



Blue Spruce  
**Habitat**  
for Humanity®

**Submit application by mail or**

**secured email to:**

Blue Spruce Habitat for Humanity

P.O. Box 2366

Evergreen, CO 80437

Email:

[repairs@bluesprucehabitat.org](mailto:repairs@bluesprucehabitat.org)

Phone: (303) 674-1127 ext. 9

## Home Preservation Projects Application

HOUSEHOLD INFORMATION		
<b>Applicant (Legal Name):</b>	Birth Date:	
	Email:	
	Phone:	
<b>Co-Applicant (If Applicable):</b>	Birth Date:	
	Email:	
	Phone:	
Other Household Residents		
Name	Relationship	Birth Date
Is anyone in the household a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME INFORMATION		
Address:	Unit #:	
City:	State:	ZIP:
Please list all legal owners of the property who are not an applicant or put N/A:		
Was the home built before 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to move within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Property Manager or HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## HOME REPAIRS NEEDED

**Please describe the repairs you are requesting next to the area of repair, otherwise leave section blank.**

*Blue Spruce Habitat for Humanity may be unable to complete all requested repairs and will prioritize repairs to complete based on homeowner affordability and the repair's effect on the safety, accessibility, and/or preservation of the home.*

Area of Repair	Description
<b>Exterior Paint:</b> Describe any issues related to exterior paint and/or trim.	
<b>Exterior Repairs:</b> Describe issues related to siding, skirting, masonry, decking, etc.	
<b>Doors and Windows:</b> Describe any repairs to locks, glass, frames, weather-stripping, etc.	
<b>Gutters, Fascia, Soffit:</b> Describe any repairs related to the condition of the gutters, fascia, and soffit.	
<b>Landscape:</b> If you require assistance with landscaping or yard maintenance, please describe the issue.	
<b>Other:</b> Identify other repairs requested but not listed above.	

**Please share how these repairs will help improve your quality of life and/or the quality of your home:**

**MONTHLY INCOME**

<b>Gross Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other Resident</b>	<b>Other Resident</b>
Estimated Monthly Wages	\$	\$	\$	\$
Social Security (SSI/SSDI)	\$	\$	\$	\$
SNAP (Food Assistance)	\$	\$	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$	\$	\$
VA Benefits (Veterans Affairs)	\$	\$	\$	\$
Child Support Income	\$	\$	\$	\$
Alimony Income	\$	\$	\$	\$
Retirement (Pension, Etc.)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Blue Spruce Habitat for Humanity to evaluate my need for this program and my ability to meet the requirements of the individual program option that fits my needs.

I understand that the evaluation will include personal visits and may include pictures or videos taken of my home. I have answered all the 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 for this program, I may be disqualified from the program and forfeit any rights or claims to the project. The original or a copy of this application will be retained by Blue Spruce Habitat for Humanity even if the application is not approved.

**Applicant Signature**

**Date**

**Co-applicant signature**

**Date**

X \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper, and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed by (staff signature): \_\_\_\_\_



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to housing because of race, color, religion, sex, handicap, familial status, or national origin.

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____/_____/_____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> _____/_____/_____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)