

Note: The applicant must have been a resident of Hanover or King William County for at least 1 year and earn less than 60% of the Area Median Income. Applicant must live in and hold clear title to his/her home. Taxes and mortgage must be paid up to date. Approved applicants must pay for repairs (cost to be determined) before work can begin. Habitat may not perform work on homes where hazardous materials are present.

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.



1. APPLICANT INFORMATION

Applicant	Co-applicant
Applicants Name: _____	Co-applicant's Name: _____
Social Security Number: _____	Social Security Number: _____
Phone: _____ Birthdate: ____/____/____	Phone: _____ Birthdate: ____/____/____
Email: _____	Email: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Present Address: _____	Number of years _____
Street _____	Suite/Apt # _____
City _____	State _____ Zip _____
Others in the household:	
Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
	Male Female Student (Fulltime)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are you a Habitat for Humanity Homeowner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to the Hanover & King William repair program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or anyone in your household serve or is serving in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the homeowner, or anyone in the home, disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a translator needed? If yes, what language? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. WILLINGNESS TO PARTNER

Are you or a relative willing to complete "sweat equity" hours? "Sweat equity" is the hours the applicant family contributes to assist Habitat to perform repairs on their home.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. DESCRIPTION OF PROJECT

Description of project (if multiple tasks, list in order of importance): _____
Have you ever attempted to get a loan for these home repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what was the result? _____
Is there a church or other organization that may be willing to help with your repairs? Which one(s)? _____

4. GROSS MONTHLY INCOME

Income Source	Applicant	Co-Applicant	Others in Household	Total
Wages	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

5. DEBT

Account	Applicant			Co-Applicant		
	Monthly Payment	Unpaid Balance	Months Left to Pay	Monthly Payment	Unpaid Balance	Months Left to Pay
Mortgage	\$	\$		\$	\$	
Auto Loan	\$	\$		\$	\$	
Credit Card: (Type of card; Visa, MasterCard, etc.)	\$	\$		\$	\$	
Medical	\$	\$		\$	\$	
Other: _____	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

6. ASSETS

Account	Applicant	Co-Applicant	Others in Household
	Value	Value	Value
Stocks or Bonds	\$	\$	\$
Net Worth of Business(es)	\$	\$	\$
Real Estate Owned	\$	\$	\$
Automobiles Owned	\$	\$	\$
Other: _____	\$	\$	\$
Total	\$	\$	\$

7. 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 whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
Race: (applicant may select more than one racial designation) <input type="checkbox"/> American Indian or Alaska Native _____ name of enrolled or principal tribe <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> White <input type="checkbox"/> Don't know/Don't wish to provide this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino _____ <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Don't know/Don't wish to provide this information Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race: (applicant may select more than one racial designation) <input type="checkbox"/> American Indian or Alaska Native _____ name of enrolled or principal tribe <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> White <input type="checkbox"/> Don't know/Don't wish to provide this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino _____ <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Don't know/Don't wish to provide this information Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

8. REQUIRED DOCUMENTS TO BE COLLECTED

- Proof mortgage payments are up to date
- Proof real estate taxes are paid

- Proof of insurance
- Two most recent bank statements

- Two most recent pay/income stubs
- Two most recent tax returns

9. AUTHORIZATION AND RELEASE

I hereby affirm that all information provided on this application is true and accurate. I authorize Habitat to conduct a sex offender check and on all adults in the home. I further understand that by completing this application, I may be submitting myself to a credit check and that Hanover and King William Habitat may not be able to perform repairs when asbestos, lead, mold, and/or radon are present.

Applicant's Signature

Date

Co-applicant's Signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____

Verified Annual Income: _____ % AMI: _____

