

**Itasca County Habitat for Humanity**

**510 SE 11th Street**

**Grand Rapids, MN 55744**

**218-999-9001**

*Application*

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.



**FOR HOUSING**

**Dear Applicant:** We need you to 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.

Please share with us how you were referred to our organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. APPLICANT INFORMATION** |
| **Applicant** | **Co-Applicant** |
| **Applicant’s Name** | **Co-Applicant’s Name** |
| Social Security Number Home Phone AgeMarried Separated Unmarried (Incl. single, divorced, widowed) | Social Security Number Home Phone AgeMarried Separated Unmarried (Incl. single, divorced, widowed) |
| **Dependents** and others who will live with you (not listed by co-applicant)Name Age Male Female

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 | **Dependents** and others who will live with you (not listed by co-applicant)Name Age Male Female

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| Present Address (street, city, state, zip code) Own RentNumber of Years \_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_ | Present Address (street, city, state, zip code) Own RentNumber of Years \_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_ |
| **If Living at Present Address for Less Than 2 years, Complete the Following** |
| Last Address (street, city, state, zip code) Own RentNumber of Years \_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_ | Last Address (street, city, state, zip code) Own RentNumber of Years \_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_ |
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| **2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE** |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| More Information Requested? Yes No | Date Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Application Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Home Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Accepted
* Denied
* Denied
 | Date Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 building your home and the homes of others is called “sweat equity,” and may include clearing the lot, painting, helping with construction, work-Ing in the Habitat office, or other approved activities. |
| I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: | ApplicantCo-Applicant | YES NOYES NO |
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| **4. PRESENT HOUSING CONDITIONS** |
| Number of bedrooms (please circle) 1 2 3 4 5 Other rooms in the place where you are currently living (please circle):Kitchen Bathroom Living Room Dining Room Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you rent your residence, what is your monthly rent payment? $\_\_\_\_\_\_\_\_\_/month

Name, address and phone number of current landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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) **5**

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?

**6**

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| **6. EMPLOYMENT INFORMATION** |
| **Applicant** | **Co-Applicant** |
| Name & Address of **Current** Employer | Years On This Job | Name & Address of **Current** Employer | Years On This Job |
| Hourly Wage | Hourly Wage |
| Number of Paychecks per month | Avg. Hrs. Worked Per Week | Number of Paychecks per month | Avg. Hrs. Worked Per Week |
| Type of Business | Business Phone | Type of Business | Business Phone |
| **If Working at Current Job Less Than One Year, Complete the Following Information** |
| Name & Address of **Last** Employer | Years On This Job | Name & Address of **Last** Employer | Years On This Job |
| Hourly Wage | Hourly Wage |
| Number of Paychecks per month | Avg. Hrs. Worked Per Week | Number of Paychecks per month | Avg. Hrs. Worked Per Week |
| Type of Business | Business Phone | Type of Business | Business Phone |

**7. MONTHLY INCOME**

**7. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

**Gross Monthly Income Applicant Co-Applicant**

Base Employment Income - Annual Salary

**8**

1Base Employment Income

**2 Others in Household Over 18**

**2 Others in Household**

County Assistance (AFDC/TANF)

AFDC/TANF

$ $ $

Food Stamps

**9**

Social Security (SSI)

Social Security

Fuel Assistance

SSI

Disability

Spousal Support

**10**

Alimony

Child Support Other (explain)

**Total** $ $ $

***Please include 4 consecutive weeks of paystubs for each person listed on the application.***

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| **8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS** |
| Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.**$500 down payment will be required if** **you are accepted as a Partner Family** |
| **9. ASSET ACCOUNTS** |
| **Please List All Checking and Savings Accounts, Pensions, Retirement Accounts, Money Market Accounts, CDs, Stocks, Bonds, Timeshares, Trusts, etc Below** |
| **Applicant** | **Co-Applicant** |
| Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: | Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: |
| Account Number: Balance $ | Account Number: Balance $ |
| Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: | Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: |
| Account Number: Balance $ | Account Number: Balance $ |
| Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: | Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: |
| Account Number: Balance $ | Account Number: Balance $ |
| Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: | Name and Address of Bank, Savings & Loan, or Credit Union, etc:Type of Account: |
| Account Number: Balance $ | Account Number: Balance $ |
| **Do you own a (please circle):**StoveRefrigeratorWasherDryerVehicleRecreational Vehicle | YesYesYesYesYesYes | NoNoNoNoNoNo | **Do you own a (please circle):**StoveRefrigeratorWasherDryerVehicleRecreational Vehicle | YesYesYesYesYesYes | NoNoNoNoNoNo |
| Please list Year, Make & Model of any Vehicle/s and/or Rec Vehicles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please list Year, Make & Model of any Vehicle/s and/or Rec Vehicles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **10. DEBT & MONTHLY BILLS** |
| **Applicant Co-Applicant** |
| Car | MonthlyPayment | UnpaidBalance | Car | MonthlyPayment | UnpaidBalance |
|  | Months left to pay: |  | Months left to pay: |
| Furniture | Monthly UnpaidPayment: Balance: | Furniture | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Credit Cards | Monthly UnpaidPayment: Balance: | Credit Cards | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Medical Bills | Monthly UnpaidPayment: Balance: | Medical Bills | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Student Loans | Monthly UnpaidPayment: Balance: | Student Loans | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Other (explain) | Monthly UnpaidPayment: Balance: | Other (explain) | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Other (explain) | Monthly UnpaidPayment: Balance: | Other (explain) | Monthly UnpaidPayment: Balance: |
| Months left to pay: |  | Months left to pay: |
| Rent | /month | Rent | /month |
| Utilities | /month | Utilities | /month |
| School Lunch | /month | School Lunch | /month |
| Child Care | /month | Child Care | /month |
| Child Support | /month | Child Support | /month |
| Spousal Support | /month | Spousal Support | /month |
| Job Related | /month | Job Related | /month |
| TV/Internet/Phone | /month | TV/Internet/Phone | /month |
| Cell Phone | /month | Cell Phone | /month |
| Car Insurance | /month | Car Insurance | /month |
| Health Insurance | /month | Health Insurance | /month |
| Other (explain) | /month | Other (explain) | /month |
| Other (explain) | /month | Other (explain) | /month |
| Other (explain) | /month | Other (explain) | /month |
| **TOTAL** | /month | **TOTAL** | /month |
|  |  |  |  |
| **11. DECLARATIONS** |
| Please Circle for Yourself and the Co-Applicant the Best Answers for the Following Questions. |
|  |  Applicant | Co-Applicant |
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| --- | --- | --- | --- | --- |
| a. Do you have any judgments against you? | Yes | No | Yes | No |
| b, Have you declared bankruptcy within the past 3 years? | Yes | No | Yes | No |
| c. Have you been foreclosed on in the last 3 years? | Yes | No | Yes | No |
| d. Are you currently involved in a lawsuit? | Yes | No | Yes | No |
| e. Are you paying alimony or child support? | Yes | No | Yes | No |
| f. Are you a U.S. citizen or permanent resident? | Yes | No | Yes | No |
| g. Have you been convicted of any criminal/sexual offenses? | Yes | No | Yes | No |

Answering “yes” to these questions does not automatically disqualify you. If you answered “yes” to any question a through e, however, please explain on a separate sheet of paper. |

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| **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. 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.By signing this, you are also authorizing Habitat For Humanity to conduct a criminal/sex offender background check. |
| Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Applicant’s Signature Date* | Co-Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Co-Applicant’s 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. |
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| **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 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.)**1****1** |
| **APPLICANT** | **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)
 |