

Habitat for Humanity®

Application



FOR HOUSING

Habitat for Humanity of Union County

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FOR HOUSING



Habitat for Humanity of Union County, Inc.
P.O. Box 245 Marysville, Ohio 43040

"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, 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. single, divorced, widowed) _____	Married _____ Separated _____ Unmarried (Incl. single, divorced, widowed) _____
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)
Name _____ Age _____ Male _____ Female _____	Name _____ Age _____ Male _____ Female _____
_____	_____
_____	_____
_____	_____
_____	_____
Present Address (street, city, state, zip code) _____ Own _____ Rent _____	Present Address (street, city, state, zip code) _____ Own _____ 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) _____ Own _____ Rent _____	Last Address (street, city, state, zip code) _____ Own _____ Rent _____
Number of Years _____	Number of Years _____

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No

Date Letter Sent: _____

Date Application Completed: _____

Date of Home Visit: _____

Accepted Denied

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, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Yes No
 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 current 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?

5. PROPERTY INFORMATION

If you own your residence, what is your current 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	\$
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	
Total	\$	\$	\$	Total	\$
¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.			² List additional household members over 18 who receive income:		
³ Please attach copies of last month's bills.			Name	Age	Monthly
			_____	_____	\$ _____
			_____	_____	\$ _____
			_____	_____	\$ _____

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

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

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
Stove			Car (#1)		
Refrigerator			Make and Year _____		
Washer			Car (#2)		
Dryer			Make and Year _____		

10. DEBT

To Whom Do You and the Co-Applicant Owe Money?							
Car	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance		
	\$	\$		\$	\$		
	Mos. left to pay:			Mos. left to pay:			
Furniture	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance		
	\$	\$	\$	\$			
	Mos. left to pay:		Mos. left to pay:				
Credit Card	Monthly Payment	Unpaid Balance					
	\$	\$					
	Mos. left to pay:		Alimony/Child Support	\$	/month		
			Job-Related Expenses	\$	/month		
Medical	Monthly Payment	Unpaid Balance	(Child Care, Union Dues, etc.)	\$	/month		
	\$	\$	Column 2: Subtotal of Payments	\$	/month		
	Mos. left to pay:		Column 1: Subtotal of Payments	\$	/month		
			Column 1: Subtotal of Payments	\$	/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	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed on in the last 7 years?				
d. Are you currently involved in a lawsuit?				
e. Are you paying alimony or child support?				
f. Are you a U.S. citizen or permanent resident?				

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

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Union 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, and employment verification. I have answered all questions on this application truthfully. I understand that if I have not answered 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 Union 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.

