

Date: \_\_\_\_\_

## APPLICATION FOR HOUSING

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

### 1. APPLICANT INFORMATION

APPLICANT				CO-APPLICANT			
Applicant's Name:				Co-Applicant's Name:			
Name _____				Name _____			
Social Security _____		Phone _____		Social Security _____		Phone _____	
B/D _____				B/D _____			
e-mail: _____				e-mail: _____			
Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/>				Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/>			
(If Unmarried, Incl. Single, Divorced, Widowed)				(If Unmarried, Incl. Single, Divorced, Widowed)			
Dependents (people who live with you not listed by co-applicant)				Dependents (people who live with you not listed by co-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 _____			
e-mail: _____				e-mail: _____			

### 2. PRESENT HOUSING CONDITONS

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. Do you receive a subsidized housing allowance? If yes: \$ \_\_\_\_\_ /month. Name of Entity: \_\_\_\_\_

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 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?

#### 4. EMPLOYMENT INFORMATION

APPLICANT		CO-APPLICANT	
Name and Address of <b>Current</b> Employer	Years On This Job	Name and Address of <b>Current</b> Employer	Years On This Job
	Mo.(Gross)Wages		Mo.(Gross)Wages
Type of Business	Business Phone	Type of Business	Business Phone
Name and Address of <b>Current</b> Employer	Years On This Job	Name and Address of <b>Current</b> Employer	Years On This Job
	Mo.(Gross)Wages		Mo.(Gross)Wages
Type of Business	Business Phone	Type of Business	Business Phone

#### 5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
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	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

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

**List additional household members over 18 who receive income:**

Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

#### 6. 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: <span style="float: right;">Balance \$</span>	Account Number: <span style="float: right;">Balance \$</span>
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: <span style="float: right;">Balance \$</span>	Account Number: <span style="float: right;">Balance \$</span>
<b>Do you own a:</b>	<b>Do you own a:</b>
<b>Yes      No</b>	<b>Yes      No</b>
Stove <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>	Car (#1) <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>
Refrigerator <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>	Make and Year _____
Washer <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>	Car (#2) <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>
Dryer <span style="float: right;"><input type="checkbox"/>      <input type="checkbox"/></span>	Make and Year _____

### 7. DEBT

#### TO WHOM DO YOU AND THE CO-APPLICANT OWE MONEY?

Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay			Mos. left to pay	
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay			Mos. left to pay	
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Alimony/Child Support	\$	/month
	Mos. left to pay		Job-Related Expenses	\$	/month
			(Child Care, Union Dues, etc.)	\$	/month
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$			
	Mos. left to pay				
<b>Column 1: Subtotal of Payments</b>	<b>\$</b>	<b>/month</b>	<b>Column 2: Subtotal of Payments</b>	<b>\$</b>	<b>/month</b>
			<b>TOTAL MONTHLY PAYMENTS</b>	<b>\$</b>	

### 8. CLOSING COSTS

**The Partner Family needs to be aware that approximately 1% of the selling price will be needed to pay utility deposits, homeowner's insurance premium, moving costs, and other incidental expenses occurring at the time of closing.**

### 9. 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 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed 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
f. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. 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

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

#### 10. 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.

**AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS.**

Yes No

Applicant ☐ ☐

Co-Applicant: ☐ ☐

#### 11. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Marshall County, Inc. 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, criminal background and employment and landlord verifications. 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 of Marshall County, Inc. even if the application is not approved.

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.

**Notice:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**Notice:** The Indiana laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Indiana Civil Rights Commission administers compliance with this law.