



# PARTNERSHIP HOURS AGREEMENT

**REQUIRED** ATTACHMENT TO YOUR APPLICATION

**Partnership Hours/ Partnership Question:** *Our partnership hours requirement is rigorous!* Habitat homeowners, as well as each adult that will live in the home, are required to work 275 hours for a single head of household on building the home (except for full-time college students), with a maximum of 425 hours per household with dual head of household. You will not be allowed to move into the home until the hours are completed. This requires approximately eight hours a week on a Habitat construction site during the months that the home is being built. Some weeks there will also be a required meeting or home ownership preparation workshop to attend. You do not need to be experienced in construction. We train and guide you in your partnership hours tasks as you work side-by-side with other volunteers.

**How will you arrange to have the time available?** \_\_\_\_\_

\_\_\_\_\_

**How will you manage transportation to the site?** \_\_\_\_\_

\_\_\_\_\_

**What childcare arrangements will be available for you (children 14 and under are not allowed on the build site but up to 50 hours of babysitting time by family/friends can count toward your partnership hours)?**

\_\_\_\_\_

If any condition (disability) will restrict some aspect of your participation on the construction site, list the specific medical *restrictions your doctor has given you that will limit which tasks you are assigned*. How will you be able to participate?

OR If a disability of a dependent household member (because of their extraordinary or specialized care needs) may severely challenge your ability to personally perform the total number of hours usually required by adult household members, you may request a modification in the percentage of hours that may be done by friends and family.

1. Provide documentation of the disability from the physician.
2. Describe how the care they need (while you are absent) is more specialized than general babysitting.
3. How much extra help will you need from your friends and family to complete your partnership hours?

**Or circle: Not Applicable** – if you have no medical restrictions to your participation.

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Signed Date

(USE REVERSE SIDE AS NEEDED)