of Marion County, Inc.

ApplicationFor Critical Home Repair

Please send completed application to:

# Habitat for Humanity of Marion County, Inc.

P.O. Box 229

Knoxville, IA 50138

(641) 828-8844

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.

**This is an Equal Opportunity Program. Discrimination is Prohibited by Federal Law.**

Dear Applicant: Please 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.

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| --- | --- |
| 1. APPLIC ANT I NFORM A T ION | |
| Applicant | Co -applicant |
| Applicant’s Name Birth Date | Co-applicant’s Name Birth Date |
| Social Security Number Home Phone  Married Separated Unmarried (E.g. single, divorced, widowed) | Social Security Number Home Phone  Married Separated Unmarried (E.g. single, divorced, widowed) |
| Dependents and others who will live with you  Name Social Security Number Birth Date Male Female | |
| Present Address (street, city, state, ZIP) Own Rent  Number of Years | Present Address (if different from applicant) Own Rent  Number of Years |
| I f Living at P rese nt Address for Le ss Than Tw o Ye ars, Co mp le te the Fo llo w ing | |
| Last Address (street, city, state, ZIP) Own Rent Last Address (street, city, state, ZIP) Own Rent  Number of Years Number of Years | |

2. F O R O FFICE U S E O N L Y – D O NOT WRITE IN THIS SP ACE

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 build- ing 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: Applicant: 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 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?

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| **6 .** EMPLOYMENT INFORMATION | | | | | |
| **A p p l i c a n t** | | | **C o - A p p l i c a nt tt** | | |
| 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 wo r k i n g a t c u r r e n t J o b l e s s t h a n o n e Ye a r, c o m p l e t e t h e f o l l o w i n g i n f o r m a t i o n** | | | | | |
| 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 | |

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| **7 .** MONTHLY INCOME AND COMBINED MONTHLY BILLS | | | | | | |
| **g r o s s m o n t h l y i n c o m e A p p l i c a n t c o - A p p l i c a n t 2 o t h e r s i n h o u s e h o l d 3 m o n t h l y b i l l s m o n t h l y A m o u n t** | | | | | | |
| 1Base employment Income | $ | $ | $ | | Rent | $ |
| TANF |  |  |  | | Utilities |  |
| Food Stamps |  |  |  | | Car Payments |  |
| Social Security |  |  |  | | Medical Insurance |  |
| SSI |  |  |  | | Child Care |  |
| Disability |  |  |  | | Auto Insurance |  |
| Alimony |  |  |  | | Avg. Total 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 | | | | | | |
| **l i s t c h e c k i n g a n d s a v i n g s A c c o u n t s b e l o w** | | | | | | |
| 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 $ | | |

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| **Do you own a:** Yes No  Boat  Camper/RV/Mobile Home Extra Vehicle/ATV/ETC  Swimming Pool | | **Do you own a:** Yes No  Car (#1)  Make and Year Car (#2)  Make and Year | |
| **1 0 .** D e b t | | | |
| **To w h o m D o Yo u a n d t h e C o - Ap p l i c a n t O w e M o n e y ?** | | | |
| **column 1** | | **column 2** | |
| Car | Monthly Unpaid  Payment Balance  $ $ | Cell Phone Contracts | Monthly Unpaid  Payment Balance  $ $ |
| Mos. left to pay: | Mos. left to pay: |
| Furniture, Appliances and Televisions | Monthly Unpaid  Payment Balance  $ $ | **other money You owe** | |
| Name and Address of Company | Monthly Unpaid  Payment Balance  $ $ |
| Mos. left to pay: |
| Mos. left to pay: |
| Credit Card | Monthly Unpaid  Payment Balance  $ $ |
| Alimony/Child Support | $ /month |
| Job-related expenses | $ /month |
| Mos. left to pay: |
| Medical | Monthly Unpaid  Payment Balance  $ $ | (Child Care, Union Dues, etc.) | $ /month |
| **column 2: subtotal of payments** | $ /month |
| **column 1: subtotal of payments** | $ /month |
| Mos. left to pay: |
| **column 1: subtotal of payments** | $ /month | **total monthly expenses** | $ /month |
| **1 1** . Declarations | | | |
| P l e a s e c h e c k t h e b o x t h a t b e s t answ e r s t h e f o l l o w i n g qu e s t i o n s f o r yo u a n d t h e c o - a p p l i c a n t . | | | |
| Applicant Co-applicant   1. Do you have any debt because of a court decision against you? Yes No Yes No 2. Have you been declared bankrupt within the past seven years? Yes No Yes No 3. Have you had property foreclosed on in the past seven years? Yes No Yes No 4. Are you currently involved in a lawsuit? Yes No Yes No 5. Are you paying alimony or child support? Yes No Yes No 6. Are you a U.S. citizen or permanent resident? Yes No Yes No If you answered “yes” to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper. | | | |
| **1 2 . 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 and credit check.  Applicant Signature Date Co-applicant Signature Date  X X  **Applicant’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant’s Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

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**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.

**1 3.** 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 infor- mation, 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 appli- cable state law for the loan applied for.)

|  |  |
| --- | --- |
| **A p p l i c a n t** | **Co-Applicant** |
| I do not wish to furnish this information  **race/national origin:**  American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander  Black/African American  Caucasian Asian  American Indian or Alaskan Native AND Caucasian Asian AND Caucasian  Black/African American AND Caucasian  American Indian or Alaskan Native AND Black/African American Other (specify)  **ethnicity:**  Hispanic Non-Hispanic  **sex:**  Female Male  **birthdate:** / /  **marital status:**  Married  Separated  Unmarried (Incl. single, divorced, widowed) | I do not wish to furnish this information  **race/national origin:**  American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander  Black/African American  Caucasian Asian  American Indian or Alaskan Native AND Caucasian Asian AND Caucasian  Black/African American AND Caucasian  American Indian or Alaskan Native AND Black/African American Other (specify)  **ethnicity:**    Hispanic Non-Hispanic  **sex:**  Female Male  **birthdate:** / /  **marital status:**  Married  Separated  Unmarried (Incl. single, divorced, widowed) |

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| --- | --- |
| **To be completed ONLY by the person conducting the interview** | |
| This application was taken by: Face-to-face Interview  By Mail  By Telephone | Interviewer’s Name (print or type) |
| Interviewer’s Signature Date |
| Interviewer’s Phone Number |