

APPLICATION

for Homeownership



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.

Effective December 13, 2018, Habitat requires a \$10 (Non-refundable) Application fee to cover part of the cost of the credit report for the Application for Homeownership. Submit either cash, money order or bank check of \$10 payable to "Habitat for Humanity of Summit County" when you turn in your application for homeownership. We do not accept personal checks or credit cards.

1. APPLICANT INFORMATION					
Applicant			Co-applicant		
Applicant's Name		Date of Birth	Co-applicant's Name		Date of Birth
_____		___/___/___	_____		___/___/___
Social Security Number	Age	Home Phone	Social Security Number	Age	Home Phone
___-___-___	___	()	___-___-___	___	()
Married Separated Unmarried (single, divorced, widowed)			Married Separated Unmarried (single, divorced, widowed)		
Dependents and others who will live with you			Dependents and others who will live with you (not listed by applicant)		
Name	Age	Male Female	Name	Age	Male Female
_____	___		_____	___	
_____	___		_____	___	
_____	___		_____	___	
Present Address (street, city, state, ZIP code) Own Rent			Present Address (street, city, state, ZIP code) Own Rent		
Number of Years _____			Number of Years _____		
If Living at Present Address for Less Than Two Years, Complete the Following					
Last Address (street, city, state, ZIP code) Own Rent			Last Address (street, city, state, ZIP code) Own Rent		
Number of Years _____			Number of Years _____		
2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE					
Date Received: _____			Date of Home Visit: _____		
More Information Requested? Yes No			Date Verifications Received: _____		
Date Application Completed: _____			Landlord: _____ Employment: _____		
Accepted Denied			Date of Orientation: _____		
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 cleaning the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

Yes No

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant:
Co-applicant:

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

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 mortgage payment? \$ _____ /month Unpaid Balance \$

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

Is there a mortgage on the land? Yes No 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	Name and Address of Current Employer	Years on This Job
	Position		Position
Business Phone ()		Business Phone ()	
Hourly wage: \$	Hours worked per week:	Hourly wage: \$	Hours worked per week:

If Working at Current Job Less Than One Year, Complete the Following Information

Name and Address of Last Employer	Years on This Job	Name and Address of Last Employer	Years on This Job
	Position		Position
Business Phone ()		Business Phone ()	
Hourly wage: \$	Hours worked per week:	Hourly wage: \$	Hours worked per week:

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

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

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List additional household members over 18 who receive

income:

\$ _____ Monthly

Name	Age
Monthly Income	

\$ _____ Annually

D/I: _____%

\$ _____

\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

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:	Account Number:
Balance \$	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number:	Account Number:
Balance \$	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number:	Account Number:
Balance \$	Balance \$
Do you own a: Yes No Boat Mobile Home Washer Dryer	Do you own a: Yes No Car (#1) Make and Year _____ Car (#2) Make and Year _____

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

Car	Monthly Payment	Unpaid Balance	Credit Card	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances, & Televisions	Monthly Payment	Unpaid Balance	Medical	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Cell Phone Contracts	Monthly Payment	Unpaid Balance	Other	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant		
Co-applicant			
a. Do you have any debt because of a court decision against you? No	Yes	No	Yes
b. Have you been declared bankrupt within the past seven years? No	Yes	No	Yes
c. Have you had property foreclosed on in the past seven years? No	Yes	No	Yes
d. Are you currently involved in a lawsuit? No	Yes	No	Yes
e. Are you paying alimony or child support? No	Yes	No	Yes
f. Are you a U.S. citizen or permanent resident? No	Yes	No	Yes

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece 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 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 also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

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
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian 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"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (wid, single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian 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"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (wid, single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

- Face-to-face interview
- By Mail
- By Telephone

Interviewer's Name (print or type)

Interviewer's Signature

Date

Interviewer's Phone Number