

# Application For Housing

Applicant(s): Complete this application to determine if you qualify for a Habitat home. Please fill out the application **as completely and accurately as possible**. Use a separate page for additional items if needed. All information you include on this application will be kept confidential.



## Section 1 – Applicant Information

Name \_\_\_\_\_

First

Middle Initial

Last

Date of Birth - -

Social Security Number

-

-

Present Address

Street Address

Apt # / Lot #

City, State, Zip

Telephone

Home - -

Cell - -

**If Applicant has lived at present address for less than three years, complete the following.**

If more than one address, please list additional addresses on a separate page.

Prior Address

Street Address

Apt # / Lot #

City, State, Zip

## Section 2 – Co-Applicant Information

If any individual in addition to the applicant will be a co-owner of the house, complete the following co-applicant information.

Name \_\_\_\_\_

First

Middle Initial

Last

Date of Birth - -

Social Security Number

-

-

Present Address

Street Address

Apt # / Lot #

City, State, Zip

Telephone

Home - -

Cell - -

**If Co-Applicant has lived at present address for less than three years, complete the following.**

If more than one address, please list additional addresses on a separate page.

Prior Address

Street Address

Apt # / Lot #

City, State, Zip

## Section 3 - Dependents

List any dependent individuals who currently live with **applicant, co-applicant** or **both**.

Name	Age	Sex	Currently lives with		
1.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
2.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
3.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
4.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
5.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
6.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>
7.			Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Both <input type="checkbox"/>

### Section 4 – Information on Other Adults Living in the Household

If any adults (18 years of age or over) other than applicant, co-applicant or dependents listed on the previous page will live in the Habitat home, complete the following information.

<b>Name</b>			
	First	Middle Initial	Last
<b>Date of Birth</b>		<b>Social Security Number</b>	
	-	-	-
<b>Present Address</b>			
Street Address			
Apt # / Lot #			
City, State, Zip			
<b>Telephone</b>			
	Home	-	-
	-	Cell	-

### Section 5 – Work and Wage History

List all jobs held in the last three years for **all adults** (18 years of age or over) who will be living in the home. Failure to list all sources of employment income could result in disqualification from the Habitat program.

<b>1</b>	Employer Name		This job held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		Rate of pay per: <input type="checkbox"/> Hour or <input type="checkbox"/> Month	\$
	City, State, Zip		Average number of hours worked per week	
	Telephone	- -	Gross pay (before taxes deducted) per month	\$
	May we call you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Net pay (after taxes deducted) per month	\$
<b>2</b>	Employer Name		This job held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		Rate of pay per: <input type="checkbox"/> Hour or <input type="checkbox"/> Month	\$
	City, State, Zip		Average number of hours worked per week	
	Telephone	- -	Gross pay (before taxes deducted) per month	\$
	May we call you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Net pay (after taxes deducted) per month	\$
<b>3</b>	Employer Name		This job held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		Rate of pay per: <input type="checkbox"/> Hour or <input type="checkbox"/> Month	\$
	City, State, Zip		Average number of hours worked per week	
	Telephone	- -	Gross pay (before taxes deducted) per month	\$
	May we call you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Net pay (after taxes deducted) per month	\$
<b>4</b>	Employer Name		This job held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		Rate of pay per: <input type="checkbox"/> Hour or <input type="checkbox"/> Month	\$
	City, State, Zip		Average number of hours worked per week	
	Telephone	- -	Gross pay (before taxes deducted) per month	\$
	May we call you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Net pay (after taxes deducted) per month	\$
<b>5</b>	Employer Name		This job held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		Rate of pay per: <input type="checkbox"/> Hour or <input type="checkbox"/> Month	\$
	City, State, Zip		Average number of hours worked per week	
	Telephone	- -	Gross pay (before taxes deducted) per month	\$
	May we call you at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Net pay (after taxes deducted) per month	\$

## Section 6 – Income and Expense Comparison

List all sources of income and monthly payments for **all adults** (applicants, co-applicants and other adults 18 years of age or over) in the household.

### Monthly Income

List the total household **net monthly** income (after taxes are deducted) from all **employment** sources: \$ \_\_\_\_\_

List the total household income from the **other (non-employment)** sources listed below:

	TANF	\$	
	Food Stamps	\$	
	Social Security Income	\$	
	Disability Income	\$	
	Child Support Income	\$	
Other (please describe)		\$	
Other (please describe)		\$	
Other (please describe)		\$	
Other (please describe)		\$	
Other (please describe)		\$	

Total monthly income from **other** sources \$ \_\_\_\_\_

**TOTAL NET MONTHLY INCOME** (total of **employment** and **other** income) \$ \_\_\_\_\_

### Monthly Expenses

List **all expenses** paid by any household members each month.

		Rent	\$			
		Food	\$			
		Natural Gas	\$			
		Electric	\$			
		Clothing	\$			
		Car payment(s)	\$			
		Gasoline	\$			
		Insurance	\$			
		Child support you pay to others	\$			
		Student loan(s)	\$			
Credit card or loan:	Item		Total Amt Due \$		Monthly payment \$	
Credit card or loan:	Item		Total Amt Due \$		Monthly payment \$	
Credit card or loan:	Item		Total Amt Due \$		Monthly payment \$	
Credit card or loan:	Item		Total Amt Due \$		Monthly payment \$	
Other obligation:	Item		Total Amt Due \$		Monthly payment \$	
Other obligation:	Item		Total Amt Due \$		Monthly payment \$	
Other obligation:	Item		Total Amt Due \$		Monthly payment \$	
Other obligation:	Item		Total Amt Due \$		Monthly payment \$	

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

### Section 7 - Assets

List all checking / savings accounts held by applicant and/or co-applicant (use a separate page for more items, if any)

<b>1</b>	Institution Name	This account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		
	City, State, Zip		
		Type of Account:	Balance \$
<b>2</b>	Institution Name	This account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other adult	
	Street Address		
	City, State, Zip		
		Type of Account:	Balance \$

### Section 8 - Current Housing Conditions

Number of bedrooms in your current home: 1  2  3  4

Kitchen  Bathroom \_\_\_\_\_ Living Room  Dining Room   
(number)

Note other rooms in your current home: Other (describe): \_\_\_\_\_

### Section 9 – 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 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 Habitat ReStore, completing required workshops, or other approved activities.

**Applicant: I am willing to complete the required sweat equity hours** Yes  No

**Co-Applicant: I am willing to complete the required sweat equity hours** Yes  No

### Section 10 – Authorization and Release

I understand that by filing this application, I am authorizing Show-Me Central Habitat for Humanity to evaluate my actual need for a Habitat home, my ability repay the no-interest loan and other expenses of home ownership and my willingness to be a partner family. I understand that the evaluation will include:

**A review of payment histories and debt load to income, credit checks, a criminal check, an in-home assessment and evaluation of my ability to maintain a monthly budget.**

I have answered all the questions on this application truthfully. I understand that if any of the information on this application is found to be in error or if I do not satisfy other requirements of the Habitat program, I may be disqualified even if I have already been selected for a Habitat home.

Applicant			Co-Applicant			Other Adult		
Signature:			Signature:			Signature:		
First	Middle Initial	Last	First	Middle Initial	Last	First	Middle Initial	Last

If you are not selected to receive a house, the original or a copy of this application will be retained by Habitat for Humanity for 3 years.

**The Habitat Office is located at:**  
1906 Monroe St.  
Columbia MO 65201  
573.499.1202

**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 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 applicable state law for the loan applied for.)

Applicant	Co-Applicant
<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 Pacifica 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) _____	<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 Pacifica 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"/> Male <input type="checkbox"/> Female	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<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 Only By the Person Conducting the Interview**

This application was taken by:  <input type="checkbox"/> Face-to-face interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Interviewer's Name (print or type)</td> </tr> <tr> <td style="width:75%; padding: 5px;">Interviewer's signature</td> <td style="width:25%; padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Interviewer's Phone Number</td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's signature	Date	Interviewer's Phone Number	
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Interviewer's Phone Number							