 ENID HABITAT FOR HUMANITY ***Application for Housing***  PO BOX 3924

 ENID, OK 73702

**Dear applicant:** we need you 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.

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| 1. APPLICANT INFORMATION
 |
| Applicant | Co-Applicant |
| Applicant’s Name: | Co-Applicant’s Name: |
| Social Security Number: Age: | Social Security Number: Age: |
| Marital Status: | Marital Status: |
| Dependents (people who live with you not listed by co-applicant)Name Age Male Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  | Dependents (people who live with you not listed by co-applicant)Name Age Male Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  |
| Present Address (street, city, state, zip code) Own Rent Present Address (street, city, state, zip code) own rent Present Address (street, city, state, zip code) own rentNumber of Years \_\_\_\_\_\_\_ | Present Address (street, city, state, zip code) Own RentNumber of Years \_\_\_\_\_\_\_ |
| **If Living at Present Address for Less Than Two Years Complete the Following** |
| Last Address (street, city, state, zip code) Own Rent Present Address (street, city, state, zip code) own rent Present Address (street, city, state, zip code) own rentNumber of Years \_\_\_\_\_\_\_ | Last Address (street, city, state, zip code) Own Rent Present Address (street, city, state, zip code) own rent Present Address (street, city, state, zip code) own rentNumber of Years \_\_\_\_\_\_\_ |
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| **Phone Number:** | **Phone Number:** |

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| **Maximum Income Limits Based on Family Size** |
| **1 - $ 33,950.00** | **5 - $ 52,400.00** |
| **2 - $ 38,800.00** | **6 - $ 56,300.00** |
| **3 - $ 43,650.00** | **7 - $ 60,150.00** |
| **4 - $ 48,500.00** | **8 - $ 64,050.00** |
|  |  |
| 2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| More Information Requested? Yes NoDate Application Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted Denied | Date Applicant Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date sent to CCCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 the Habitat office, or other approved activities. Yes No I AM WILLING TO COMPLEE THE REQUIRED SWEAT EQUITY HOURS: Applicant: Co-Applicant:  |
| 4. PRESENT HOUSING CONDITIONS |
| Number of bedrooms (please circle) 1 2 3 4 5Other 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 monthly order receipt or cancelled 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 (If yes, please describe, including location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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. EMPLOYMENT INFORMATION |
| **Applicant** | **Co-Applicant** |
| Name and Address of **Current** Employer | Years on this job | Name of 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 Previous Employer | Years on this job | Name of Address of Previous Employer | Years on this job |
| Monthly (Gross) Wages$ | Monthly (Gross) Wages$ |
| Type of Business | Business Phone | Type of Business | Business Phone |

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| 7.MONTHLY INCOME AND COMBINED MONTHLY BILLS |
| **Gross monthly income** | **Applicant** | **Co-applicant** | **Others in Household** | **Monthly Bills** | **Monthly Amount** |
| Employment Income: | $ | $ | $ | Rent |  |
| AFDC/TANF |  |  |  | Utilities |  |
| Food Stamps |  |  |  | Car Payments |  |
| Social Security |  |  |  | Insurance |  |
| SSI |  |  |  | Child care |  |
| Disability |  |  |  | School Lunch |  |
| Alimony |  |  |  | Average Credit Card Payment |  |
| Child support |  |  |  | Student Loans |  |
| Other |  |  |  | Alimony/Child Support |  |
| **Total** | $ | $ | $ | Total | $ |
| Self-employed applicants(s) may be required to provide additional documentation such as tax returns and financial statements.Please attach copies of last month’s bills.  | List additional household members over 18 who receive income:Name Age Monthly Wages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. SOURCE OF INITIAL INSURANCE PAYMENT |
| Where will you be getting the money to pay the initial homeowner insurance payment? If you are borrowing money to pay this cost please explain how and from whom. |
| 9. ASSESTS |
| List Checking and Savings Accounts Below |
| 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 $ |
| 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:** Yes NoStoveRefrigeratorWasherDryer | **Do you own a:** Yes NoCar (#1)Make and YearCar (#2)Make and Year |
| 10. DEBT |
| To Whom Do You and the Co-Applicant Owe Money? |
| Name and Address of Company | Monthly UnpaidPayment Balance$ $ | Name and Address of Company | Monthly UnpaidPayment Balance$ $ |
| Mos left to pay: | Mos left to pay: |
| Name and Address of Company | Monthly UnpaidPayment Balance$ $ | Name and Address of Company | Monthly UnpaidPayment Balance$ $ |
|  | Mos left to pay: |  | Mos left to pay: |
| Name and Address of Company | Monthly UnpaidPayment Balance$ $ | Alimony/Child Support | $ /month |
| Job-Related Expenses | $ /month |
|  | Mos left to pay: | Child Care, Union Dues, etc. | $ /month |
| Name and Address of Company | Monthly UnpaidPayment Balance$ $ | **Column 2: Subtotal of payments** | $ /month |
| **Column 1: Subtotal of Payments** | $ /month |
|  | Mos left to pay: | **Total Monthly Expenses** | $ /month |
| 11. DECLARATIONS |
| Please Check the Box That Best Answers the Following Questions For you and the Co-Applicant |
|  Applicant Co-Applicanta. 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 c. Have you had property foreclosed on in the last 7 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 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. |
| 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.Applicant Signature Date Co-Applicant Signature DateX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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 and “C” for Co-Applicant. |

**Applicant’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Co-Applicant’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.) |
| **Applicant** | **Co-Applicant** |
|   I do not wish to furnish this information**Race/National Origin:** American Indian or Alaskan Native Asian or Pacific Islander White, not of Hispanic origin Black, not of Hispanic origin Hispanic Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sex:** Female MaleBirthdate: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**Marital Status:** Married Separated Unmarried (Include single, divorced, widowed) |   I do not wish to furnish this information**Race/National Origin:** American Indian or Alaskan Native Asian or Pacific Islander White, not of Hispanic origin Black, not of Hispanic origin Hispanic Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sex:** Female MaleBirthdate: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**Marital Status:** Married Separated Unmarried (Include single, divorced, widowed) |
| To Be Completed Only By the Person Conducting the Interview |
| This application was taken by: Face to Face Interview By Mail By Phone | Interviewer’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interviewer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interviewer’s Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |