



**Habitat
for Humanity®**

Application

FOR HOUSING

Burlington County Affiliate
 1702 Taylors Lane
 Cinnaminson, NJ 08077
 (856)303-8080
 (856)303-8099 fax
 www.habitatbcnj.org

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.

Applicant		Co-Applicant	
Name		Name	
Social Security Number	Birthdate	Social Security Number	Birthdate
Home Phone	Cell Phone	Home Phone	Cell Phone
Married Separated Unmarried (incl. single, divorced, widow)		Married Separated Unmarried (incl. single, divorced, widow)	
Present Address		Present Address	
Own or Rent (circle one) Number of Years:		Own or Rent (circle one) Number of Years:	
If living at present address for less than two years, complete the following information.			
Previous Address		Previous Address	
Own or Rent (circle one) Number of Years:		Own or Rent (circle one) Number of Years:	

Dependents and others who will live with you

#	Members Full Name	Relation	Age	Sex	Social Security #
1					
2					
3					
4					
5					
6					
7					

Present Housing Conditions:

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 (WE ARE) WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: YES NO

Present Housing Conditions:

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

If you rent, what is your monthly rent payment? \$

Name, address and phone number of current landlord:

Why do you need a Habitat home? In the space below, describe the condition of the house or apartment where you live.

Property Information:

If you own your residence, what is your monthly mortgage payment? \$ _____ /mth Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location)

Is there a mortgage on the land? No Yes Amount:

Income and Asset Information:

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Does any member of your household:

Yes	No	Work full-time, part-time or seasonally?
Yes	No	Expect to work for any period during the next year?
Yes	No	Work for someone who pays you cash?
Yes	No	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
Yes	No	Now receive or expect to receive unemployment benefits?
Yes	No	Now receive or expect to receive child support?
Yes	No	Entitled to child support that he/she is not now receiving?
Yes	No	Now receive or expect to receive alimony?
Yes	No	Have an entitlement to receive alimony that is not currently being received?
Yes	No	Now receive or expect to receive public assistance (welfare)?
Yes	No	Now receive or expect to receive Social Security or disability benefits?
Yes	No	Now receive or expect to receive income from a pension or annuity?
Yes	No	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes	No	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
Yes	No	Own real estate or any assets for which you receive no income (checking account, cash)?
Yes	No	If you own a home, do you maintain a mortgage on the property?
Yes	No	Have you sold or given away real property or other assets (including cash) in the past two years?
Yes	No	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$ _____

Employment Information:

Applicant		Co Applicant	
Name & Address of Current Employer		Name & Address of Current Employer	
Phone		Phone	
Type of Business	Job Title	Type of Business	Job Title
Years on this Job	Monthly Gross Wages	Years on this Job	Monthly Gross Wages
If working at current job for less than two years, complete the following			
Name & Address of Current Employer		Name & Address of Current Employer	
Phone		Phone	
Type of Business	Job Title	Type of Business	Job Title
Years on this Job	Monthly Gross Wages	Years on this Job	Monthly Gross Wages

Additional Income Source Information: Employment of adults (18 yrs & older) that will be living in the home but are not the applicant or co-applicant and second jobs of applicant and co-applicant.

Name:	Name:
Name & Address of Employer	Name & Address of Employer
Phone	Phone
Type of Business	Job Title
Years on this Job	Monthly Gross Wages
Type of Business	Job Title
Years on this Job	Monthly Gross Wages
Additional Sources of Income	
Name:	Name:
Source of Income	Source of Income
Income Amount (please specify weekly, monthly, yearly)	Income Amount (please specify weekly, monthly, yearly)

Copies of the following documentation (if it applies) must be provided:

- Personal identification (Driver's License, passport, birth certificate, social security card, etc.)
- Checking - 6 months of statements
- Savings Account (CD's, IRA's, etc) statements and current interest rates, Bonds, Stocks, Real Estate
- (4) most recent consecutive pay stubs for all employed household members
- Verification of TANF, SSI, Child Support, Alimony, Pension fund, Workers Compensation
- 1040 Federal Tax Return (last 3 years)
- State Tax Return (last 3 years)
- Rental lease or rental payment
- Divorce decree

Declarations:

	Applicant		Co-applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed on in the past 7 years?				
d. Are you currently involved in a lawsuit?				
e. Are you paying alimony or child support?				
f. Are you a U.S. citizen or permanent resident?				

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.

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 _____	

AUTHORIZATION TO PROVIDE CREDIT INFORMATION

YOU ARE HEREBY AUTHORIZED TO PROVIDE TO HABITAT FOR HUMANITY BURLINGTON COUNTY OR THEIR DESIGNATED REPRESENTATIVES, ANY AND ALL INFORMATION THAT YOU HAVE RELATING TO MY CREDIT AND /OR PAYMENT HISTORY.

I HEREBY RELEASE YOU AND HABITAT FOR HUMANITY FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM YOUR HONORING THIS AUTHORIZATION AND THEIR USE OF SAME.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Applicant

SIGNED _____ DATE _____
Signature

PRINT NAME _____

Co-Applicant

SIGNED _____ DATE _____
Signature

PRINT NAME _____