Habitat for Humanity® of East Jefferson County

Habitat for Humanity of East Jefferson County
P.O. Box 658, Port Townsend, WA 98368
(360) 379-2827
www.habitatejc.org

Application

For Home Repairs

Applicant: Please complete this application to determine if you qualify for Habitat for Humanity's home repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant's Name:	**Co- Applicant's Name:**
Phone Home: _____ Cell: _____	Phone Home: _____ Cell: _____
Check if Veteran: _____	Check if Veteran: _____
____ Married ____ Separated ____ State registered domestic partnership ____ Unmarried (single, divorced, widowed)	____ Married ____ Separated ____ State registered domestic partnership ____ Unmarried (single, divorced, widowed)
Dependents and others who live with you (not listed by co-applicant) Name Age Male/Female 1	**Dependents** and others who live with you (not listed by co-applicant) Name Age Male/Female 1
2	2
3	3
Physical Address (street, city, state, ZIP)	
Mailing Address (If different than physical address.)	

2. WILLINGNESS TO PARTNER			
Habitat's home repair program requires you and your family to complete a certain number of "sweat-equity" hours. Your help in repairing your home is called "sweat-equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office or store, or other approved activities.			
I AM WILLING TO COMPETE THE REQURIED SWEAT-EQUITY HOURS:		YES	NO
	Applicant	_____	_____
	Co- Applicant	_____	_____

3. REPAIRS REQUESTED

What home repairs are you requesting?

5. PROPERTY INFORMATION

Do you own or rent your home? _____

If you own a manufactured home and lease the land:
What is your monthly land payment? $_____/month

Do you own land other than your primary residence? ____Yes ____No
If yes, please describe, including location address:

If you are approved for a Habitat home repair loan, how should your name(s) appear on the legal documents?

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	Others in household	Monthly Bills (3)	Monthly Amount
Base Employment Income (1)	$	$	$	Mortgage & Land Payment	$
TANF				Property Taxes (if not included in mortgage payment)	
Food Stamps				Home Insurance (if not included in mortgage payment)	
Social Security				Utilities	
SSI				Car Payments	
Disability (SSID)				Insurance	
Alimony				Child Care	
Child Support				Average Credit Card Payment	
Pension or Retirement				Alimony/Child Support	
Other				Student Loans	
Total	**$**	**$**	**$**	**Total**	**$**

(1) Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

8. ASSETS	
List Checking and Savings Account 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 $_____
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 $_____

11. AUTHORIZATION AND RELEASE

I understand that by filling this application, I am authorizing Habitat of Humanity to evaluate my need for Habitat's home repair program, my ability to repay the no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. Applicant understands that Habitat works with partner agencies to verify information and assess need. 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 the Habitat repair loan, 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.

I understand that Habitat of Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry and that 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 by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date

EQUAL HOUSING OPPORTUNITY

Habitat for Humanity of East Jefferson County selects families for the Home Repair Program in a way that does not discriminate on the basis of race, gender, color, age (provided the applicant is old enough to enter into a contract), handicap, religion, marital or familial status, gender identity, sexual orientation, political ideology, creed, heritage, ancestry, national origin, source of income, including because all or part of the applicant's income is derived from public assistance programs, or because the applicant has in good faith exercised any right under the federal consumer credit laws.

NOTE: If more space is needed to complete any part of this application, please use the space below or 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.

Attach the following list of documents to this application.

Applicant's Name:	Co-applicant's Name:
1. IRS Tax Returns for the most recent year (Form 1040, 1040A, 1040EZ). 2. Copies of documents showing income you receive (most recent two pay stubs, Child support, food stamps, TANF, SSI, Alimony, disability, other). 3. Bring the original of a document that establishes your legal residence in the U.S. Passport, birth certificate, naturalization papers, "green" card. We must see the original. We will photocopy and return the original to you before you leave the office. 4. Copy of mortgage statement.	1. IRS Tax Returns for the most recent year (Form 1040, 1040A, 1040EZ). 2. Copies of documents showing income you receive (most resent two pay stubs, Child support, food stamps, TANF, SSI, Alimony, disability, other). 3. Bring the original of a document that establishes your legal residence in the U.S. Passport, birth certificate, naturalization papers, "green" card. We must see the original. We will photocopy and return the original to you before you leave the office. 4. Copy of mortgage statement.

Applicant's Name: _____ **Co-Applicant's Name: _____**

12. 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 lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but 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.)

Applicant	**Co-applicant**
____ I do not wish to furnish this information	____ I do not wish to furnish this information
Race/National Origin: ____ American Indian or Alaskan Native ____ Native Hawaiian or Other Pacific Islander ____ Black/Africa American ____ Caucasian ____ Asian ____ American Indian or Alaskan Native AND Caucasian ____ Asian AND Caucasian ____ Black/African American AND Caucasian ____ American Indian or Alaskan Native Black/African American	**Race/National Origin:** ____ American Indian or Alaskan Native ____ Native Hawaiian or Other Pacific Islander ____ Black/Africa American ____ Caucasian ____ Asian ____ American Indian or Alaskan Native AND Caucasian ____ Asian AND Caucasian ____ Black/African American AND Caucasian ____ American Indian or Alaskan Native Black/African American
Ethnicity: ____ Hispanic ____ Non-Hispanic	**Ethnicity:** ____ Hispanic ____ Non-Hispanic
Sex: ____ Female ____ Male	**Sex:** ____ Female ____ Male
Birthday: _____/_____/_____	**Birthday:** _____/_____/_____
Marital Status: ____ Married ____ Separated ____ Unmarried (incl. single, divorced, widowed) ____ State registered domestic partnership	Marital Status: ____ Married ____ Separated ____ Unmarried (incl. single, divorced, widowed) ____ State registered domestic partnership

To Be Completed Only By the Person Conducting the Interview

This application was taken by: ____ Face to face interview ____ By mail ____ By telephone	Interview's Name (print or type) Interview's Signature Date Interview's Phone number