

Affiliate name
Affiliate mailing address for receipt of completed application
Affiliate phone number



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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 Home	Phone		Age	Social Security Number	Home Phone		Age	
☐ Married ☐ Separated ☐ Unmarried (Incl. sin	ngle, divorce	ed, widov	wed)	☐ Married ☐ Separated ☐ Unmarried	(Incl. single, divorced	d, widov	wed)	
<b>Dependents</b> and others who will live with you (n Name	ot listed b Age		plicant) Female	<b>Dependents</b> and others who will live with Name	h you (not listed by Age		ant) Female	
		_ 🗆						
		_ 🗆		-				
		_ 🗆		-				
		_ 🗆						
				-				
Present Address (street, city, state, ZIP code)	□ 0w	n □R	ent	Present Address (street, city, state, ZIP of	code) 🗆 Own	□R	ent	
Number of Years				Number of Years				
If Living at Pre	sent Add	ress f	or Less T	han Two Years, Complete the Followi	ng			
Last Address (street, city, state, ZIP code)	□ 0w	n □R	ent	Last Address (street, city, state, ZIP code	e) 🗆 Own	□R	ent	
Number of Years				Number of Years				
2. FOR	OFFICE	USE 0	NLY – D	O NOT WRITE IN THIS SPACE				
Date Received:								
More Information Requested? $\square$ Yes $\square$ No				Date Letter Sent:				
Date Application Completed:				Date of Home Visit:				

Data Latter Cent

## 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of ing your home and the homes of others is called "sweat equity," and may include clearing the lot, painting			
the Habitat office, attending homeownership classes or other approved activities.		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	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  (Please supply a copy of your lease or a copy of a money order receipt or canceled 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?		
5. PROPERTY INFORMATION			
	Hanaid Dalama d		
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?			

6. EMPLOYMENT INFORMATION						
	Co-applicant					
Years on This Job	Name and Address of <b>Current</b> Employer		Years on This Job			
Monthly (Gross) Wages			Monthly (Gross) Wages			
\$			\$			
iness Phone	Type of Business	Business Phone				
ent Job Less Than One	Year, Complete the Following Information	on				
Years on This Job	Name and Address of <b>Last</b> Employer		Years on This Job			
Monthly (Gross) Wages	<u></u>		Monthly (Gross) Wages			
\$			\$			
iness Phone	Type of Business Busin		ess Phone			
	Monthly (Gross) Wages \$ iness Phone  Years on This Job  Monthly (Gross) Wages	Years on This Job  Monthly (Gross) Wages \$ iness Phone  Type of Business  Type of Business  Part Job Less Than One Year, Complete the Following Information  Years on This Job  Name and Address of Last Employer  Monthly (Gross) Wages  \$	Years on This Job Name and Address of Current Employer  Monthly (Gross) Wages \$ iness Phone Type of Business Busine  ent Job Less Than One Year, Complete the Following Information  Years on This Job Name and Address of Last Employer  Monthly (Gross) Wages \$ \$			

Gross Monthly Income	Applicant	Co-Applicant	ID COMBINED MONTH  20thers in Household	<sup>3</sup> Monthly Bills	Monthly Amount
<sup>1</sup> Base Employment Income	\$	\$	\$	Rent	\$
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	
Total	\$	\$	\$	Total	\$
<sup>3</sup> Please attach copies of last Where will you get the mone and how will you pay it back?	8. <b>SOU</b> y to make the down	payment (for exampl	ASSETS	ou borrow the money, who will	\$ \$ you borrow it from,
			Savings Accounts Belo		
Name and Address of Bank, S	savings & Loan, or C	redit Union:	Name and Address (	of Bank, Savings & Loan, or Cred	lit Union:
Account Number:	Bal	ance \$	Account Number:	Balan	ce \$
Name and Address of Bank, S	Savings & Loan, or C	redit Union:	Name and Address	of Bank, Savings & Loan, or Cred	lit Union:
Account Number:	Ba	ance \$	Account Number:	Balan	ce \$
Name and Address of Bank, S	Savings & Loan, or C	redit Union:	Name and Address (	of Bank, Savings & Loan, or Cred	dit Union:
Account Number:	Ba <sup>l</sup>	ance \$	Account Number:	Balan	ce \$

Do you own a:	Yes	No	Do you own a:			Yes	No	
Boat			Car (#1)					
Mobile Home			Make and Year			_		
Washer			Car (#2)					
Dryer			Make and Year			_		
		10. [	DEBT					
		o You and the	Co-applicant Owe Money?					
COLUMN	1		COLUM	N 2				
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts		Monthly Payment	Unpai Balan		
	\$	\$			\$	\$		
	Mos. left to	pay:			Mos. left to p	ау:		
Furniture, Appliances and Televisions Monthly Unpaid		Other Money You Owe Name and Address of Company		Manthly	Hees:	٠.		
	Payment \$	Balance \$	Name and Address of Company		Monthly Payment	Unpai Balan		
	Mos. left to	•			\$	\$		
Credit Card	Monthly	Unpaid			Mos. left to pay:			
	Payment	Balance	Alimony/Child Support		\$		/month	
	\$ Mos. left to	\$	Job-related Expenses		\$	/	month	
Medical	Monthly	Unpaid	(Child Care, Union Dues, etc.)		\$	/	month	
	Payment	Balance	Column 2: Subtotal of Payments		\$	/	month	
	\$ Mos. left to	\$ pay:	Column 1: Subtotal of Payments		\$	/	month	
						/	month	
Column 1: Subtotal of Payments	\$	/month	Total Monthly Expenses		\$	/	HIUHHH	
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Applicant's name	Co-applicant's name	

## 13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

,		
Applicant		Co-applicant
$\Box$ I do not wish to furnish this informa	ition	☐ I do not wish to furnish this information
Race/National Origin:		Race/National Origin:
American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  Black/African American  Caucasian  Asian  American Indian or Alaskan Native AND Caucasian  Asian AND Caucasian  Black/African American AND Caucasian  American Indian or Alaskan Native AND Black/African American  Other (specify)		<ul> <li>□ American Indian or Alaskan Native</li> <li>□ Native Hawaiian or Other Pacific Islander</li> <li>□ Black/African American</li> <li>□ Caucasian</li> <li>□ Asian</li> <li>□ American Indian or Alaskan Native AND Caucasian</li> <li>□ Asian AND Caucasian</li> <li>□ Black/African American AND Caucasian</li> <li>□ American Indian or Alaskan Native AND Black/African American</li> <li>□ Other (specify)</li> </ul>
Ethnicity:  □ Hispanic □ Non-Hispanic		Ethnicity:  ☐ Hispanic ☐ Non-Hispanic
Sex:    Female		Sex:   Female
☐ Unmarried (Incl. single, divorced, widow	ed)	☐ Unmarried (Incl. single, divorced, widowed)
То В	e Completed Only By the F	Person Conducting the Interview
This application was taken by:	Interviewer's Name (prir	
☐ Face-to-face Interview	Interviewer's Signature	Date

Interviewer's Phone Number

☐ By Mail

☐ By Telephone

## 2014 Financial Checklist

To be considered, your application **MUST** include *readable* copies of:

- ✓ Pay stubs for the last 30 days for all persons employed
- √ 2013 W-2 from all your employers
- ✓ Your federal tax returns if self-employed for 2013, including Schedule C and 1099
- ✓ Other monthly income for the household (for example SSI, child support, etc.)
- ✓ Your most recent checking and savings statements
- ✓ A recent month's bill which must include:
  - ✓ Rent
  - ✓ All utilities (for example: electric, phone, cable, and internet)
  - ✓ Insurance (for example: renters or automobile insurance)
  - ✓ Car payment, credit card, and other installment payments
  - √ Medical bills
  - ✓ Monthly amount for gas and food

Send a completed application and the above items in one envelope. Everything *must* be included at the time of submission.

Make sure there is enough postage on the envelope. We will not accept late forms that have been returned to you because of insufficient postage.

If you have any questions or concerns, please contact Terry Paquette at (804) 794-1700 or <a href="mailto:hfhpowhatan@gmail.com">hfhpowhatan@gmail.com</a>.

## Mail your application to:

Habitat for Humanity - Powhatan PO Box 416 3829 Old Buckingham Rd. Powhatan, VA 23139-0416