

HAMMERS

OFFICIAL USE ONLY

Control #



Hands Around Mecklenburg/Mooresville
Making Emergency Repairs Safely

Date Submitted: _____

HAMMERS Application

Homeowner Information:

Co-Homeowner Information:

Full Name:	Full Name:
Ethnic Group:	Ethnic Group:
Date of Birth:	Date of Birth:
Telephone Number:	Telephone Number:
Mailing Address:	

Home Information:

Street Address:		
City, State Zip		
Number of Bedrooms:	Number of Bathrooms:	Year Built
Number of years you have owned your home		
Is your home a House or a Mobile Home?		

Employment Information

Homeowner:

Co-Homeowner:

Employed_____ Retired_____ Unemployed_____	Employed_____ Retired_____ Unemployed_____
Employer Name:	Employer Name:
Employer Address	Employer Address
Street:_____	Street:_____
City, State Zip:_____	City, State Zip:_____
Position:	Position:
Length of Service:	Length of Service:

Would you like to be contacted by our Housing/Financial Counselors? Yes _____ No _____

Please describe your emergency repair needs, in order of severity:

1.
2.
3.
4.
5.

How long have you needed these repairs? _____

How did you hear about HAMMERS? _____

Please list all members of the household

Name:	Relationship to Homeowner:	Date of Birth:	Gross Monthly Income:

Are you or any member of your household handicapped, disabled, or severely ill? If so, please explain the handicap, disability, or illness: _____

Gross* Monthly and Yearly Income

* *Gross* income is income before taxes are deducted

Sources of Income	INDIVIDUAL HOMEOWNER		CO-HOMEOWNER		Total Monthly	Total Yearly
	Monthly	Yearly	Monthly	Yearly		
Pay Roll Gross Pay						
Part-Time						
Seasonal Work						
Pension or Social Security Benefits						
Veterans Benefits						
Unemployment Compensation						
Alimony						
Rent / Occupants						
Rental Properties						
Child Support						
TOTAL						

****Please include verification of any listed income with your application. Verification includes copies of the following (as applicable): Social Security Benefit/Award Letter, past year W-2s and federal tax return, or pay stubs.**

****You must include income verification for all individuals CURRENTLY living/staying in the home.**

Total Debt

Sources of Income CATEGORY	Individual Homeowner		Co-Homeowner		Household
	MONTHLY PAYMENT	TOTAL AMOUNT DUE	MONTHLY PAYMENT	TOTAL AMOUNT DUE	TOTAL MONTHLY PAYMENT
Car Payment					
Car Insurance					
Credit Card					
Revolving Loan					
Mortgage Payment					
Electricity					
Water					
Gas					
Telephone					
Unusual Medical Expenses					
Total Monthly Payment					

If you included unusual medical expenses above, please explain: _____

Your Available Cash and Assets

Financial Resources	ORGANIZATION	INDIVIDUAL HOMEOWNER	CO- HOMEOWNER	TOTALS
Checking Accounts				
Savings Accounts				
Stocks, Bonds, etc.				
Other Assets				
TOTAL				

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Gross Annual Income	Members of Household	Adjusted Income Limits @ ____%	% Of income Limits

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Gross Monthly Income	Monthly Expenses	Income-to-Debt Ratio

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Please use the space below to offer any additional information you wish the HAMMERS program to know as your application is considered:

I have included income verification for all members of my household: Yes_____ No_____

****We will not be able to process your application without this verification of all listed income.**

The information obtained from these forms will be used only to qualify a homeowner occupied home for emergency repairs.

I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete:

Print Name

Your Signature

Date

Print Name

Your Signature

Date