



Habitat for Humanity of Defiance County  
 PO Box 623  
 Defiance, OH 43512-0623  
 (419) 782-2172

# 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.

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)	Dependents and others who will live with you (not listed by 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 _____
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>	
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, 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	<sup>2</sup> Others 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>1</sup> Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

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

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

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

**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		
	\$	\$	Name and Address of Company	Monthly Payment	Unpaid Balance
	Mos. left to pay:		\$	\$	Mos. left to pay:
Credit Card	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$	/month
	\$	\$	Job-related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Medical	Monthly Payment	Unpaid Balance	Column 2: Subtotal of Payments	\$	/month
	\$	\$	Column 1: Subtotal of Payments	\$	/month
	Mos. left to pay:		Total Monthly Expenses	\$	/month
Column 1: Subtotal of Payments	\$	/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
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic            <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female            <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic            <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female            <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

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

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

## **Authorization to Release Information to a Third Party**

The undersigned, \_\_\_\_\_, hereby authorizes Habitat for Humanity of Defiance County (hereafter "HFH Def Co") or any of its authorized representatives, agents and employees, bearing this Release or a copy thereof, to obtain any information in your files pertaining to the undersigned. I understand that this information will be treated in a confidential matter as covered by all federal laws and regulations, and will be used to verify information I have supplied to HFH Def Co in my Housing Application. I also understand that a complete background check will be performed to determine if all conditions are satisfactory to be included as a Partner Family with HFH Def Co.

The undersigned hereby releases you, as a custodian of such records, social service agency, law enforcement agency, employer, or business establishment including its officers, employees, or related personnel both individually or collectively, and HFH Def Co and its parent organization, Habitat for Humanity International, and their representatives, agents, and employees, from any and all liability for damages of whatever kind which may at any time result to the undersigned, his/her heirs, family, or associates, because of compliance with this authorization and request for information or any other attempt to comply with it.

\_\_\_\_\_  
Signature of Applicant/Co-Applicant

\_\_\_\_\_  
Print Full Name of Applicant/Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Full Name of Witness