



Habitat for Humanity of Walton County, Inc.  
 P. O. BOX 603  
 Monroe, GA 30655

# 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)																																																		
Others who will live with you (not listed by co-applicant) <table border="0"> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			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"/>	Others who will live with you (not listed by applicant) <table border="0"> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			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"/>
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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?     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

6. EMPLOYMENT INFORMATION			
Applicant		Co-Applicant	
Name and Address of <b>Current</b> 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	\$
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	
<b>Total</b>	\$	\$	\$	<b>Total</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 DOWN PAYMENT 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 \$

<b>Do you own a:</b>	Yes	No	<b>Do you own a:</b>	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?

Category	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
Car	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Furniture	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Credit Card	\$ _____	\$ _____	Alimony/Child Support	\$ _____	/month
			Job-Related Expenses	\$ _____	/month
			(Child Care, Union Dues, etc.)	\$ _____	/month
Medical	\$ _____	\$ _____	<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 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 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

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question, 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 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.

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.