



Priority Home Repair Applicant Snapshot

APPLICANT

Name: _____
Date of birth: _____
Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

CO-APPLICANT

Name: _____
Date of birth: _____
Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Number of people who are living in the home. Adults (18 & older): _____ Children: _____

Has anyone in the household been honorably discharged from the U.S. Military? Yes No
If yes, is this veteran disabled? Yes No

What is the gross yearly income of the household? \$ _____

In what county is your home? Grand Traverse Leelanau Kalkaska Other _____

What company provides electric service: Cherryland Electric DTE Great Lakes Energy
 Consumers Energy Traverse City Light & Power

What company provides your heating fuel (natural gas, propane)? _____

Do you own the home (mortgage or otherwise)? Yes No

Do you own the land the home is on? Yes No

Please indicate the top three repairs needed, in order of urgency

____ Heating/Cooling ____ Electric ____ Septic Systems ____ Roof
____ Foundations ____ Accessibility (bars/ramps) ____ Potable Water

How did you hear about the Priority Home Repair Program? _____

Return the application to:

Mail: Homeowner Services
Habitat for Humanity GTR
PO Box 5412
Traverse City, MI 49696

Email: homeservices@habitatgtr.org

Drop Off: 2847 Rice St
Traverse City MI
(Cass at S. Airport)
Tuesday - Saturday 10-5



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 obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.