



Application

FOR HOUSING PROGRAM

Habitat for Humanity of Anderson County
Phone: (865) 482-7713

Return Application to:
111 Randolph Road • Oak Ridge, TN 37830



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. If more space is needed, attach extra paper.

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant's Name:	Co-Applicant's Name:
Applicant's E-mail Address:	Co-Applicant's E-mail Address:
Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent Street _____ Post Office Box # _____ City, State Zip Code _____ Phone Number: _____ <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other Number of Years: _____	Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent Street _____ Post Office Box # _____ City, State Zip Code _____ Phone Number: _____ <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other Number of Years: _____
_____ / ____ / ____ Social Security Number Date of Birth	_____ / ____ / ____ Social Security Number Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)

Dependents (people who live with you)

Name	Date of Birth	Male/Female	Social Security Number
_____	_____	<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"/>	_____

Will everyone listed continue to live with you if you qualify for a HFHAC House? Check (✓) those who will not.

Please give directions to your present home (Be specific, attach additional page if needed).

2. WILLINGNESS TO PARTNER

To be considered for a Habitat house, 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/WE ARE WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:	Applicant	Yes	No
	Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>

3. 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) _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat house?

Landlord References:

Current Landlord

Name _____
Address _____
City, State Zip Code _____
Telephone Number _____

Previous Landlord

Name _____
Address _____
City, State Zip Code _____
Telephone Number _____
Monthly rent \$ _____
Reason for moving _____

4. PROPERTY INFORMATION

Where in Anderson County would you like to live? _____

Does anyone in your family have special needs? ☐ Yes ☐ No

If Yes, will this affect the house design? ☐ Yes ☐ No

5. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
<u>Current Employer</u> Name _____ Address _____ City _____ State, Zip _____	Years on Job _____ Gross Monthly Pay \$ _____	<u>Current Employer</u> Name _____ Address _____ City _____ State, Zip _____	Years on Job _____ Gross Monthly Pay \$ _____
Type of Business	Business Phone	Type of Business	Business Phone

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

<u>Last Employer</u> Name _____ Address _____ City _____ State, Zip _____ Reason for Leaving _____	Years on Job _____ Gross Monthly Pay \$ _____	<u>Last Employer</u> Name _____ Address _____ City _____ State, Zip _____ Reason for Leaving _____	Years on Job _____ Gross Monthly Pay \$ _____
Type of Business	Business Phone	Type of Business	Business Phone

6. MONTHLY INCOME

Gross Monthly Income	Applicant	Co-Applicant	Others in Household ²
Employment Income ¹	\$ _____	\$ _____	\$ _____
AFDC	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
Food Stamps*	\$ _____	\$ _____	\$ _____

¹ Self-employed applicant(s) will be required to provide additional documentation such as tax returns and financial statements.
* Food Stamps will not be counted towards the total gross monthly income.

² List income of all household members over age 18 :

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

7. SOURCE OF DOWNPAYMENT

Where will you be getting the money to pay the downpayment (for example: savings, parents)? If you are borrowing to pay this cost, explain how and from whom.

8. ASSETS

Name of Bank, Savings & Loan, or Credit Union:

Address _____

City, State Zip Code _____

Name of Bank, Savings & Loan, or Credit Union:

Address _____

City, State Zip Code _____

Account Number

Balance

\$ _____

Account Number

Balance

\$ _____

9. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT OWE MONEY (EX: Auto Loan, Personal Loan, etc)

Name of Company

Monthly Payment

\$ _____

Address _____

City _____

State, Zip _____

Unpaid Balance

\$ _____

Account Number

Months left to pay

Name of Company

Monthly Payment

\$ _____

Address _____

City _____

State, Zip _____

Unpaid Balance

\$ _____

Account Number

Months left to pay

Name of Company

Monthly Payment

\$ _____

Address _____

City _____

State, Zip _____

Unpaid Balance

\$ _____

Account Number

Months left to pay

Name of Company

Monthly Payment

\$ _____

Address _____

City _____

State, Zip _____

Unpaid Balance

\$ _____

Account Number

Months left to pay

What are your monthly bills?

	Monthly Amount		Monthly Amount
Rent	\$ _____	Cable TV, Internet, Telephone/Cell Phone	\$ _____
Utilities (Water, Gas, Electric)	\$ _____	Job Related Expenses (Union Dues, etc)	\$ _____
Car Payments	\$ _____	Student Loans	\$ _____
Insurance	\$ _____	Alimony/Child Support	\$ _____
Child Care	\$ _____	Medical Expenses	\$ _____
Credit Card Payments	\$ _____	Other (Explain)	\$ _____

10. DECLARATIONS

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

Answering "yes" to any of these questions does not automatically disqualify you.	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 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 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 applied for a mortgage loan from another lending institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Have you ever applied for a Habitat house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Are you a Veteran or currently serving in the military?	<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 H, please explain. Use a separate sheet of paper if necessary.

How did you learn of our program?

11. AUTHORIZATION AND RELEASE

I swear and affirm that all the information on this application is accurate and complete to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of this application. Furthermore, I understand that the completion of this application in no way guarantees that I will receive housing through HABITAT FOR HUMANITY OF ANDERSON COUNTY. I hereby authorize HABITAT FOR HUMANITY OF ANDERSON COUNTY to verify my past and present **employment earnings, records, bank accounts, stock holdings and any other asset balances** that are needed to process this application. I further authorize HABITAT FOR HUMANITY OF ANDERSON COUNTY to order a **consumer credit report** and verify other **credit information**, including landlord references. I further authorize HABITAT FOR HUMANITY OF ANDERSON COUNTY to conduct a **criminal background check**. It is understood that a photocopy of this document will also serve as authorization.

I understand that HABITAT FOR HUMANITY OF ANDERSON COUNTY screens all potential staff (whether paid or unpaid), board members, and applicant families on the **sex offender registry**. By completing this application, I am submitting to such an inquiry.

I understand that the information contained in this application will be used to determine if I pre-qualify for a mortgage loan.

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

PLEASE NOTE: If more space is needed to complete this application, please use a separate sheet of paper and attach it to this application. Please mark your comments "A" for applicant and "C" for co-applicant.