

DATE _____



APPLICATION FOR HOUSING

Habitat for Humanity
 201 Great Road, Suite 301
 Acton, MA 01720
 (978) 348-2749
 apply@ncmhabitat.org



We are pledged to the letter and spirit of US policy for the achievement of equal housing opportunity throughout the nation, where there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Dear Applicant: Please fill out the application as completely and accurately as possible. Complete and accurate information enables Habitat for Humanity to determine your need for a house and your ability to pay for a house. All information you provide will be kept confidential. We want to understand your situation: Wherever additional space is needed, please continue on a separate piece of paper.

HOUSEHOLD INFORMATION

APPLICANT	CO-APPLICANT
Name _____ Street _____ Address _____ City, ST _____ Zip _____	Name _____ Street _____ Address _____ City, ST _____ Zip _____
Date of Birth _____ Home Phone _____ Cell Phone _____ E-mail address _____ ___ Married ___ Separated ___ Unmarried (single,divorced,widowed)	Date of Birth _____ Home Phone _____ Cell Phone _____ E-mail address _____ ___ Married ___ Separated ___ Unmarried (single,divorced,widowed)

List the names of any other child or adult who will live in the Habitat home, full time (FT) or part time (PT).

Name	Date of Birth	FT/PT	M/F	Name	Date of Birth	FT/PT	M/F
1. _____	_____	___	___	4. _____	_____	___	___
2. _____	_____	___	___	5. _____	_____	___	___
3. _____	_____	___	___	6. _____	_____	___	___

Do any of the children listed above have parents who live elsewhere? ___ Yes ___ No

If yes, please document the custody agreement.

PRESENT HOUSING DESCRIPTION

Number of bedrooms where you currently live: 1 2 3 4 5

Other rooms where you currently live Kitchen Dining Room Living Room Bathrooms # ____

Are utilities included in your rent? No Yes If yes, heat, electric, cable, internet

Number of years at current address _____

Landlord Name _____ Mailing Address _____

Will you or a family member require handicap access or modifications? ___ Yes ___ No

PREVIOUS HOUSING

Street Address _____

City, State, Zip _____

Number of years at this address _____

Landlord Name _____ Mailing Address _____

If you have lived at your current and previous addresses for less than 2 years, please provide the name and address of former landlords on a separate sheet.

Has the Applicant/Co-applicant owned a home in the last 3 years? Yes ___ No ___
If Yes, please explain on an additional page.

PRESENT HOUSING CONDITIONS

Describe the condition of the house or apartment where you live. Why do you need a Habitat home?
Include details on any of the following that apply to your situation.

Poor condition or maintenance

Lack of space for family members

Overcrowding

Unsafe neighborhood

High rent

Lack of handicap access

High utility bills due to condition

Unhealthy conditions such as mold

Please also describe efforts to find more suitable housing. **Attach additional pages if needed.**

MONTHLY EXPENSES

Monthly Expenses	Column 1 Applicant	Column 1 Co-Applicant		Column 2 Applicant	Column 2 Co-Applicant
Rent	\$	\$	Car Payment*	\$	\$
Savings Deposit	\$	\$	Child Care	\$	\$
Gas Heat* (based on yearly average)	\$	\$	School Expenses	\$	\$
Oil Heat* (based on yearly average)	\$	\$	Job Related Expenses	\$	\$
Electricity*	\$	\$	Regular Medical Expenses	\$	\$
Phones*: Cell, Prepaid, Home	\$	\$	Alimony You Pay	\$	\$
Internet + Cable*	\$	\$	Child Support You Pay	\$	\$
Auto Insurance*	\$	\$	Student Loan*	\$	\$
Life Insurance*	\$	\$	Average Credit Card Payment*	\$	\$
Rental Insurance*	\$	\$	Other (specify)	\$	\$
Total column #1	\$	\$	Total column #2	\$	\$

PLEASE ATTACH COPIES OF LAST MONTH'S BILL FOR STARRED ITEMS ABOVE

Total for Applicant Column1+Column2	= \$	Total for Co-Applicant Column1 + Column2	= \$
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Total Monthly Expenses (Applicant + Co-Applicant) = \$ _____

MONTHLY ASSISTANCE

	Applicant	Co-Applicant	Others in Household 18 & Over
SNAP			
Rental subsidy or voucher			
Fuel Assistance			
TAFDC/EAEDC			
Mass Health	Yes/No	Yes/No	Yes/No

EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Current Employment Employer _____ Phone _____ Supervisor _____ Street Address _____ City _____ Zip _____ Your position _____ Years on this job _____ Hours regularly worked per week _____ Average overtime hours per week _____ Please circle: year-round, seasonal, full-time, part-time Paid: <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice/month	Current Employment Employer _____ Phone _____ Supervisor _____ Street Address _____ City _____ Zip _____ Your position _____ Years on this job _____ Hours regularly worked per week _____ Average overtime hours per week _____ Please indicate: year-round, seasonal, full-time, part-time Paid: <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> twice/month
Previous Employment Employer _____ City _____ Zip _____ Your position _____ Years on this job _____ Wages (monthly before deductions): \$ _____	Previous Employment Employer _____ City _____ Zip _____ Your position _____ Years on this job _____ Wages (monthly before deductions): \$ _____

MONTHLY INCOME

	Applicant	Co-Applicant	Others in Household 18 & Over
Base Employment Income	\$	\$	\$
Regular overtime income	\$	\$	\$
SSI	\$	\$	\$
SSDI	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Pension Income	\$	\$	\$
Alimony You Receive*	\$	\$	\$
Child Support You Receive**	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Total Monthly Income	\$	\$	\$

*Alimony court ordered? Yes No Regularly received? Yes No
 **Child Support court ordered? Yes No Regularly received? Yes No

DECLARATIONS

Check the box that answers the following for you:

	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. Have you owned a home in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. In the past two years, have you disposed of assets for less than the fair market value through a sale or gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you have household assets that exceed \$75,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you exempt from filing federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you applied for a Habitat house before? If yes, where and when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to questions (a) through (i) does not automatically disqualify you. **If you answered "yes" to any question (a) through (i), however, please explain on a separate sheet of paper.**

CITIZENSHIP AND RESIDENT STATUS

Are you a US citizen or do you have Permanent Residency status? Yes No Yes No

You must be able to answer Yes to be eligible for a Habitat house. See Checklist for required documentation.

LEGAL NAMES

If you are approved for a Habitat house, please print how your name(s) should appear on the legal documents.

Applicant

Co-Applicant

AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity North Central Massachusetts to evaluate my actual need for a Habitat home, my ability to repay a mortgage loan typical to Habitat home ownership, other expenses of home ownership and my willingness to fulfill Habitat program partnership requirements including sweat equity and pre-purchase courses I understand that the evaluation will include personal visits, a credit check, and landlord 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 North Central Massachusetts for a limited time even if the application is not approved.

	Signature	Printed Name	Date
Applicant			
Co-Applicant			
Adult Non-Applicant			

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WILLINGNESS TO PARTNER & SWEAT EQUITY

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 is called "sweat equity" and may include clearing the lot, planting, helping with construction, working in the Habitat office, working on the homes of others, or other approved activities.

The Sweat Equity Requirement: Adult(s) who will be living in the Habitat home are required to perform sweat equity. 200 hours are required of a single applicant, 350 from two or more applicants. You must complete these hours before you can move into the house.

Please describe below how you will meet the sweat equity requirement. If you have children under 16, they are not allowed to be present at the building site, so you will need to arrange for childcare. How will you arrange transportation to the build site? How will you arrange to have the time available?

DOWN PAYMENT

A down payment is required to pay for preparing and filing a mortgage. We estimate that your down payment will be approximately \$1400. Please describe below your plan for saving for this cost.

PROTECTED

Applicant's Name:	Co-Applicant's Name:
Social Security Number:	Social Security Number:

ASSETS: Checking and Savings Accounts

Name on Account	Bank/Institution Name & Address	Balance

ASSETS: Vehicles

Year, Make and Model	Paid For? Y/N	Monthly Payment	Number Payments Remaining
		\$	
		\$	

ASSETS: CDs, IRAs, stocks, etc

Type of Asset	Amount/Value
	\$
	\$

DEBT

List all debts that you owe. Examples include student loans, car loans, credit cards with balances, medical bills with balances, alimony or child support that you owe, loans from family or friends, bills that went to collection.

	Owed To	Address	Unpaid Balance	Monthly Payment	Months Left to Pay	Owed By
1.			\$	\$		
2.			\$	\$		
3.			\$	\$		
4.			\$	\$		
5.			\$	\$		
Total Monthly Debt Payment (Add all monthly payments)				\$		

The above is a complete and true representation of all household assets, debts, and credit.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____