



Caring Hands
of Deerfield

801 SE 101th St., Suite 3,
Deerfield Beach, FL 33441
954-421-3555
caringhandsfl.org

Application

Homeowner Information

Owner Name: _____
Social Security Number: _____ - _____ - _____
Date of Birth: ____/____/____

Co-Owner Name: _____
Social Security Number: _____ - _____ - _____
Date of Birth: ____/____/____

Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Email Address: _____

**Beginning with yourself, list every person living in your household
and the information requested.**

First and Last Name	Birthdate	Gross Monthly Income*	Source of Income**	Relationship to Owner(s)
		\$		
		\$		
		\$		
		\$		
		\$		

Required documentation: Please turn in copies of your Income documentation for ALL sources of income and copy of a picture ID for all household members age 16 and older. If 15 or younger please bring their Birth Certificate. Missing Documentation will delay processing of application.

*Gross Monthly Income is total income before taxes or other items are deducted.

**Sources of income include but are not limited to employment, retirement/pensions, Social Security, SSI, Disability, VA Benefits, etc.

Is the homeowner or anyone else residing in the home disabled? YES _____ NO _____

If yes, please list the disability: _____

Is the homeowner or anyone else residing in the home a veteran of the Armed Services?

YES _____ NO _____ Service Branch _____ Date of Service _____

DECLARATIONS		
	Applicant	Spouse or Co-Applicant
Are you a U.S. Citizen?	YES _____ NO _____	YES _____ NO _____
If not, are you a permanent resident alien?	YES _____ NO _____ Alien # _____	YES _____ NO _____ Alien # _____

What type of residence do you own? House _____ Mobile Home _____

If you own a Mobile Home,

Do you own or rent your land? Own _____ Rent _____

Do you own any other residential real estate? Yes _____ No _____

MORTGAGE INFORMATION

Name(s) that appear on the Title-Deed _____

Mortgage Company Name _____

Original Mortgage Amount \$ _____

Approximate Balance \$ _____

Account Number _____

Monthly Mortgage Payment _____

Are Taxes and Insurance included? YES _____ NO _____

Is your mortgage current? YES _____ NO _____

Previous Rehabilitation:

Has your home been repaired in the past with funding from a City, County, State, or Federal Grant? YES _____ NO _____

If yes, please provide the date and the cost:

Date: _____ Cost: _____

INFORMATION

Have you had a foreclosure? YES ___ NO ___

Have you declared bankruptcy? YES ___ NO ___

Are there any liens on the property? YES ___ NO ___

Do you have any outstanding judgments? YES ___ NO ___

Explain any YES answers: _____

INSURANCE INFORMATION

Are the property taxes current? YES ___ NO ___

Do you have flood insurance? YES ___ NO ___

Do you have Homeowner's Insurance? YES ___ NO ___

Insurance Company Name _____

Address _____

City, State, Zip _____

Amount of Premium	\$ _____	Coverage Amount	\$ _____
Telephone Number	_____	Expiration Date of Policy	_____
Agent's Name	_____		

PLEASE PROVIDE A DETAILED DESCRIPTION OF REPAIRS YOU WOULD LIKE COMPLETED, ALONG WITH THE REASON AS TO WHY YOU NEED ASSISTANCE:

Qualifying Applicants are those who meet the following requirements:

- Own the home that is to be repaired
- Reside in a home needing repair
- Demonstrate a legitimate need
- Unable to perform the work yourselves
- Plan to reside in the home for at least two more years

ACKNOWLEDGEMENT OF NOTICE	
Initial Below	As an applicant for and potential recipient of home repairs and other assistance from Caring Hands, I/we understand and agree to the following:
	<u>Credit Check and Verifications:</u> I/we understand and agree that Caring Hands will verify all information contained in this application and check my/our credit through a national credit bureau.
	<u>House Evaluation:</u> I/we understand that Caring Hands will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that Caring Hands has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limited allowance, I/we will not be eligible for repair.
	<u>Photo Release:</u> As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by Caring Hands.
	<u>Media Release:</u> I/we hereby give my consent for Caring Hands of Deerfield to use and publish my name, photography and/or case history in different media, including television spots, radio announcements, newspaper articles and advertisements, printed materials, posters, websites and other forms of written and digital communication. I/we hereby waive any right that I/we may have to inspect or approve the finished product that may be used in connection herewith.

Applicant Signature

Date

Co-Applicant Signature

Date

How did you hear about Caring Hands of Deerfield?

TV Flyer Other: _____

Friend Brochure

Radio Family Member