



**Habitat for Humanity of Dubois County**  
**P.O. Box 149**  
**Jasper, IN 47547-0149**

# Application

## FOR HOUSING



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.

We the undersigned, intend to apply for joint credit: (initial) \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

1. APPLICANT INFORMATION									
Applicant					Co-Applicant				
<b>Applicant's name</b>					<b>Co-Applicant's name</b>				
Social Security Number		Home Phone		Age	Social Security Number		Home Phone		Age
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (inc. single, divorced, widowed)			<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (inc. single, divorced, widowed)		
<b>Dependents</b> (people who live with you <b>not</b> listed by co-applicant)					<b>Dependents</b> (people who live with you <b>not</b> 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 _____				
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 _____				

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

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

More Information Requested?  Yes  No

Date Application Completed: \_\_\_\_\_

Accepted  Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

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:

Applicant:	Yes	No
	<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 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 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
<b>If Working at Current Job Less Than One Year, Complete the Following Information</b>			
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	<sup>2</sup> Others In Household	<sup>3</sup> Monthly Bills	Monthly Amount
<sup>1</sup> Base Employment Income	\$	\$	\$	Rent	\$
ADFC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child care	
Disability				School Lunch	
Alimony				Credit Card	
Child Support				Student Loans	
Other				Alimony/Child Supp	
Other				Other	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

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

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<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?**

Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Months left to pay:			Months left to pay:	
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Months left to pay:			Months left to pay:	
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Alimony/Child support	\$	/month
	Months left to pay:		Job-Related Expenses	\$	/month
			(Child Care, Union Dues, Etc.)	\$	/month
Name and Address of Company	Monthly Payment \$	Unpaid Balance \$	Other	\$	/month
	Months left to pay:		<b>Column 2: Subtotal of Payments</b>	\$	/month
<b>Column 1: Subtotal of Payments</b>	\$	/month	<b>Column 1: Subtotal of Payments</b>	\$	/month
			<b>Total Monthly Expenses</b>	\$	/month

**11. DECLARATIONS**

**Please Check the Box That Most 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 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. 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
g. Have you had ownership in real estate property in the last 3 years?	<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 e, however, please explain below or on a separate sheet 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 hereby authorize, consent, and understand that the evaluation will include personal visits, a credit check, a criminal history and background check and employment and landlord 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.

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 ethnicity, 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 <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> /    /  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Inc. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> /    /  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Inc. single, divorced, widowed)

**To Be Completed Only By the Person Conducting the Interview**

This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature  Date
	Interviewer's Phone Number