

**APPLICATION FOR HOME PURCHASE OR REHABILITATION**

APPLICANT/CO-APPLICANT (if applicable)

NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CO-APP NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work (app.) \_\_\_\_\_ Work (co-app.) \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Are you covered with car insurance? \_\_\_\_\_

MARITAL STATUS: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Have you or co-app ever applied for a home loan? \_\_\_ No \_\_\_ Yes \_\_\_ When applied? \_\_\_\_\_

Type: \_\_\_ V.A \_\_\_ FHA \_\_\_ Conventional. Had you been approved? \_\_\_ No \_\_\_ Yes

List below the names of all people who will **LIVE IN** your home, including yourself.

NAME	BIRTHDATE	M/F	RELATIONSHIP TO APPLICANT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

HOUSING INFORMATION;

***DESCRIBE in DETAIL the condition of the housing you live in! Use a separate piece of paper***

Number of bedrooms? Circle one 1 2 3 4 5 ; Baths \_\_\_\_\_; Is this an apartment or house? \_\_\_\_\_

Is there a garage? \_\_\_ Basement \_\_\_ Separate dining room \_\_\_ Laundry Room \_\_\_

How much do **you** pay each month? \_\_\_\_\_ What amount is paid by section 8 or other? \_\_\_\_\_

Is any amount paid by anyone else? \_\_\_ No \_\_\_ Yes. By whom? \_\_\_\_\_ Amt. \_\_\_\_\_

Do you or a relative own this house or apartment? Yes \_\_\_, No \_\_\_

Do you own land? No \_\_\_ Yes \_\_\_ If so where? \_\_\_\_\_

LANDLORDS: **Correct addresses, phone numbers and zip codes must be filled in.**

Current Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_ How long \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Reason for moving to current address. \_\_\_\_\_

Have you ever been evicted from any address? No \_\_\_ Yes \_\_\_; When? \_\_\_\_\_

What was the reason for eviction? \_\_\_\_\_

Must list last 5 years of addresses with dates, reason for moving and give previous landlords name, address, phone and zip code. ***Use a separate piece of paper***

EMPLOYMENT (for the past FIVE years): Starting with you present job. This is for every working member in the

COMPANY	ADDRESS & PHONE	SUPERVISOR NAME What is your job?	START / END DATES	GROSS PAY MONTHLY

On an additional sheet please list the above information for co-applicant if any.

Please list **ALL** other income; (include food stamps, child support, SSI, personal family assistance).  
**Use additional paper if needed.**

KIND	FOR WHOM	FIRST NAME	RELATION	Monthly Amt.
(example)SSI	Child	James	Step Son	\$140.00
1.				
2.				
3.				
4.				

What are your monthly payments for the following? This **MUST BE** filled in.

GAS	CHILD CARE	MEDICAL INSURANCE
ELECTRICITY	FOOD	LIFE INSURANCE
HEATING OIL	LAUNDRY	SAVINGS ACCOUNT
WATER	ENTERTAINMENT	IRA/PENSION
TELEPHONE	AUTO PAYMENT	CHURCH
CABLE TV	MEDICAL BILLS	CAR INSURANCE

Who does your family owe money to? List **ALL** store charge accounts (including rent to own), credit cards/ school loans/ medical, dental bills/ book or music clubs/ auto or catalog sales, or Personal loans, or anything else. Be sure you list all requested information. **This should match what we find on your credit report.** (USE ADDITIONAL SHEET IF NEEDED).

COMPANY NAME	WHATS LOAN FOR	BALANCE OWNED	MONTHLY DUE
1.			
2.			
3.			
4.			
5.			



RETURN with this application COPIES of **ALL** OF THE FOLLOWING to be considered.

**We will not be able to return originals.**

Check if enclosed

- Last 6 paycheck stubs/ or verifiable income for **all employed** in family \_\_\_\_\_
- W-2 copies - 2004 / 2003/ 2002 for all employed \_\_\_\_\_
- Current public assistance records. \_\_\_\_\_
- Court ordered child support \_\_\_\_\_
- Last 2 months checking account statement if have \_\_\_\_\_
- Savings account information (including credit unions) \_\_\_\_\_
- Copy of drivers license for all that have one \_\_\_\_\_
- Social security cards for all family members \_\_\_\_\_
- Latest Gas /Electric and or water bills that have been in your name \_\_\_\_\_
- If veteran, copy of discharge papers. \_\_\_\_\_

If you have any questions please call and have it clarified. Though we understand there are many who would like a Habitat home, we receive far more applications than the number of homes we build. We must help those in the order of having the most need. We appreciate your interest in becoming a Habitat partner and continuing our Christian ministry.

Please remember that ANY missing items **WILL** cause **DELAYS** in processing.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

EQUAL HOUSING OPPORTUNITY STATEMENT: 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 under the Federal Equal Credit Opportunity Act.