



APPLICATION FOR HOUSING

APPLICANT INFORMATION
FILL IN OR CIRCLE THE CORRECT ANSWER

Applicant's Name:

Date of Birth:	SSN:	Phone:
Ethnic Origin:	Primary Language:	A copy of your driver's license or Government Picture ID must be attached.
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)		

Current address:

City:	State:	ZIP Code:
<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent	Monthly payment or rent:	Number of Years:
Previous address (If Living at Current Address for Less Than Two Years):		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	Number of Years:

Dependents and others who will live with you (not listed by co-applicant)

Name	Age	Male	Female

CO-APPLICANT INFORMATION

Name:		
Date of Birth:	SSN:	Phone:
Ethnic Origin:	Primary Language:	A copy of your Driver's License or Government Picture ID must be attached.
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)		

Current address:

City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	Number of Years:
Previous address (If Living at Current Address for Less Than Two Years):		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	Number of Years:

Dependents and others who will live with you (not listed by co-applicant)

Name	Age	Male	Female





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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:

Co-Applicant:

PRESENT HOUSING CONDITIONS

CIRCLE OR FILL IN THE CORRECT ANSWER BELOW:

Number of Bedrooms 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?

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?

EMPLOYMENT INFORMATION

Applicant

Current employer:

Employer address: _____ Years on This Job: _____

Phone: _____ Type of Business: _____

City: _____ State: _____ ZIP Code: _____

Position: _____ Monthly (Gross) Wages \$ _____

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

Previous employer:

Employer address: _____ Years on This Job: _____

Phone: _____ Type of Business: _____

City: _____ State: _____ ZIP Code: _____

Position: _____ Monthly (Gross) Wages \$ _____





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Co-Applicant Information

Current employer:
 Employer address: _____ Years on This Job: _____
 Phone: _____ Type of Business: _____
 City: _____ State: _____ ZIP Code: _____
 Position: _____ Monthly (Gross) Wages \$ _____

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

Previous employer:
 Married _____ Separated _____ Unmarried (Incl. single, divorced, widowed) _____ Years on This Job: _____
 Phone: _____ Type of Business: _____
 City: _____ State: _____ ZIP Code: _____
 Position: _____ Monthly (Gross) Wages \$ _____

MONTHLY INCOME AND COMBINED MONTHLY BILLS

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

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

²List additional household members over 18 who receive income.
 Name _____ Age _____ Monthly Wages _____

³Please attach copies of last month's bills.

SOURCE OF DOWNPAYMENT AND CLOSING CLOSTS

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





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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 #	Balance \$	Account #	Balance \$
Do you own a:		Do you own a:	
	Yes No		Yes No
Stove		Car (#1)	
Refrigerator		Make and Year	
Washer		Car (#2)	
Dryer		Make and Year	
Boat			
Mobile Home			

DEBT

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

Car	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:	Cell Phone Contracts	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:
Furniture, Appliances, and Televisions	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:	Name and Address of Company	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:
Credit Card	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:	Alimony/Child Support	\$ /month
		Job-related Expenses	\$ /month
		(Child Care, Union Dues, etc.)	\$ /month
Medical	Monthly Payment \$ Unpaid Balance \$ Mos. Left pay:	Column 2: Subtotal of Payments	\$ /month
		Column 1: Subtotal of Payments	\$ /month
Column 1: Subtotals of Payments	\$ /month	Total Monthly Expenses	\$ /month

DECLARATIONS

Please **Circle** the Best Answer to the Following Questions for You and the Co-applicant



	Applicant		Co-applicant	
Do you have any debt because of a court decision against you?	Yes	No	Yes	No
Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No



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a. Have you had property foreclosed on in the past 7 years?	Yes	No	Yes	No
a. Are you currently involved in a lawsuit?	Yes	No	Yes	No
a. Are you paying alimony or child support?	Yes	No	Yes	No
a. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **a** and **e**, however, please explain on a separate sheet of paper.

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 at 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.

Signature of applicant	Date
Signature of co-applicant	Date

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.

Please add any explanations below which would help us to understand your situation better. If necessary attach another sheet with your explanation.

