

Habitat Helping Hands Inquiry Form

- This form gives Helena Area Habitat the information needed to determine if you qualify for Helena Habitat Helping Hands Program.
- This is NOT an emergency or crisis-based resource.
- There can be no guarantees of eligibility made at this inquiry stage.

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Physical address:	City, State, Zip:			
Mailing address:	City, State, Zip:			
Phone: Email:				
How did you hear about the Habitat He	elping Hands program?			
Are you a veteran? ☐ Yes ☐ No				
Are you or someone in your household	d a Senior (60 years or older)?			
Are you or someone in your household	d disabled?			
How many people live in your home?				
Please list all household members and	all sources of income:			
Household Member	Source of Income: (Wages, SSI, Child Support, SNAP, etc.)	Monthly Income		
Household Member		Monthly Income		
Household Member		Monthly Income		
Household Member		Monthly Income		
Household Member		Monthly Income		
Household Member		Monthly Income		
Household Member Information About Your Home:		Monthly Income		
Information About Your Home:		Monthly Income		
Information About Your Home:	(Wages, SSI, Child Support, SNAP, etc.) Single-Family	Monthly Income		





Please indicate your home repair ne	eds: (select as many as needed)
☐ Accessibility ramp☐ Grab bars☐ Stairs and handrail☐ Minor electrical	 ☐ Installing shelving ☐ Installing doorknobs ☐ Replacing furnace filters ☐ Replace caulking
 ☐ Minor plumbing ☐ Heating ☐ Cooling ☐ Window/door sealing ☐ Loose or missing tread 	 ☐ Installing lighting or lightbulbs ☐ Painting ☐ Smoke alarms/carbon monoxide detector ☐ Other:
Have you received any assistance from I	Rock Mountain Development Council Agency on Aging? $\ \Box$ Yes $\ \Box$ No
Habitat Helping Hands volunteers pr is responsible for material costs.	rovide the labor for no cost; however, the homeowner(s)
Do you have sufficient funds to pay for the	he material? Yes No
lf not, ask Helena Habitat's Program Mar	nager how to qualify for funding assistance:
Contact Cassie Elliott at (406) 204-7314	or email CElliott@HelenaHabitat.org
Authorization and Signature	
	e information that I provided is accurate and that I own the property at the that by submitting this inquiry, I am authorizing Helena Area Habitat for r minor accessibility repairs.
all claims of any kind or nature whatsoeve board members, officers, employees, age Volunteer, including by not limited to clair	Habitat Helping Hand's, the undersigned waives and releases any and er they might have against Helena Area Habitat for Humanity, and any ents or volunteers, arising from the repair work to be preformed by the ms for relief based upon claims for breach of contract, breach of warranty ms for property damage and claims for additional repair expense.
Signature:	Date:



