



FOR HOUSING

HFH Lake City/Columbia County, Inc.
 P.O. Box 487 Lake City, Florida 32056
 386-755-0014 hfhlakecity.org



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 the 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)		
Dependants and others who will live with you (not listed by co-applicant) Name Age Male/Female			Dependants and others who will live with you (not listed by applicant) Name Age Male/Female		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Present Address (street, city, state, zip code) Own Rent			Present Address (street, city, state, zip code) Own Rent		
Number of Years			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			Last Address (street, city, state, zip code) Own Rent		
Number of Years			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 (pleases 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

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	Others in Household	Monthly Bills	Monthly Amount
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 Loan	
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 Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWNPAYMET 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 Stove Refrigerator Washer Dryer	Do you own a: Yes No Car (#1) Make and Year _____ Car (#2) Make and Year _____
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10. DEBT
 To Whom Do You and the Co-Applicant Owe Money?

Car	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____
Furniture	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____
Credit Card	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____	Alimony/Child Support	\$ _____	/month
			Job-Related Expenses	\$ _____	/month
			(Child Care, Union Dues, etc.)	\$ _____	/month
Medical	Monthly Payment \$ _____ Mos. Left to pay: _____	Unpaid Balance \$ _____	Column2: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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.

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
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birth date: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. Single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birth date: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. Single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; border-bottom: 1px solid black;">Interviewer's Name (print or type)</td> <td style="width:20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Interviewer's Signature</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Interviewer's Phone Number</td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's Signature	Date	Interviewer's Phone Number	
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Interviewer's Signature	Date						
Interviewer's Phone Number							