



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 _____				Social Security Number _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)				<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)				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) _____				Present Address (street, city, state, ZIP code) _____			
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<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) _____				Last Address (street, city, state, ZIP code) _____			
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<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: _____	Date Letter Sent: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of 1 st Home Visit: _____
Date Application Completed: _____	Date of 2 nd Home Visit: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	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, or other approved activities.

	Yes	Sign below	No
I AM WILLING TO COMPLETE 200 SWEAT-EQUITY HOURS.	Applicant:	<input type="checkbox"/> _____	<input type="checkbox"/>
I AM WILLING TO COMPLETE 200 SWEAT-EQUITY HOURS.	Co-applicant:	<input type="checkbox"/> _____	<input type="checkbox"/>

4. Your 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? \$ _____

(Please supply a copy of your lease or a copy of a money order receipt or a 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?

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

5. Property Information

If you own a home, what is your monthly mortgage payment, including taxes and insurance \$ _____? What is your remaining 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 \$ _____

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

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Yes Sign below No

7. Monthly Income and Combined Monthly Bills

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Current Regular Bills	Monthly Amount
Base Employment	\$	\$	\$	Rent	\$
AFDC/TANF				Amount covered by Section 8	()
Food Stamps				Renter's Insurance	
Social Security				Gas, Electric	
SSI				Phones, Cable, Satellite, Internet	
Disability				Health Insurance	
Alimony				Medical Bills	
Child Support and Child Credit				Car Payments	
Tax Refunds divided by 12				Car Insurance	
Medical Assistance				Child Care	
Energy Assistance				Average Credit Card payments	
Other				Alimony/Child Support	
Other				Money you owe to other people	
Totals	\$	\$	\$	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 all of last month's bills

² List additional household members (3 or over) who receive income. Please attach an additional page if needed.

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

8. Source of Closing Costs

Where will you get the money to pay the closing costs (for example: savings, relatives, income tax returns, etc.)? If you are borrowing money to pay these costs, explain how and from whom.

9. Assets

List Checking and Savings Accounts Below for all family members who will live in the house

Name and Address of Bank, Savings & Loan, or Credit Union Name and Address of Bank, Savings & Loan, or Credit Union

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

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Name and Address of Bank, Savings & Loan, or Credit Union Name and Address of Bank, Savings & Loan, or Credit Union

3. Willingness to Partner

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Yes Sign below No

<p>Do you own any Cars, Trucks, SUVs, or Vans?</p> <p>Car # 1 Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Make and Year _____</p> <p>Car # 2 Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Make and Year _____</p>	<p>Do you own a:</p> <p>Stove Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Refrigerator <input type="checkbox"/> <input type="checkbox"/></p> <p>Washer <input type="checkbox"/> <input type="checkbox"/></p> <p>Dryer <input type="checkbox"/> <input type="checkbox"/></p> <p>Computer <input type="checkbox"/> <input type="checkbox"/></p> <p>Boat or other vehicles <input type="checkbox"/> <input type="checkbox"/></p>
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10. Debt

To Whom Do You and Your Co-Applicants Owe Money? Enter Totals

	Monthly Payment	Unpaid Balance	Medical Expenses	Monthly Payment	Unpaid Balance
Car #1	\$ _____	\$ _____		\$ _____	\$ _____
	Months left to pay? _____			Months left to pay? _____	
Car #2	\$ _____	\$ _____	Company #1 name and address	\$ _____	\$ _____
	Months left to pay? _____			Months left to pay? _____	
Furniture	\$ _____	\$ _____	Company #2 name and address	\$ _____	\$ _____
	Months left to pay? _____			Months left to pay? _____	
Credit Cards	\$ _____	\$ _____	Back Alimony / Child Support to	\$ _____	\$ _____
	Months left to pay? _____			Months left to pay? _____	
Job related expenses, Union dues	\$ _____ / month			\$ _____ / month	
Column 1 Subtotal of Payments	\$ _____ / month		Column 2 Subtotal of Payments	\$ _____ / month	
			Total Monthly Expenses	\$ _____ / month	

11. Declarations

Please check the box that best answers the following questions about you and your co-applicants

	Applicant	Co-Applicants
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 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on you in the last 7 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
<p>Answering "yes" to any of the above questions does not automatically disqualify you. If you answered "yes" to any of a through e, please explain on a separate sheet of paper.</p>		
f. Are you a U.S. citizen or a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

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