



Hub Area Habitat for Humanity
 PO Box 406 Aberdeen, SD 57402
 (605) 226-5492

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) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> | Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <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, 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 | ²Others in Household | ³Monthly 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 | \$ | /month | Column 2: 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 | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 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> <input type="checkbox"/> Separated</p> <p> <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> <input type="checkbox"/> Separated</p> <p> <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> | <p>Interviewer's Name (print or type)</p> |
| | <p>Interviewer's Signature Date</p> |
| | <p>Interviewer's Phone Number</p> |