

Application: Housing Accessibility Project (HAP)

Section 1: Applicant Information

Name:			
Address:			
City:		State:	Zip:
Phone 1:		Email:	
Phone 2:		Birthdate:	Disability:
Own Rent (Please circle)	Mobile Home? Preauthorization Required YES NO	Military Veteran? YES NO	If Yes, what branch?

Section 2: Service Request

Services that do not require financial qualification: Check service(s) you are interested in

<input type="checkbox"/>	Applications for financial assistance
<input type="checkbox"/>	Contractor information for home modifications
<input type="checkbox"/>	Referral to an agency that can help fund home modifications
<input type="checkbox"/>	Referral to a vendor for purchase and/or installation of temporary home modifications
<input type="checkbox"/>	Home visit to assess home modification options
<input type="checkbox"/>	Other: Please explain

Services that require financial qualification: Check service(s) you are interested in

<input type="checkbox"/>	Modification design and construction- Materials purchased by applicant
<input type="checkbox"/>	Modification design and construction- Construction by family and friends
<input type="checkbox"/>	Modification design, materials and construction- Applicant has no funds or labor to contribute
<input type="checkbox"/>	Other: Please explain

Modifications need to be installed within: (circle one)

30 days 1-3 months 3-6 months 6 months+

Modifications will remain in use for: (circle one)

1-6 months 6-12 months 1-2 years 2+ years

Section 3: SSI, SSDI, Title 19 and/or Waiver Information

Are you on Supplemental Social Security Ins. (SSI)? Yes No	Are you on Social Security Disability Ins. (SSDI)? Yes No
Are you on Title 19? Yes No	If yes, State ID #:
Are you on a Waiver Program? Yes No	If yes, type of waiver:
Name of Caseworker:	
Agency of Caseworker:	
Agency Address:	
City:	State: Zip:
Agency Phone:	Fax:
Caseworker Email Address:	

Section 4: Household Financial Information (Fill out if Section 3 did not apply)

Estimated Monthly Household Income

Resident 1	Amount	Resident 2	Amount
Wages/Earnings		Wages/Earnings	
Other Income		Other Income	
Other Income		Other Income	
Total Monthly Income 1		Total Monthly Income 2	

Resident 3	Amount	Resident 4	Amount
Wages/Earnings		Wages/Earnings	
Other Income		Other Income	
Other Income		Other Income	
Total Monthly Income 3		Total Monthly Income 4	

Total Monthly Household Income (Resident 1 + 2 + 3 + 4)	
Total Annual Household Income (monthly x 12 months)	

Liquid Assets (If not on SSI or SSDI)

Savings Account Balance	
Checking Account Balance	
Cash Value of Stocks, Bonds, CDs	
Other (If Applicable)	
Total Liquid Assets	

Section 5: Applicant Consent

Please read and initial each individual item. Then sign and date below.

_____ I give the H.A.P. Coalition permission to verify any information provided in this application and that I may be asked to provide a Dr.'s note/prescription, a copy of a current bank statement, a pay stub or any other proof of income.

_____ I authorize the H.A.P Coalition to use photographs and information about me for promotional and news release purposes in any print publication or electronic media.

_____ I agree that completing this application, I am freely requesting assistance from H.A.P. and I absolve the H.A.P Coalition and its volunteers from any liability what so ever.

_____ I understand this assistance is provided for homeowners who intend to remain in the home for the foreseeable future.

_____ I hereby authorize H.A.P. to release and exchange relevant information from this application to other agencies and/or organizations that might be a resource to secure funding and/or assist me with my home modification needs.

_____ In the event H.A.P and/or its volunteers are able to fund and/or construct home modifications for me, I agree that when they are no longer needed, I will make an effort to contact H.A.P. in order to donate the materials. A H.A.P. volunteer will then collect the materials and store them for future use.

_____ In the event H.A.P. is able to fund and/or construct home modifications for me, I absolve H.A.P. and/or its volunteers from any liability for any injury or death that might occur due to any accidents from improper function, malpractice or for any other reason while the modifications are in my keeping. I agree to maintain and repair these modifications thereby, not holding any H.A.P Coalition member responsible for any injury, harm or damage to myself, others or property during use of the modifications while in my keeping.

_____ I hereby agree that the information I have provided is accurate to the best of my knowledge. I understand that any change in my financial status will be subject to reassessment.

Applicant Signature

Date

Please submit to: Housing Accessibility Project (HAP)
c/o Access 2 Independence
1556 S. 1st Ave Suite B
Iowa City, IA 52240
BenH@Access2Independence.org