

Housing Application

Habitat for Humanity of Defiance County
P.O. Box 623, Defiance, Ohio 43512
419-782-2172

1. APPLICANT INFORMATION															
Applicant				Co-Applicant											
Applicant's Name:				Co-Applicant's Name:											
Social Security Number ____-____-____		Home Phone ____-____-____		Age _____		Married Separated Unmarried (Incl. Single, divorced, widowed)									
Social Security Number ____-____-____		Home Phone ____-____-____		Age _____		Married Separated Unmarried (Incl. Single, divorced, widowed)									
Dependents and others who live with you (not listed by co-applicant)				Dependents and others who live with you (not listed by applicant)											
Name		Age	Male	Female	Name		Age	Male	Female						
_____		_____			_____		_____								
_____		_____			_____		_____								
_____		_____			_____		_____								
_____		_____			_____		_____								
_____		_____			_____		_____								
Present Address				Present Address											
		Own		Rent				Own		Rent					
Street		City		State		Zip		Street		City		State		Zip	
Number of Years _____				Number of Years _____											
If Living at Present Address for Less Than Two Years Complete the Following															
Last Address				Own		Rent		Last Address				Own		Rent	
Street		City		State		Zip		Street		City		State		Zip	
Number of Years _____				Number of Years _____											
2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE															
Date Received: _____				Date Letter Sent: _____											
More information requested? Yes No				Date of Home Visit: _____											
Date Application was Completed: _____				Date Letter Sent: _____											
Accepted		Denied													
3. WILLINGNESS TO PARTNER															
<p>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.</p>															
						Yes	No								
I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:				Applicant:											
				Co-Applicant:											

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (circle one) 1 2 3 4

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

Do you receive any kind of rent subsidy?

If Yes, what kind and how much?

(Please supply a copy of your lease or a copy of a money order receipt or cancelled check stub.)

Are the utilities included? Yes No If yes, which ones?

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the place you live, and why do you feel that you would qualify for a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____/month Unpaid Balance \$ _____

Do you own land? Yes No If yes, please describe, including location. _____

Is there a mortgage on the land? Yes No 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		Name and Address of Current Employer	
_____		_____	
_____		_____	
Years on This Job	Monthly (Gross) Wages	Years on This Job	Monthly (Gross) Wages
	\$ _____		\$ _____
Type of Business	Business Phone	Type of Business	Business Phone
_____	_____-_____-____	_____	_____-_____-____
Last Employer			

Name and Address of Past Employer _____ _____		Name and Address of Past Employer _____ _____	
Years on This Job	Monthly (Gross) Wages \$ _____	Years on This Job	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.

³ Please attach copies of last month's bills.

² List additional household members over 18 who receive income:

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

8. SOURCE OF CLOSING COST

Where will you be getting the money to pay closing cost and insurance (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: \$ _____

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Defiance County 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 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 Defiance County 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 prohibits 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 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>I do not wish to furnish this information</p> <p>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)</p> <p>Ethnicity: Hispanic Non-Hispanic</p> <p>Sex: Female Male</p> <p>Birth date: ____/____/____</p> <p>Marital Status: Married Separated Unmarried (Incl. Single, divorced, widowed)</p>	<p>I do not wish to furnish this information</p> <p>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)</p> <p>Ethnicity: Hispanic Non-Hispanic</p> <p>Sex: Female Male</p> <p>Birth date: ____/____/____</p> <p>Marital Status: Married Separated Unmarried (Incl. Single, divorced, widowed)</p>

Tenant Screening Authorization for Release Fair Credit Reporting Act Notice

I authorize _____ (Landlord/Property Manager) to obtain a consumer report in connection with my application to rent or lease property located at:

I understand that the report will contain information about my credit, character, general reputation, lifestyle, rental history, civil and criminal court records; and other personal information.

I authorize _____ (Landlord/Property Manager) to provide the following information to a consumer reporting agency for such purpose:

Please be advised that you have the right to request in writing, within a reasonable time, that we make complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) days of the date on which we receive the request from you or within five (5) days of the time the report was first requested, whichever is later. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By signing below I acknowledge receipt of a copy of this notice.

Applicant _____
Please print full name

Previous Name(s) _____
Please print full name (For verification purposes only)

Current Address _____
Street

City State Zip

DOB _____ SSN _____
(For verification purposes only)

Applicant's
Signature _____

***ONE AUTHORIZATION FOR EACH ADULT TENANT.**