



# Application for Housing

*Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities and hope.*

Mailing address: PO Box 610367  
 Port Huron, MI 48061-0367  
Office location: 1228 Sixth Street  
 Port Huron, MI 48060  
 Family Services: 810-985-9080 ext. 204



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, national origin, age, marital status, or sources of income.

**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 (& CO-APPLICANT, IF APPLICABLE) INFORMATION

Applicant			Co-Applicant		
Applicant's Name			Co-Applicant's Name		
Social Security Number	Home/Cell Phone	Date of Birth	Social Security Number	Home/Cell Phone	Date of Birth
<b>Dependents</b> and others who will live with you (not listed by co-applicant) Name: Birthdate Male or Female _____ _____ _____ _____ _____			<b>Dependents</b> and others who will live with you (not listed by applicant) Name: Birthdate Male or 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: _____	Date Letter Sent: _____
More Information Requested? _____yes _____no	Date of Home Visit: _____
Date Application Completed: _____	Date Letter Sent: _____
_____ Accepted _____ Denied	

### 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

Applicant: YES NO

Co-Applicant: YES NO

(Circle your choice)

If your family is selected, are you willing to meet the requirements for Habitat Partner Families, including:

Attend a Money Management class provided by an agent of BWHFH's choice?

Attend home maintenance classes, if required?

Assist EVERY DAY during the repair work/construction done on your home? (Special circumstances considered)

Be a good ambassador for Habitat in the community so this important work can continue?

Applicant

Co-Applicant

\_\_\_\_\_ Yes, I am/We are willing to meet these requirements if selected.

Initials: \_\_\_\_\_

\_\_\_\_\_ No, I am/We are not willing to meet these requirements.

Initials: \_\_\_\_\_

### 4. CURRENT HOUSING CONDITIONS

Current 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 \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month

(Please supply a copy of your lease, 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/apartment where you live. Why do you need a Habitat home?

### 5. FUTURE HOUSING NEED

If selected: How many people would be living in the Habitat home? \_\_\_\_\_

Do you currently live in public housing?

Yes

No

Have you applied for a conventional mortgage?

Yes

No

### 6. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment?

Monthly payment- \$ \_\_\_\_\_

Unpaid Balance \$ \_\_\_\_\_

Do you own land?

Yes

No

If yes, please describe, including location:

Is there a mortgage on the land?

Yes

No

If yes, Monthly payment- \$ \_\_\_\_\_

Unpaid Balance \$ \_\_\_\_\_

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

7. EMPLOYMENT INFORMATION					
Applicant			Co-Applicant		
Name and Address of <b>Current</b> Employer		Years at Job	Name and Address of <b>Current</b> Employer		Years at Job
Business Telephone	Hours per week	Pay per hour	Business Telephone	Hours per week	Pay per hour
If Working at Current Job Less than One Year, Complete the Following Information					
Name and Address of <b>Last</b> Employer		Years at Job	Name and Address of <b>Last</b> Employer		Years at Job
Business Telephone	Hours per week	Pay per hour	Business Telephone	Hours per week	Pay per hour

8. OTHER MONTHLY INCOME			
Applicant		Co-Applicant	
<b>Source of Income:</b>	<b>Monthly Amount:</b>	<b>Source of Income:</b>	<b>Monthly Amount:</b>
AFDC/TANF/HCV	\$	AFDC/TANF/HCV	\$
Food Stamps	\$	Food Stamps	\$
Social Security	\$	Social Security	\$
SSI	\$	SSI	\$
Disability	\$	Disability	\$
Alimony	\$	Alimony	\$
Court Ordered Child Support	\$	Court Ordered Child Support	\$
Other <sup>1</sup>	\$	Other <sup>1</sup>	\$
Total Income from these sources	\$	Total Income from these sources	\$
<sup>1</sup> Please use this space any income not listed in sections 6 or 7.		Additional household members over 18 who receive income:	
<b>DRIVERS LICENSE NUMBER:</b>		<b>Name:</b>	<b>Date of Birth: Monthly Income:</b>
Applicant: _____			
Co-Applicant: _____			

9. 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, from whom and terms to repay these funds. (Attach all written agreements to this application packet)

**10. MONTHLY BILLS AND EXPENSES**

Applicant		Co-Applicant	
Bills and Expenses:	Monthly Amount:	Expenses not included under the applicant listing:	Monthly Amount:
Rent/Housing Payment	\$	Rent/Housing Payment	\$
Utilities- Gas	\$	Utilities- Gas	\$
Electric	\$	Electric	\$
Water	\$	Water	\$
Telephone/Cell Phone	\$	Telephone/Cell Phone	\$
Internet	\$	Internet	\$
Television Service	\$	Television Service	\$
Car Payment	\$	Car Payment	\$
Car Insurance	\$	Car Insurance	\$
Gas/Car Maintenance	\$	Gas/ Car Maintenance	\$
Health Insurance/Expenses	\$	Health Insurance/Expenses	\$
Total Credit Card Payments	\$	Total Credit Card Payments	\$
Student Loan Payments	\$	Student Loan Payments	\$
Child Care	\$	Child Care	\$
Court Ordered Child Support	\$	Court Ordered Child Support	\$
Court Ordered Alimony	\$	Court Ordered Alimony	\$
Food/Dining Out	\$	Food/Dining Out	\$
Other Expenses (List):	\$	Other Expenses (List):	\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Monthly Expenses</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

**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
If you answer yes for item b., what year?	year:		year:	
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
If you answer yes for item c., what year?	year:		year:	
d. Are you court ordered to pay alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you a United States citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answer yes to item f, please explain in this space (attach separate sheet of paper if needed).				

g. Do you own a vehicle or vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what year, make and model is it?	year		year	
	make		make	
	model		model	

## 12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Blue Water Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the zero-percent interest equivalent 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, criminal and background checks, 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 Blue Water Habitat for Humanity even if the application is not approved.

By signing below, I give permission to Blue Water Habitat for Humanity, Inc. and it's volunteers/staff to contact where applicable:

EMPLOYERS (Past and Present)	THE CREDIT BUREAUS
LANDLORDS (Past and Present)	THE COURTS
PERSONAL REFERENCES	ANY LAW ENFORCEMENT AGENCY
SOCIAL SECURITY	DEPARTMENT OF HUMAN SERVICES

And any other agency or organization deemed necessary to gather information to properly consider my (our) application for Blue Water Habitat for Humanity, Inc. housing.

Applicant Signature	Date;	Co-Applicant Signature	Date:
<u>X</u>		<u>X</u>	

**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.

Return Completed Form with needed documentation to: Blue Water Habitat for Humanity  
P. O. Box 610367  
Port Huron, MI 48061-0367  
phone: 810-985-9080 ext. 204, FAX: 810-985-4798 e-mail: familyservices@bwhabitat.org

Your application will be considered only after we receive this application completely filled out, signed and the following documentation:

- \* Income Tax records or equivalent proof of income for the past three (3) years.
- \* Assistance verification (If applicable).
- \* Present landlord name and address (past landlord too, if at current address less than two years).
- \* Name and address of your present employer and of your former employer if you have changed jobs in the past year.
- \* Record of monthly income and source.
- \* Account numbers and balance of all of your checking and savings accounts.
- \* List of active credit cards with amount of your unpaid balance and what you pay monthly.
- \* List of any other debts you have acquired that are unpaid.
- \* Copies of last month's utility bills. (Gas, electric, water, phone, cell phone, internet, tv, etc).

Be sure to give us readable copies, copies will not be returned, so do not give us your originals. If needed, we can make copies of your original documentation at the office. If you did not file tax returns, then submit two (2) years of equivalent proof of income. You may also submit as proof of income: pay stubs, etc.

