

DATE \_\_\_\_\_



# APPLICATION FOR HOUSING

**Habitat for Humanity**  
**3 Park St. Suite 203**  
**Leominster, MA 01453**  
**(978) 348-2749**  
**office@ncmhabitat.org**



We are pledged to the letter and spirit of US 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: Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act. 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 accessibility options? \_\_\_\_ 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)	\$	\$
<b>Total column #1</b>	\$	\$	<b>Total column #2</b>	\$	\$
<b>PLEASE ATTACH COPIES OF LAST MONTH'S BILL FOR STARRED ITEMS ABOVE</b>					
Total for Applicant Column1+Column2	= \$		Total for Co-Applicant Column1 + Column2	= \$	
<b>Total Monthly Expenses (Applicant + Co-Applicant) = \$ _____</b>					

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

DID YOU OR ANYONE IN YOUR HOUSEHOLD SERVE IN THE UNITED STATES ARMED FORCES?  Yes  No

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

**\*\*If self-employed, additional documents such as tax returns and financial statements will be required.**

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 _____	\$	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*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:**

	<b>Applicant</b>	<b>Co-Applicant</b>
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.

	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
Applicant			
Co-Applicant			
Adult Non-Applicant			

### 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 \$1500. Please describe below your plan for saving for this cost.

### PROTECTED INFORMATION

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.			\$	\$		
<b>Total Monthly Debt Payment (Add all monthly payments)</b>				\$		

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p><b>Ethnicity (check one or more):</b></p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>	<p><b>Ethnicity (check one or more):</b></p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<p><b>Sex:</b></p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<p><b>Sex:</b></p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<p><b>Race (check one or more):</b></p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____	<p><b>Race (check one or more):</b></p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information.	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) _____ Interviewer's signature _____	Interviewer's phone number _____ Date _____

# EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at FTC Regional Office for the Northeast region, 1 Bowling Green, New York, NY or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X \_\_\_\_\_ X \_\_\_\_\_

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_