



South County Habitat for Humanity
 1555 Shannock Road, Charlestown, RI 02813
 Mailing Address: PO Box 68, Shannock, RI 02875
 Phone: 401-213-6711 Fax: 401-213-6715
 Email: schabitat@southcountyhabitat.org

Application for Habitat Housing



South County Habitat for Humanity is an equal opportunity, fair housing provider and does not discriminate on any basis protected by state or federal law in its selection process.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name	Co-Applicant's Name																																																
Social Security Number _____	Social Security Number _____																																																
Phone _____ Age _____	Phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)																																																
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)																																																
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Number of Years _____	Number of Years _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
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Number of Years _____	Number of Years _____																																																

2. FOR OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? ☐ Yes ☐ No

Date Application Completed: _____

☐ Accepted ☐ Denied

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

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, working in the Habitat office, working in the ReStore, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="radio"/>	<input type="radio"/>
Co-Applicant:	<input type="radio"/>	<input type="radio"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms select number of bedrooms

Other rooms in the place where 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

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

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 Monthly Payment \$ _____ Unpaid Balance \$ _____

If you wish your property to be considered for your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION			
Applicant		Co-Applicant	
Name and Address of CURRENT Employer	Years on this Job	Name and Address of CURRENT Employer	Years on this Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of LAST Employer	Years on this Job	Name and Address of LAST Employer	Years on this Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME				
INCOME SOURCE	APPLICANT	CO-APPLICANT	OTHERS IN HOUSEHOLD	TOTAL
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements	HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE:			
	Name	Income source	Monthly Income	Date of Birth
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, (savings and loan, credit union, etc.)	Address	City, State	ZIP	Account number	Current Balance
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

	To Whom Do You and the Co-Applicant Owe Money?					
	APPLICANT			CO APPLICANT		
	Monthly Payment	Unpaid Balance	Months Left to Pay	Monthly Payment	Unpaid Balance	Months Left to Pay
Car or other motor vehicle	\$	\$		\$	\$	
Furniture, Appliances, & Televisions (includes rent-to-own	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
TOTAL MONTHLY EXPENSES:	\$	\$		\$	\$	

11. MONTHLY EXPENSES			
ACCOUNT	APPLICANT	CO-APPLICANT	TOTAL
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expense	\$	\$	\$
Union dues	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Total	\$	\$	\$

12. DECLARATIONS		
	Applicant	Co-Applicant
a. Do you have any outstanding judgments because of a court decision against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you been declared bankrupt within the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Are you currently involved in a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are you paying alimony or child support or separate maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Are you a co-signer or endorser on any loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Are you a US citizen or permanent resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.		

13. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application I am submitting myself to a criminal background check.

X _____

Applicant Signature

Date

X _____

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.

14. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicants Name _____ Co-Applicants Name _____

15. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the box below: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on information, or based on whether or not you choose to provide it. If you choose to provide the information, we may not it by visual observation or surname.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race (applicant may select more than one racial designation):	Race (applicant may select more than one racial designation):
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: _____	Birthdate: _____
Marital Status:	Marital Status:
<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)

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE INTERVIEW

This application was taken by:

- ☐ Face-to-face Interview
☐ Mail
☐ Telephone

Interviewer's Name (please print)

Interviewer's Signature

Date