



Burlington County Affiliate

1702 Taylors Lane
Cinnaminson, NJ 08077
(856) 303-8080

Application

FOR HOUSING



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)			Dependents and others who will live with you (not listed by co-applicant)		
Name	Age	Male or Female	Name	Age	Male or Female
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Own or Rent (circle one) Number of Years _____ ** Please attach copy of last month's utility bill or other document that shows residency.			Own or Rent (circle one) Number of Years _____		
If Living at Present Address for Less Than Two Years,			Complete the Following:		
Last Address (street, city, state, zip code)			Last Address (street, city, state, zip code)		
Own or Rent (circle one) Number of Years _____			Own or Rent (circle one) Number of Years _____		

2. FOR OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No Date Letter Sent: _____

Date Application Completed: _____ _____ Date of Home Visit: _____

Accepted or Denied _____ 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:

	Applicant:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

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? \$ _____ /mth Unpaid Balance \$ _____

Do you own land? (please circle) No Yes

(If yes, please describe, including location) _____

Is there a mortgage on the land? (please circle) 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 Two		Years, 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 (2)	Monthly Bills (3)	Monthly Amount
Base employment Income (1)	\$	\$	\$	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	\$

<p>(1) Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.</p> <p>(3) Please attach copies of last two pay stubs. Please attach copies of last two year's tax returns. Copies of additional bills may be required.</p>	<p>(2) List additional household members over 18 who receive income:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Monthly Income</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	Name	Age	Monthly Income	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
Name	Age	Monthly Income											
_____	_____	\$ _____											
_____	_____	\$ _____											
_____	_____	\$ _____											



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 \$

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

To Be Completed Only By the Person Conducting the Interview

Interviewer's Name (print or type)

This application was taken by:

Face-to-face Interview

By Mail

By Telephone

Interviewer's Signature

Date

Interviewer's Phone Number
