qualify for disaster recovery home repairs through Holston Habitat for Humanity. Please fill out the application as completely and accurately as possible. All information will be kept confidential.

## 1. HOUSEHOLD INFORMATION

Physical Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City, State &amp; Zip: Alternate Phone:

County:

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(If different than above)

### Applicant (Homeowner 1)

Full Name: \_\_\_\_\_

Date of Birth:

Disabled

Veteran

N/A

### Co-Applicant (Homeowner 2)

Full Name: \_\_\_\_\_

Date of Birth:

Disabled

Veteran

N/A

10

**Children and other adults living in the household:**

[illegible]

## 2. EMPLOYMENT INFORMATION

### Applicant (Homeowner 1)

Current Employer: \_\_\_\_\_

Date You Started Work: \_\_\_\_\_

Income **BEFORE** taxes: \$ \_\_\_\_\_ per month

### Co-Applicant (Homeowner 2)

Current Employer: \_\_\_\_\_

Date You Started Work: \_\_\_\_\_

Income **BEFORE** taxes: \$ \_\_\_\_\_ per month

Income source:	Applicant	Co-Applicant	Others in household (specify who)
Wages	<del>_____</del>	<del>_____</del>	\$ _____ Who: _____
Social Security	\$ _____	\$ _____	\$ _____ Who: _____
SSI/Disability	\$ _____	\$ _____	\$ _____ Who: _____
Families First	\$ _____	\$ _____	\$ _____ Who: _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____ Who: _____
VA Benefits	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): FEMA	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): Flood Insurance	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): Homeowners Ins	\$ _____	\$ _____	\$ _____ Who: _____

## 4. PROPERTY INFORMATION

Do you own the home that needs repairs? ☐ Yes ☐ No How long have you lived here? \_\_\_\_\_

Is the home a: ☐ House ☐ Trailer If the home is a trailer, do you own the land it is on? ☐ Yes ☐ No

Year home was built/trailer was manufactured? \_\_\_\_\_

Did you receive a claim payout from homeowner's insurance or flood insurance? \_\_\_\_\_

Do you own other real estate? Yes No

Have you received assistance from FEMA, Red Cross, or others? ☐ Yes ☐ No How much? \_\_\_\_\_

Additional Notes: \_\_\_\_\_

---



---



---



---



---



---

**What home repairs are you requesting? Describe the condition of your home and the repairs that you would like Holston Habitat for Humanity to consider completing.  
(if more space is needed, use a separate sheet of paper)**

## **5. APPLICATION AUTHORIZATION**

I understand by submitting this application, I am authorizing Holston Habitat for Humanity to evaluate my need for repairs to my home, and my willingness to participate in the Home Repair Program. I understand that the evaluation will include a financial analysis, a personal visit to my home, law enforcement and sex offender registry checks, an SDN check, and verification of other information contained in my application packet. I have answered all questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive repairs to my home, I may be disqualified from the program.

---

**Applicant Signature**

**Date**

---

**Co-Applicant Signature**

**Date**





PO Box 5265  
Kingsport, Tennessee 37663  
Phone: 423-239-7689  
Fax: 423-239-4953  
Website: [www.holstonhabitat.org](http://www.holstonhabitat.org)  
E-mail: [info@holstonhabitat.org](mailto:info@holstonhabitat.org)

---

Authorization and Release of Information—Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. Information regarding past and/or present criminal or public law violations, including sex offender registry checks

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for thirty-six (36) months from the date it is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address (not P.O. Box)

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Area Code    Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth



PO Box 5265  
Kingsport, Tennessee 37663  
Phone: 423-239-7689  
Fax: 423-239-4953  
Website: [www.holstonhabitat.org](http://www.holstonhabitat.org)  
E-mail: [info@holstonhabitat.org](mailto:info@holstonhabitat.org)

### Authorization and Release—Co-Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for thirty-six (36) months from the date it is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address (not P.O. Box)

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth