



Watauga County Habitat for Humanity

P O Box 33 DTS
Boone, NC 28607
828-268-9545



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity through 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.

Application for Housing

Date _____

This application helps determine if you qualify for a Habitat for Humanity house. Please print in black ink and complete the application as accurately as possible. All information will be kept confidential. 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.

Applicant

Name Date of Birth

Social Security Number Home Phone#

____ Married ____ Separated ____ Unmarried
(includes single, divorced, widowed)

Dependents (people who live with you not listed by co-applicant)
Name Age Male Female

Current Address (street, city, state, zip code) ____ Own ____ Rent

____ Number of years at current address

Mailing Address (if different)

If living at present address for less than two years, please complete the following:

Last Address (street, city, state, zip code) ____ Own ____ Rent

____ Number of years

Co-Applicant

Name Date of Birth

Social Security Number Home Phone#

____ Married ____ Separated ____ Unmarried
(includes single, divorced, widowed)

Dependents (people who live with you not listed by co-applicant)
Name Age Male Female

Current Address (street, city, state, zip code) ____ Own ____ Rent

____ Number of years at current address

Mailing Address (if different)

If living at present address for less than two years, please complete the following:

Last Address (street, city, state, zip code) ____ Own ____ Rent

____ Number of years

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, working in the Habitat office, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant Yes No
Co-Applicant Yes No

Present Housing Conditions

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place you are currently living:

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: _____

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: _____

Employment Information

Applicant

Name of **Current** Employer: _____

Address _____

Business Phone: _____

Years on this job: _____ Monthly (Gross) Wages: _____

Type of Job: _____

If working at current job less than one year:

Name of **Last** Employer: _____

Address _____

Business Phone: _____

Years on this job: _____ Monthly (Gross) Wages: _____

Type of Job: _____

Co-Applicant

Name of **Current** Employer: _____

Address _____

Business Phone: _____

Years on this job: _____ Monthly (Gross) Wages: _____

Type of Job: _____

If working at current job less than one year:

Name of **Last** Employer: _____

Address _____

Business Phone: _____

Years on this job: _____ Monthly (Gross) Wages: _____

Type of Job: _____

Monthly Income and Combined Monthly Bills

Gross Monthly Income	Applicant	Co-Applicant	Others in Household(2)	Monthly Bills	Monthly Amount
Base Employment Income (1)	\$	\$	\$	Utilities (electric, water, phone(s), heating fuel, propane, cable, internet)	\$
AFDC/TANF				Medical	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care/School Lunches	
Disability				Groceries	
Alimony				Credit Card Payments	
Child Support				Student Loans	
Other				Gas for Vehicle	
TOTAL	\$	\$	\$	TOTAL	\$

- (1) Please attach a copy of your most recent tax return and last four pay stubs. Self-employed applicants may be required to provide additional documentation such as financial statements.
- (2) Please attach a copy of last month's bills.
- (3) List additional household members over the age of 18 who receive income :
- | | | | | |
|----|-------|---------------|----------|------------------|
| a. | _____ | _____ yrs old | \$ _____ | (monthly income) |
| b. | _____ | _____ yrs old | \$ _____ | (monthly income) |
| c. | _____ | _____ yrs old | \$ _____ | (monthly income) |
| d. | _____ | _____ yrs old | \$ _____ | (monthly income) |

Assets

List Checking and Savings Accounts below

Applicant	Co-Applicant
Name and address of Bank, Savings & Loan, or Credit Union:	Name and address of Bank, Savings & Loan, or Credit Union:
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____
Name and address of Bank, Savings & Loan, or Credit Union:	Name and address of Bank, Savings & Loan, or Credit Union:
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____

Do you own a car? Yes No

Car #1 Make and Year
Car #2 Make and Year

Debt

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

Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____	Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____
Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____	Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____
Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____	Alimony/Child Support	\$ _____/month	
Name & Address of Company	Monthly Payment \$ _____ :	Unpaid Balance \$ _____	Other expenses (Medical, union dues, etc.)	\$ _____/month	

Declarations

Please check the line 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? | ___ Yes ___ No | | ___ Yes ___ No | |
| b. Have you been declared bankrupt within the past 7 years?* | ___ Yes ___ No | | ___ Yes ___ No | |
| * For any history of bankruptcy copies of discharge documents must be submitted. | | | | |
| c. Have you had property foreclosed on in the last two 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 ever been convicted of a crime? | ___ Yes ___ No | | ___ Yes ___ No | |

If yes, please explain each conviction: _____

Current Monthly Expenses

In the table provided below, please list all of your current monthly expenses as accurately as you can.

Electricity	
Water/Sewer	
Phone(s)	
Medical Bills	
Car Payments	
Insurance (Health, Life, Car)	
Child Care/School Lunches	
Groceries	
Credit Card Payments	
Student Loans	
Gas for Vehicles	
Other:	
Other:	

Authorization and Release

Circle "I" or "we" and then sign your full name.

I/We understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to pay the no-interest loan and other expenses of homeownership, and my willingness to be a partner family. I/We understand that the evaluation will include personal visits, credit check(s), criminal background check(s), sexual offender check(s) and employment verification. I/We have answered all questions on this application truthfully. I/We understand that if I/we have not answered the questions truthfully, my/our application may be denied, and that even if I/we have already been selected to receive a Habitat home, I/we 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.

Note: Co-applicant will be co-owner of the Habitat home and will be responsible for the Habitat mortgage. It is not required that each adult in the household be listed as co-owner of the home. However, income of all adults must be reported, whether or not they are co-applying for the home.

_____ Date

_____ Date