



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/Cell Phone# _____

Email Address _____

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

Dependents (people who live with you not listed by co-applicant)
Name _____

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/Cell Phone# _____

Email Address _____

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

Dependents (people who live with you not listed by co-applicant)
Name _____

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. Up to 40% of your total required sweat equity hours may be donated by family and friends.

I AM WILLING/ABLE 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

Is your rent subsidized? _____ If so, by whom and what amount? _____

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 Do you hold the Deed for this land? No Yes

Where is this land located? _____

Employment Information

Applicant	Co-Applicant
Name of Current Employer: _____	Name of Current Employer: _____
Address _____	Address _____
Business Phone: _____	Business Phone: _____
Years on this job: _____ Monthly (Gross) Wages: _____	Years on this job: _____ Monthly (Gross) Wages: _____
Type of Job: _____	Type of Job: _____
<i>If working at current job less than one year:</i> Name of Last Employer: _____	<i>If working at current job less than one year:</i> Name of Last Employer: _____
Address _____	Address _____
Business Phone: _____	Business Phone: _____
Years on this job: _____ Monthly (Gross) Wages: _____	Years on this job: _____ Monthly (Gross) Wages: _____
Type of Job: _____	Type of Job: _____

Monthly Income

Gross Monthly Income	Applicant	Co-Applicant	Others in Household(2)
Base Employment Income (1)	\$ _____	\$ _____	\$ _____
AFDC/TANF			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other			
TOTAL	\$ _____	\$ _____	\$ _____

(1) 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

Do you own a washer? Yes No

Do you own a dryer? Yes No

Debt

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

Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance	Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance
Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance	Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance
Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance	Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance
Name & Address of Company/Person : \$ _____ \$ _____	Monthly Payment Unpaid Balance	Other expenses (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 three 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. Please also attach a copy of last month's bills.

Alimony/Child Support Payments	
Child Care/School Lunches	
Electricity	
Water/Sewer	
Phone(s) (Landlines and/or Cell)	
Heating Fuel/Propane	
Cable/Internet	
Medical Bills	
Car Payments	
Gas for Vehicles	
Health Insurance	
Life Insurance	
Car Insurance	
Groceries	
Credit Card Payments	
Student Loans/Tuition Payments	
Other:	
Other:	

Self Employed Applicants

In the space provided below, please list all job related expenses:

Be sure to sign the Authorization and Release on the next page.

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.

Applicant Signature Date

Co-Applicant Signature Date