

2360 Dakota Drive Grafton, WI 53024 Phone (262)284-6880 info@ozhh.org

**Application** 

Date Received in Office	
Date Neceived in Office	

Dear Applicant: We need you to complete this application to determine if you qualify to purchase a Habitat for Humanity home. Please fill out the application as completely as possible. All information you include on this application will be kept confidential.

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.

1		ì
	QUAL HOUSIN	
0	PPORTUNIT	Υ

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 Inform	ation							
	icant				Co-Ap	plicant		
Full name with middle initial:			Full name w	ith midd	lle initial:			
Social Security Number			Social Secur	ity Num	ber			
Home Phone Number			Home Phon	e Numbe	er			
Cell Phone Number			Cell Phone	Number				
Email			Email					
Birth Date			Birth Date					
Circle one of the following:			Circle one o	f the foll	owing:			
Married Separated U	nmarried (incl. single, d	livorced, widowed)	Married	Separa	ated U	nmarried (i	ncl. single, divorced,	widowed)
Dependents and others who (not listed by Co-Applicant)	will live with you		Dependents (not listed b			will live wi	th you	
Full name with middle init	tial Birth Date	1110.10	Full na	ime with	middle ini	tial	Birth Date	Male or Female
/		•					•	•
Present Address (street, city, state,	zip code)		Present Add	iress (stree	et, city, state, z	ip code)		
Circle One: Own Rent	Number of Yea	rs:	Circle One:	Own	Rent	Numbe	r of Years:	
If you have been liv	ing at the preser	nt address for			•	•	e following	; <b>:</b>
Previous Address (street, city, state	, zip code)		Previous Ad	dress (str	eet, city, state,	zip code)		
Circle One: Own Rent	Number of Year	rs:	Circle One:	Own	Rent	Numbe	r of Years:	



Applicant's name	(s):							
2. Media	and Publicity							
How did you l	earn about Habita	at for Humanity?	☐ Televi☐ Relativ☐ Intern	ve or Friend	☐ Radio ☐ Church ☐ Other (de	_	oer   Flyer rhood Organization	
-	umanity - Ozaukee Ite interest in Habi	•	•	•	•	•	In addition, we n	nay
2 147112	b. Bl							
3. Willingness to Partner								
To be considered for a Habitat home you and your family are required to complete 250 hours of work per adult (requirement not to exceed 500 hours). Your help in building your home and the homes of others is called "sweat equity", and may include cleaning the lot, painting, helping with construction, working in the Habitat office or ReStore, attending homeownership classes or other approved activities. Half of sweat equity hours can be contributed by friends and family.  I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS (please initial below):								
Applicant				Co-Applicar	nt			
4. Current	Living Situation	1						
what is your m	r present residenc onthly-rent paymo	/month						
Name, address	, and phone numb	er of your curren	t landlord					
Please check if you have any of the following rooms in your current residence. Include quantity if applicable (ex. Bedrooms 3).								
Kitchen	ı	Living Room		Bedroom(s	;)	Laun Roon	·	
Bathroom(s)	1	Dining Room		Other (pleadescribe)	ase	·	·	
In the space be you need a Hal	elow describe the opitat home?	condition of the h	ousing and i	mmediate ne	ighborhood w	here you cur	rently live. Why	do



Applicant's name(s):

5. Employment Information									
	Applicant				Co-Applicant				
Name and Address of current employer									
Position Held									
Type of Business									
Business Phone									
Years on this Job									
Gross Pay Rate (before			(circle one	)			(	circle on	e)
taxes are withheld)	\$ pe	e <b>r</b> hour	week	month	\$	per	hour	week	month
Hours Worked									
per Week									

6. Monthly Income		
Gross Monthly Income	Applicant	Co-Applicant
Base Employment Income	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$
Food Stamps	\$	\$
Social Security	\$	\$
SSI (Supplemental Security Income)	\$	\$
Disability	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Other	\$	\$
Total:	\$	\$

	Name	Age	Monthly Income
List any additional household members			\$
over 18 who receive income.			\$
			\$

Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.



Applicant's name(s):

7. Combined Monthly Bill	thly Bills Write "Included" for any items that are included in rent.					
Monthly Bill	Monthly Amount	Monthly Bill	Monthly Amount			
Housing Payment	\$	Home Phone Bill	\$			
Home or Renters Insurance	\$	Cell Phone Bills	\$			
Car Payments	\$	Internet / Cable TV	\$			
Car Insurance	\$	Health Insurance	\$			
Credit Cards (average)	\$	Student Loans	\$			
Electric Bill	\$	Child Care	\$			
Gas Bill	\$	School Lunch	\$			
Water Bill	\$	Alimony / Child Support	\$			
Please attach copies of las	t month's bills.	Total for both columns:	\$			

8. Assets	Add	any addition	nal items on a sep	arate	sheet of	paper.
Checking, S	avings, IRA,	401(k), 403(b	) Accounts			
Name and Address of Bank, Savings & Loan, Credit Union, or other Financial Institution	Account	t Number	Owner		Ва	lance
					\$	
					\$	
					\$	
					\$	
					\$	
If you own an automobile (car, truck, SUV, etc provide the year, make, and model below.	.) please	Do you owr No.	any of the follow	ing?	Please circ	le Yes or
Vehicle 1		Property		Yes No		No
		Mobile Home			Yes	No
Vehicle 2		Boat		Yes	No	
		Motorcycle			Yes	No
Vehicle 3		Washer			Yes	No
		Dryer		Yes	No	



Applicant's name(s):

## 9. Debt – long term

Include all amounts that Applicant and Co-Applicant owe.
payments (for example, household furnishings) enter total paym

If there are multiple payments (for example,			
Loans and Past Due Bills	Monthly Payment	Unpaid Balance	Months Left to Pay
Vehicle 1	\$	\$	
Vehicle 2	\$	\$	
Vehicle 3	\$	\$	
Household Furnishings (Furniture, Appliances, Televisions)	\$	\$	
Medical Bills	\$	\$	
Cell Phone Contracts	\$	\$	
Student Loans (Please list each loan separately)	\$	\$	
Credit Cards – Enter Bank / Store Name			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Other Required Payments			
Alimony / Child Support	\$	\$	
Union Dues / Job Related Expenses	\$	\$	
Child Care	\$	\$	
Wage Garnishment (Money Taken from Pay)	\$	\$	
Other Loans or Debt – Please Describe			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	



Applicant's name(s):	

10 Information Needed for Approval							
10. Information Needed for Approval  If you are approved for the Habitat home,							
how would you like your name(s) to appear							
on the legal documents? Please print.							
on the legal documents. Thease prints							
If you are approved for the Habitat home,							
where will you get the money to make the							
down payment (for example: savings or							
parents)? If you borrow the money, who will							
you borrow it from, and how will you pay it							
back?							
11. Declarations							
Please check the box that best answers the following questions for you	Appl	icant	Co-Applicant				
and your co-applicant.	Yes	No	Yes	No			
A. Do you have any debt because of a court judgement against you?		1.0	. 55				
B. Have you been declared bankrupt within the past seven years?							
C. Have you had property foreclosed on in the past seven years?							
D. Have you been sued for non-payment of debt in the past 3 years?							
E. Are any of your bills more than 90 days past due?							
F. Are you paying alimony or child support?							
G. Are you a U.S. Citizen or permanent resident							
H. Are you serving or have you served in the United States Military?							
42 Authorization and Balance				-			
13. Authorization and Release							
I understand that by filing this application, I am authorizing Habitat for Humanit	•	•					
ability to repay the no-interest loan and other expenses of homeownership and		•	-				
that the evaluation will include personal visits, a credit check, and employment application truthfully. I understand that if I have not answered the questions tru			-				
if I have already been selected to receive a Habitat home, I may be disqualified f		•					
application will be retained by Habitat for Humanity even if the application is no		Turni. Tric origi	nar or a copy	01 (1113			
I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant							
families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and							
all persons on the first page of the application to a criminal background check. A criminal background check, credit check and							
income will all be confirmed again immediately before the sale of the home to the applicant.							
Applicant Signature:	Date:						
Co-Applicant Signature:	Date:						



Applicant's name(s	;):	

Information for Government Monitoring Purposes			
Applicants Name	Co-Applicant's Name		

## 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 finish 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 loan application for the loan applied.)

	Applicant		Co-Applicant			
Please check this column for all that apply.		Please check this column for all that apply.				
	I do not wish to furnish this information.		I do not wish to furnish this information.			
Race / Na	tional Origin	Race / National Origin				
	American Indian or Alaskan Native		American Indian or Alaskan Native			
	Native Hawaiian or Other Pacific Islander		Native Hawaiian or Other Pacific Islander			
	Black/African American		Black/African American			
	Caucasian		Caucasian			
	Asian		Asian			
	American Indian or Alaskan Native AND Caucasian		American Indian or Alaskan Native AND Caucasian			
	Asian AND Caucasian		Asian AND Caucasian			
	Black/African American AND Caucasian		Black/African American AND Caucasian			
	American Indian or Alaskan Native AND Black/African American		American Indian or Alaskan Native AND Black/African American			
	Other (specify)		Other (specify)			
Ethnicity	Ethnicity					
	Hispanic		Hispanic			
	Non-Hispanic		Non-Hispanic			
Sex		Sex				
	Female		Female			
	Male		Male			
Marital Status		Marital Status				
	Married		Married			
	Separated		Separated			
	Unmarried (incl single divorced widowed)		Unmarried (incl. single_divorced_widowed)			



Applicant's name(s):

For office use only – DO NOT write in this section					
Date Received					
More Information Requested (circle one)	Yes	No	Date of Request (circle one)	E-mail Letter	Phone
Date Application Completed			Date of Home Visit		
Application Verdict (circle one)	Accepted	Denied	Date Letter Sent		
		Inte	rview		
This application was taken by (circle one)	Face t	o Face Interviev	ew By Mail (email or postal) By Telephone		
Interviewer's Name (print)					
Interviewer's Signature					
Interviewer's Phone Number					
Date of Interview					
		Additional (	Office Notes		