



Please mail to:  
 Habitat for Humanity of Greater Waterbury  
 P.O. Box 1881  
 Waterbury, CT 06722-1881

We are pledged to the letter and spirit of the 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.

# Application

## FOR HOUSING

**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 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 (single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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 _____			

### If living at present address less than 2 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: _____	Date Letter Sent: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Home Visit: _____
Date Application Completed: _____	Date Letter Sent: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	

### 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

Co-Applicant:  Yes  No

### 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 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: payment \$ \_\_\_\_\_/month 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 <b>Current</b> employer	Years on this job	Name and address of <b>Current</b> 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 1 year, complete the following information

Name and address of <b>Last</b> employer	Years on this job	Name and address of <b>Last</b> 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	Others in Household (2)	Monthly Bills (3)	Monthly Amnt
Base Employment Inc. (1)	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Ave. Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

(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	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 \$ _____																																																		
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<b>Do you own a:</b> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Stove</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Washer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Dryer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Yes	No			Stove	<input type="checkbox"/>	<input type="checkbox"/>			Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>			Washer	<input type="checkbox"/>	<input type="checkbox"/>			Dryer	<input type="checkbox"/>	<input type="checkbox"/>			<b>Do you own a:</b> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Car (#1)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Make and Year _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Car (#2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Make and Year _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Yes	No			Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>			Make and Year _____					Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>			Make and Year _____				
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## 10. DEBT

### To Whom Do You and the Co-Applicant Owe Money?

Car	Monthly Payment \$	Unpaid Balance \$	Name and address of Company	Monthly Payment \$	Unpaid Balance \$
	Mos.left to pay:			Mos. Left to pay:	
Furniture	Monthly Payment \$	Unpaid Balance \$	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 \$	<b>Column 2 : Subtotal of Payments</b>	\$	/month
	Mos.left to pay:		<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 past 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 through e, 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.

## 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 to furnish it, under federal regulations this lender is required to not 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	<input type="checkbox"/> I do not wish to furnish this information
<b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	<b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthdate:</b> ____/____/____	<b>Birthdate:</b> ____/____/____
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

### To Be Completed By the Person Conducting the Interview

This application was taken by:

- Face-to-Face Interview
- Mail
- Telephone

Interviewer's Name (print or type)

Interviewer's Signature

Date

Interviewer's Phone Number