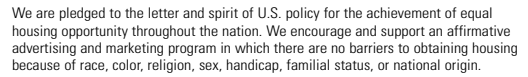


Application FOR HOUSING



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 _____	
<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) Name _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/>				Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Age _____ Male Female <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 _____			
If Living at Present Address for Less Than Two Years, Complete the Following							
Last Address (street, city, state, ZIP code) _____		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) _____		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Number of Years _____				Number of Years _____			

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 clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount
¹ 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	\$

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

³Please attach copies of last month's bills.

²List additional household members over 18 who receive income:

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

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. 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: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT**To Whom Do You and the Co-applicant Owe Money?**

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

11. 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 seven 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 past seven 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. 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

If you answered "yes" to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper.

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.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

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.

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
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____ / ____ / ____	Birthdate: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

☐ Face-to-face Interview☐ By Mail☐ By Telephone

Interviewer's Name (print or type)

Interviewer's Signature

Date

Interviewer's Phone Number

Habitat for Humanity – Powhatan

Financial Check List – 10/2012

IMPORTANT:

To insure your paperwork package is complete, use this sheet as your check-off list.

Everything must be included at the time of submission.

We will not accept any forms at a later date.

Readable copies of your **pay stubs** for the **last 30 days** for all persons employed.

Copy of 2011 **W-2**, from all your employers.

If self employed, copies of your Federal Tax Returns for **2011** including your **Schedule C and 1099**.

Include readable copies of **other monthly income** for the household, as in SSI, child support, etc.

A copy of your most recent bank checking and savings statement.

A copy of a recent month's bills as requested on the application which must include rent, utilities including electric, phones, cable and internet, insurance, car payment, credit card and other installment payments, medical and a monthly amount for gas and food.

Send everything in one envelope at the same time. Do not send additional paperwork at a later date.

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

Mail to:

Habitat for Humanity * PO Box 416 * Powhatan, VA * 23139

This application process is very competitive. Be sure to include everything on the check off list.



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.

Revised 1/09