

Partnership for Housing



This application must be returned, with copies of required documentation to the address located at the bottom of the page.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please print clearly and fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential. Any person in the household (age 18 or over) who will help to pay for the housing expenses should complete all sections as an applicant or co-applicant.

1. APPLICANT INFORMATION			
Applicant		Co-Applicant	
Applicant's Name		Co-Applicant's Name	
Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Birth	Date of Birth	Country of Birth	Date of Birth
Home Phone #	Cell Phone #	Home Phone #	Cell Phone #
Email Address		Email Address	
<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 live with you			
Name	Date of Birth	Sex	Lives with:
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both
Present Address (street, city, state, zip)		Present Address (street, city, state, zip)	
Number of Years:		Number of Years:	

4. PROPERTY INFORMATION

Do you own property?

No Yes

If YES, please describe (including location):

If YES, is there a mortgage on the property?

No Yes

If YES: Monthly payment \$

Unpaid balance \$

5. EMPLOYMENT INFORMATION

Applicant

Co-Applicant

Name and address of Current Employer:

Name and address of Current Employer:

Years at this job: _____

Years at this job: _____

Monthly (Gross) Wages: \$ _____

Monthly (Gross) Wages: \$ _____

Job Title: _____

Job Title: _____

Business Phone: _____

Business Phone: _____

If working at Current Job for fewer than **five years**, complete the following:

Name and address of Current Employer:

Name and address of Last Employer

Years at this job: _____

Years at this job: _____

Monthly (Gross) Wages: \$ _____

Monthly (Gross) Wages: \$ _____

Job Title: _____

Job Title: _____

Business Phone: _____

Business Phone: _____

6. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Base Employment Income	\$ _____	\$ _____	\$ _____	Rent	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	Utilities	\$ _____
SSI/SSDI	\$ _____	\$ _____	\$ _____	Car Payments	\$ _____
Disability	\$ _____	\$ _____	\$ _____	Insurance	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	Child Care	\$ _____
Other	\$ _____	\$ _____	\$ _____	School Lunch	\$ _____
Total	\$ _____	\$ _____	\$ _____	Average Credit Card Payment	\$ _____
List additional household members over 18 who receive income:				Student Loans	\$ _____
Name	Age	Monthly Income	Type of Income	Alimony / Child Support	\$ _____
_____	_____	\$ _____	_____	Total	\$ _____
_____	_____	\$ _____	_____		
_____	_____	\$ _____	_____		
_____	_____	\$ _____	_____		
_____	_____	\$ _____	_____		

7. SOURCE OF MONEY FOR CLOSING COSTS

Where will you be getting the money to pay the closing costs (for example: savings, parents, etc.)? If you are borrowing money to pay these costs, explain how and from whom.

8. ASSETS

List Checking and Savings Accounts below (please attach a recent statement for each account):

Name of Bank, Savings & Loan, or Credit Union:	Name of Bank, Savings & Loan, or Credit Union:																		
Account #: _____ Balance: \$ _____	Account #: _____ Balance: \$ _____																		
Name of Bank, Savings & Loan, or Credit Union:	Name of Bank, Savings & Loan, or Credit Union:																		
Account #: _____ Balance: \$ _____	Account #: _____ Balance: \$ _____																		
Do you own a:																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> <td style="width: 20%;"></td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</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>Car (#2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Make and Year:</td> <td colspan="2"></td> <td>Make and Year:</td> <td colspan="2"></td> </tr> </table>		Yes	No		Yes	No	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year:			Make and Year:			
	Yes	No		Yes	No														
Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>														
Make and Year:			Make and Year:																

9. DEBT

To Whom do you and the Co-Applicant owe money?

1. Car (Company Name and Address)	Monthly Payment \$	Unpaid Balance \$	2. Medical (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
3. Credit Card (Co. Name and Address)	Monthly Payment \$ \$	Unpaid Balance	4. Alimony/ Child Support	\$ /month	
	Mos. left to pay:			\$ /month	
5. Credit Card (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$	6. Job-Related Expenses (Child Care, Union Dues, etc.)	\$ /month	
	Mos. left to pay:			\$ /month	
7. Credit Card (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$	Total Monthly Expenses		
	Mos. left to pay:				

10. LIST OF FAMILY MEMBERS

Please list the names and ages of the members of your family (starting with yourself) who are **CURRENTLY** living together with you.

	Name	Age
1		
2		
3		
4		
5		
6		
7		
8		

Please list the names, ages and occupations of the members of your family (starting with yourself) **WHO WILL LIVE** in the Habitat home. Indicate whether a family member intends to contribute his or her income to the purchase of the Habitat home. For each member of the household who has a job, submit copies of 2 years of federal and state tax returns and 4 most current pay stubs.

	Name	Age	Occupation	Will Contribute to Purchase (circle one)	
1				Yes	No
2				Yes	No
3				Yes	No
4				Yes	No
5				Yes	No
6				Yes	No
7				Yes	No
8				Yes	No

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 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. Are you a US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answers to these questions do not disqualify you; however, if you answered "yes" to questions (a) through (d), please explain on a separate sheet of paper.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

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 through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all questions on this application truthfully. I understand that if I have not answered any question 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

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 and identify any additional applicants by number.

Equal Housing Opportunity We pledge 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 not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.



How did you hear about this opportunity?

- Newspaper Ad (Which paper?) _____
- Habitat Owner (Who?) _____
- Friend/Family (Who?) _____
- Website (Which site?) _____
- Community Center (Where?) _____
- School (Which school?) _____
- Church (What church?) _____
- Other (Please specify) _____

Applicant's Name: _____

Co-Applicant's Name: _____

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 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).

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to provide this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black African Amer.</p> <p><input type="checkbox"/> Other</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: / /</p> <p>Marital Status: ___ ___ _____</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (including single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to provide this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black African Amer.</p> <p><input type="checkbox"/> Other</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: / /</p> <p>Marital Status: ___ ___ _____</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (including single, divorced, widowed)</p>

Return this application and supporting documentation to:

Midcoast Habitat for Humanity
 Homeowner Selection Committee
 799 West Street, Rockport, ME 04856