

Application

FOR HOUSING



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.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential

1. Applicant Information

Applicant	Co-applicant																																																
Applicant's Name	Co-Applicant's Name																																																
Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
Dependents and others who will live with you (not listed by co-applicant) <table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dependents and others who will live with you (not listed by co-applicant) <table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
Name	Age	Male	Female																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																																														
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																																

If Living at Present Address for Less Than Two Years, Complete the Following

Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____
--	--

2. For Office Use ONLY. Do Not write in this space.

Date Received: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

3. Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, or other approved activities.

I am willing to complete the required sweat -equity hours:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. Present Housing Conditions

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room
 Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5 Property Information

If you own your residence, what is your monthly mortgage payment? \$ _____/month Unpaid Balance \$ _____

Do you own land? No Yes (if yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents? _____

6. Employment Information

Applicant

Co-applicant

Name and Address of Current Employer	Years on This Job
	_____ Monthly (Gross) Wages \$
Type of Business	Business Phone

Name and Address of Current Employer	Years on This Job
	_____ Monthly (Gross) Wages \$
Type of Business	Business Phone

IF Working at Current Job Less than One Year, Complete the Following Information

Name and Address of Last Employer	Years on This Job
	_____ Monthly (Gross) Wages \$
Type of Business	Business Phone

Name and Address of Last Employer	Years on This Job
	_____ Monthly (Gross) Wages \$
Type of Business	Business Phone

7. Monthly Income and Combined Monthly Bills

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/ Child Support	
Total	\$	\$	\$	Total	\$

¹ Self-employed applicant(s) may be required to Provide additional documentation such as tax Returns and financial statements. ³ Please attach copies of last month's bills	² List additional household members over 18 who receive income:		
	Name	Age	Monthly Income
	_____	_____	\$ _____
	_____	_____	\$ _____

8. Source of Down Payment and Closing Costs

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom. _____

9. Assets

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$

Do you Own a:	Yes	No	Do you Own a:	Yes	No
Stove			Car (#1)		
Refrigerator			Make and Year _____		
Washer			Car (#2)		
Dryer			Make and Year _____		
Boat					
Mobile Home					

10. Debt

To Who Do you and the Co-Applicant Own Money?

Car	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____	Cell Phones Contracts	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____
Furniture, Appliances and Televisions	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____
Credit Car	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____	Alimony/Child Support	\$ _____	/month
			Job-related Expenses	\$ _____	/month
			(Child Care, Union Dues, etc)	\$ _____	/month
Medical	Monthly Payment \$ _____ Month left to pay:	Unpaid Balance \$ _____			
			Column 2: Subtotal of Payments	\$ _____	/month
			Column 1: Subtotal of Payments	\$ _____	/month
Column 1: Subtotal of Payments	\$ _____	/month	TOTAL Monthly Expenses	\$ _____	/month

11. Declarations

Please check the box that best answers the following questions for you and the co-applicants.	Applicant		Co-applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed on in the past 7 years?				
d. Are you currently involved in a lawsuit? Yes				
e. Are you paying alimony or child support?				
f. Are you a U.S. citizen or permanent resident?				
Answering "yes" to questions a through e does not automatically disqualify you. If you answered "yes" to any question a through e, however, please explain on a separate sheet of paper.				

12. Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Applicant Signature	Date	Co-applicant Signature	Date
X _____	_____	X _____	_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

Applicant's name _____ Co-applicant's name _____

13. Information for Government Monitoring Purposes

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant		Co-applicant	
Check the box to the left		Check the box to the left	
<input type="checkbox"/>	I do not wish to furnish this information	<input type="checkbox"/>	I do not wish to furnish this information
Race/National Origin:		Race/National Origin:	
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Alaskan Native AND Caucasian	<input type="checkbox"/>	American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/>	Asian AND Caucasian	<input type="checkbox"/>	Asian AND Caucasian
<input type="checkbox"/>	Black/African American AND Caucasian	<input type="checkbox"/>	Black/African American AND Caucasian
<input type="checkbox"/>	American Indian or Alaskan Native AND Black/African American	<input type="checkbox"/>	American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	Other (specify) _____
Ethnicity:		Ethnicity:	
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Non-Hispanic	<input type="checkbox"/>	Non-Hispanic
Sex:		Sex:	
<input type="checkbox"/>	Female	<input type="checkbox"/>	Female
<input type="checkbox"/>	Male	<input type="checkbox"/>	Male
<input type="checkbox"/>	Birth date: _____	<input type="checkbox"/>	Birth date: _____
Marital Status:		Marital Status:	
<input type="checkbox"/>	Married	<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/>	Unmarried (Incl. single, divorced, widowed)

To Be Completed Only by the Person Conducting the Interview

This application was taken by:

<input type="checkbox"/> Face-to-face Interview	Interviewer's Name (print or type)
<input type="checkbox"/> by Mail	Interviewer's Signature Date
<input type="checkbox"/> by Telephone	Interviewer's Phone Number