Critical Home Repair Application

Thank you for your interest in Sea Island Habitat for Humanity's Critical Home Repair Program. We understand how important your home is not just as a place to live, but as a place of safety, memories, and stability.

Our program provides **essential repairs at no cost to eligible homeowners to address urgent health and safety concerns**. This may include roof repairs, accessibility improvements such as ramps or handrails, exterior door and window replacement, and other critical fixes that help keep your home safe and secure.
** Please note: the only repair service we provide for mobile homes is for accessibility, such as ramps, steps, and handrails**

By completing this application, you are taking the first step toward making your home safer and more comfortable. Our team will carefully review your information and guide you through the next steps in the process.

Sea Island Habitat for Humanity is only able to service homes in our service area.

Zip Codes in Sea Island Habitat for Humanity's Service Area:
29470, 29426, 29412, 29455, 29439, 29438, 29487, 29449

If your home is outside of this area, please refer to Trident United Way's 24/7 resource 211 to connect with a community resource specialist.
1.Dial 2-1-1 on your phone to speak with an agent.
2. Search for services in your community at SC211.org
3. Text "help" to 211-211

Application Submission Process:

1. Complete all parts of this application
2. Provide copies of proof of income documents from household members. This could be social security benefits, disability benefits, or pay stubs.
3. Either email, mail, or drop off all materials to
   Email: repairs@seaislandhabitat.org

   Mail/Drop Off: Sea Island Habitat for Humanity
   2545 Bohicket Road
   Johns Island, SC 29455

Due to the volume of requests, it may take up to 2 weeks before you hear from our Community Programs Manager, Alston Keith. Please do not hesitate to reach out if you have any questions, 843-768-0998.

Sea Island Habitat for Humanity®

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Date: _____

Section 1: Applicant Information

Applicant Full Name: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female ☐ Do Not Wish to Disclose Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race (check all that apply): ☐ American Indian/Alaska Native ☐ Asian
☐ Black/African American ☐ Native Hawaiian/other Pacific Islander ☐ White ☐ Other
☐ Do Not Want to Answer

Co-Applicant Full Name: _____ Date of Birth: _____

Property Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

Best Phone Number to Reach Applicant: _____ (cell phone / landline)

Alternate Number: _____ Email: _____

Section 2: Household Information

Total Number of Individuals Living in the Home (including applicant): _____

How many are under 18? _____ How many are over 65? ____

How many adults with disabilities? _____ How many children with disabilities?_____

Did you or anyone in your household serve or is currently serving in the military? _____

Household Monthly Income: _____
(attach copies of all household income for each adult in the home)

Number of Years at Address: _____ Do you own this property? _____

Type of Home: ☐ Single Family Detached ☐ Modular ☐ Mobile

If yes, the only repair service we provide for mobile homes is for accessibility, such as ramps, steps, and handrails

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Section 3: Repairs Needed

☐ Exterior door repair
How many need repaired? _____

☐ Window repair
How many need repaired? _____
Location: _____

☐ Adding or replacing door seals

☐ Accessibility ramp
Briefly state the need of a ramp: _____

_____

☐ Exterior handrails

☐ Exterior steps

☐ Roof
Do you have active leaks? _____

How many and location: _____

_____

I certify that the information provided in this application is accurate is accurate to the best of my knowledge.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Proof of Ownership _____

Proof of Income/Employment _____

Additional Notes