



HABITAT FOR HUMANITY OF SULLIVAN COUNTY  
 POST OFFICE BOX 695  
 HARRIS, NEW YORK 12742

(845) 791-8305

**APPLICATION FOR HOUSING**

Dear Applicant: Please fill out this application as completely as possible so that the Family Selection Committee can assess demonstrated need and qualifications for a Habitat for Humanity house. Please complete the following as completely and accurately as possible. All information included on this application will be kept confidential.

**PLEASE SEND COMPLETED FORMS TO THE ADDRESS AT THE TOP OF THE PAGE!**

<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Applicant's Name: _____	Co-Applicant's Name: _____
Social Security Number: _____ Date of Birth: _____ Citizenship: ___ US Citizen ___ Permanent Resident ___ Other: _____	Social Security Number: _____ Date of Birth: _____ Citizenship: ___ US Citizen ___ Permanent Resident ___ Other: _____
Current Mailing Address (street, city, state, zip code): ___ Own                      ___ Rent  Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail address: _____  Residence Address (if different from mailing address):  Number of Years At Current Residence: _____	Current Mailing Address (street, city, state, zip code): ___ Own                      ___ Rent  Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail address: _____  Residence Address (if different from mailing address):  Number of Years At Current Residence: _____
If Living at Present Address for Less Than 2 Years, Complete the Following:	
Last Address (street, city, state, zip) ___ Own                      ___ Rent  Number of Years: _____	Last Address (street, city, state, zip) ___ Own                      ___ Rent  Number of Years: _____

Applicant's Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

**DEPENDENTS:** Provide the following information for everyone who will be living in the Habitat house with you.

NAME	RELATIONSHIP	Date of Birth	Male/Female
1.			
2.			
3.			
4.			
5.			
6.			

Present Housing Situation: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_

Number of Bedrooms: _____ Number of Bathrooms: _____ Kitchen: _____ (Y/N)	Living Room: _____ (Y/N) Dining Room: _____ (Y/N) Other Rooms: _____
Monthly Rent/Mortgage: \$ _____  Do you receive a rent subsidy? _____ (Y/N) If yes, how much? \$ _____	Landlord or Mortgage Holder's Name & Address:  Name: _____ Street/PO Box: _____ City: _____ State/Zip Code: _____ Phone Number: _____

Explain why your current housing situation is inadequate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:** List all employers for the past five years.

APPLICANT	CO-APPLICANT
Current Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____	Current Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____
Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____	Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____
Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____	Employer's Name: _____ Address: _____ Phone Number: _____ Date Started/Ended: _____

Please list additional employers on the back of this sheet.

Applicant's Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

**INCOME:** List GROSS MONTHLY INCOME where applicable.

Type of Income	Applicant	Co-Applicant	Others in Household
Wages/SEI			
Social Security			
SSI			
Veterans			
Unemployment			
Workers' Compensation			
State Disability			
Other Government			
Company Pension			
Union Pension			
Annuity Payments			
Child Support			
Alimony			
Interest/Dividends			
Rental/Lease			
Other			

**ASSETS:**

Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	___	___	Car (#1)	___	___
Refrigerator	___	___	Make and Year _____		
Washer	___	___	Car (#2)	___	___
Dryer	___	___	Make and Year _____		

Type	Value	Name/Address of Organization	Identifying Number
Cash			
Checking			
Savings			
Credit Union			
Holiday or Xmas Club			
CDs			
Stocks			
Mutual Funds			
Bonds			
Notes			
Insurance Cash Value			
Other			

Applicant's Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES:**

Item	Amount	Item	Amount
Clothing (Cleaners, Laundry)		Heating Fuel (oil, coal, gas, wood, etc.)	
Property Insurance		Water	
Gas		Sewer	
Electricity		Garbage removal	
Property Taxes (If Applicable)		Insurance (Health, Car, Life)	
Medical (Doctor, Dentist, Prescriptions, etc.)		Education (Tuition, Books, Supplies)	
Personal (Barber, Allowance, Cigarettes, Etc.)		Entertainment (Movies, Sitters, Dinners, Parties, Vacations, Hobbies, etc.)	
Food		Donations (Charities)	
Layaway (Department Stores, etc.)		Savings (Bank, Credit Union, Other)	
Gifts (Birthday, Holiday)		Alimony/Child Support	
Miscellaneous		Other	
Car Payments		Other Car Expenses (Gas, Repairs, Tolls)	
Total Owed = \$ _____			
Credit Card/Loan Company _____		Credit Card/Loan Company _____	
Credit Card/Loan Company _____		Credit Card/Loan Company _____	
Subtotal from this Column		Subtotal from this Column	
Total Monthly Expenses from both columns			

	Applicant	Co-Applicant
Do you have any debt because of a court decision against you?	__ Yes __ No	__ Yes __ No
Have you declared bankruptcy within the past seven years?	__ Yes __ No	__ Yes __ No
Have you had property foreclosed on in the past seven years?	__ Yes __ No	__ Yes __ No
Are you currently involved in a lawsuit?	__ Yes __ No	__ Yes __ No
Are you paying alimony or child support?	__ Yes __ No	__ Yes __ No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question above, please explain on a separate sheet of paper.

**REFERENCES:** Do not include family members.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Applicant's Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

**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 not discriminate on the basis of this information, 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 statement 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
____ I do not wish to furnish this information	____ I do not wish to furnish this information
<b>Race/National Origin</b> (American Indian, Alaskan Native, Native Hawaiian/other Pacific Islander, Black/African American, Caucasian, Asian, Hispanic, Other) _____	<b>Race/National Origin</b> (American Indian, Alaskan Native, Native Hawaiian/other Pacific Islander, Black/African American, Caucasian, Asian, Hispanic, Other) _____
Sex: ____ Male ____ Female Marital Status: ____ Married ____ Separated ____ Unmarried (including single, divorced, widowed)	Sex: ____ Male ____ Female Marital Status: ____ Married ____ Separated ____ Unmarried (including single, divorced, widowed)

**Authorization and Release:**

I understand that, by filing this application, I am authorizing Habitat for Humanity of Sullivan County to evaluate my actual need for a Habitat home, my ability to 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 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 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 of Sullivan County even if the application is not approved.

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

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date Application Received: _____</p> <p>Date Additional Information Requested: _____</p> <p>Consent Obtained (Yes/No)? _____</p> <p>Accepted: _____</p> <p>Denied: _____</p> <p>Hold: _____</p> <p>Date Notice Sent: _____</p> <p>Comments:</p>
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