



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.

Homeowner Information:

Homeowners: _____

Physical address: _____ City, State, Zip: _____

Mailing address: _____ City, State, Zip: _____

Phone: _____ Email: _____

How did you hear about the Habitat Helping Hands program? _____

Are you a veteran? ☐ Yes ☐ No

Are you or someone in your household a Senior (60 years or older)? ☐ Yes ☐ No

Are you or someone in your household disabled? ☐ Yes ☐ No

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

Information About Your Home:

Is your home a: ☐ Mobile Home ☐ Single-Family ☐ Manufactured ☐ Condo

How much are you currently paying each month for housing? _____

When did you purchase your home? _____



Please indicate your home repair needs: *(select as many as needed)*

- | | |
|-------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Accessibility ramp | <input type="checkbox"/> Installing shelving |
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Installing doorknobs |
| <input type="checkbox"/> Stairs and handrail | <input type="checkbox"/> Replacing furnace filters |
| <input type="checkbox"/> Minor electrical | <input type="checkbox"/> Replace caulking |
| <input type="checkbox"/> Minor plumbing | <input type="checkbox"/> Installing lighting or lightbulbs |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Smoke alarms/carbon monoxide detector |
| <input type="checkbox"/> Window/door sealing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Loose or missing tread | |

Have you received any assistance from Rock Mountain Development Council Agency on Aging? ☐ Yes ☐ No

Habitat Helping Hands volunteers provide the labor for no cost; however, the homeowner(s) is responsible for material costs.

Do you have sufficient funds to pay for the material? ☐ Yes ☐ No

If not, ask Helena Habitat's Program Manager how to qualify for funding assistance:

Contact Pat Steinwand at (406) 204-7313 or email PSteinwand@HelenaHabitat.org

Authorization and Signature

With my signature below, I certify that the information that I provided is accurate and that I own the property at the address listed on this form. I understand that by submitting this inquiry, I am authorizing Helena Area Habitat for Humanity to evaluate my home's need for minor accessibility repairs.

In recognition of the voluntary nature of Habitat Helping Hand's, the undersigned waives and releases any and all claims of any kind or nature whatsoever they might have against Helena Area Habitat for Humanity, and any board members, officers, employees, agents or volunteers, arising from the repair work to be preformed by the Volunteer, including by not limited to claims for relief based upon claims for breach of contract, breach of warranty, negligence, claim for personal injury, claims for property damage and claims for additional repair expense.

Signature: _____

Date: _____