El Dorado Habitat for Humanity®

El Dorado Habitat for Humanity
P.O Box 1447 El Dorado, AR 71731
(870) 639-3599

Application FOR HOUSING

EQUAL HOUSING OPPORTUNITY

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

Dear Applicant: We need you to 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.

1. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's Name	**Co-applicant's Name**
Social Security Number Home Phone Age	Social Security Number Home Phone Age
☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant) Name Age Male Female _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐	**Dependents** and others who will live with you (not listed by applicant) Name Age Male Female _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐
Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent Number of Years _____	Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent Number of Years _____	Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent 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, or other approved activities.

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

4. PRESENT HOUSING CONDITIONS

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

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 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 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 AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	[2]Others in Household	[3]Monthly Bills	Monthly Amount
[1]Base 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**	$

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

[3]Please attach copies of last month's bills.

[2]List additional household members over 18 who receive income:

Name	Age	Monthly Income
		$
		$
		$

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

9. ASSETS

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	No		Yes	No	Do you own a:	Yes	No
Stove	☐	☐	Boat	☐	☐	Car (#1)	☐	☐
Refrigerator	☐	☐	Mobile Home	☐	☐	Make and Year _____		
Washer	☐	☐				Car (#2)	☐	☐
Dryer	☐	☐				Make and Year _____		

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

Car	Monthly Payment $	Unpaid Balance $	Cell Phone Contracts	Monthly Payment $	Unpaid Balance $
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment $	Unpaid Balance $	Name and Address of Company	Monthly Payment $	Unpaid Balance $
	Mos. left to pay:			Mos. left to pay:	
Credit Card	Monthly Payment $	Unpaid Balance $	Alimony/Child Support	$	/month
	Mos. left to pay:		Job-related Expenses	$	/month
Medical	Monthly Payment $	Unpaid Balance $	(Child Care, Union Dues, etc.)	$	/month
	Mos. left to pay:		**Column 2: Subtotal of Payments**	$	/month
			Column 1: Subtotal of Payments	$	/month
Column 1: Subtotal of Payments	$	/month	**Total Monthly Expenses**	$	/month

11. DECLARATIONS

Please Check the Box 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
c. Have you had property foreclosed on in the past 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 questions **a** through **e** 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.

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____

X _____ 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 or "C" for Co-applicant.

Applicant's name _____ **Co-applicant's name** _____

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	☐ I do not wish to furnish this information
Race/National Origin:	**Race/National Origin:**
☐ American Indian or Alaskan Native	☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander
☐ Black/African American	☐ Black/African American
☐ Caucasian	☐ Caucasian
☐ Asian	☐ Asian
☐ American Indian or Alaskan Native AND Caucasian	☐ American Indian or Alaskan Native AND Caucasian
☐ Asian AND Caucasian	☐ Asian AND Caucasian
☐ Black/African American AND Caucasian	☐ Black/African American AND Caucasian
☐ American Indian or Alaskan Native AND Black/African American	☐ American Indian or Alaskan Native AND Black/African American
☐ Other (specify)	☐ Other (specify)
Ethnicity:	**Ethnicity:**
☐ Hispanic ☐ Non-Hispanic	☐ Hispanic ☐ Non-Hispanic
Sex:	**Sex:**
☐ Female ☐ Male	☐ Female ☐ Male
Birthdate: ____/____/____	**Birthdate:** ____/____/____
Marital Status:	**Marital Status:**
☐ Married	☐ Married
☐ Separated	☐ Separated
☐ Unmarried (Incl. single, divorced, widowed)	☐ Unmarried (Incl. 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 Telephone

Interviewer's Name (print or type)

Interviewer's Signature Date

Interviewer's Phone Number