

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, sexual orientation, gender identity 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			Date of Birth			Co-applicant's Name			Date of Birth		
			__/__/____						__/__/____		
Social Security Number		Age	Home Phone			Social Security Number		Age	Home Phone		
- - - - -			()			- - - - -			()		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)						<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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	
_____		_____	<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"/>		_____		_____	<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						Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> 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) <input type="checkbox"/> Own <input type="checkbox"/> Rent						Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Number of Years _____						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 Verifications Received:
 Landlord: _____ Employment: _____
 Date of Orientation: _____

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.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Yes No
 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 - (PLEASE PROVIDE COPIES OF YOUR TWO MOST RECENT PAY STUBS)

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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\$ _____ Monthly

\$ _____ Annually

D/I: _____ %

List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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: 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
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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 <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number