

Application for Housing

Please return to:



**720 Story Street
Boone, Iowa 50036**

Office: 515-432-1168
Email: director@heartofiowahabitat.org



We are pledged to the letter and the spirit of the 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.



For Office Use Only

Date application received: _____

Date of home visit: _____

Received by: _____

Date denied/accepted: _____

Applicant Name _____

Application Information

Name: _____ SSN: _____
Marital Status: Married Single Divorced DOB: _____ Age: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____

Co-Application Information

Name: _____ SSN: _____
Marital Status: Married Single Divorced DOB: _____ Age: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____

Other's Living in Applicant's Home

(1) Name: _____ Age: _____ Male Female
(2) Name: _____ Age: _____ Male Female
(3) Name: _____ Age: _____ Male Female
(4) Name: _____ Age: _____ Male Female
(5) Name: _____ Age: _____ Male Female

Employment

Applicant	Co-Applicant
Employer Name: _____	Employer Name: _____
Employer Address: _____ _____	Employer Address: _____ _____
Position: _____	Position: _____
Number of Years Employed: _____	Number of Years Employed: _____

If employed less than one year please enter here

Applicant	Co-Applicant
Employer Name: _____	Employer Name: _____
Employer Address: _____ _____	Employer Address: _____ _____
Position: _____	Position: _____
Number of months Employed: _____	Number of months Employed: _____

Assets

Savings Account

Financial Institution _____ Location _____ Balance _____

Checking Account

Financial Institution _____ Location _____ Balance _____

Investment/Retirement Account

Financial Institution _____ Location _____ Balance _____

Other

Describe _____ Address _____ Market Value _____

Vehicles Owned

_____	_____	_____	_____		
Make	Model	Year	Make	Model	Year

Declarations

	Applicant		Co-Applicant	
Do you have any debt because of a court decision against you?	Yes	No	Yes	No
Have you declared bankruptcy within the past 7 years? If yes, Date _____	Yes	No	Yes	No
Have you had property foreclosed on in the past 7 years?	Yes	No	Yes	No
Are you currently involved in a lawsuit?	Yes	No	Yes	No
Are you currently paying child support or alimony?	Yes	No	Yes	No
Are you a U.S. citizen or a legal resident?	Yes	No	Yes	No

Present Address

Landlord/Legal Owner _____ Street _____ City _____

Landlord's Phone _____ Monthly Payment _____

Previous Address (if less than 2 years at current)

Landlord/Legal Owner _____ Street _____ City _____

Landlord's Phone _____ Monthly Payment _____

Condition of Current Housing

Please describe in detail your present housing conditions. (Size, environment, safety concerns, etc.) Use a separate sheet of paper for more content as needed.

Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to complete at least 300 hours for single person and 450 hours for a couple of "sweat-equity" in building your home and the homes of others.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant _____ Co-Applicant _____

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 you 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.

Applicant

_____ I do not wish to furnish this information

Race/National Origin:

_____ American Indian or Alaskan Native
_____ Native Hawaiian or other Pacific Islander
_____ Black/African American
_____ Caucasian
_____ Asian
_____ American Indian or Alaskan Native AND Caucasian
_____ Asian AND Caucasian
_____ Black/African American AND Caucasian
_____ Other _____

Ethnicity:

Hispanic _____ Non-Hispanic _____

Sex:

Male _____ Female _____

Marital Status:

Married _____ Separated _____ Unmarried _____
(Single, Divorced, Widowed)

Co-Applicant

_____ I do not wish to furnish this information

Race/National Origin:

_____ American Indian or Alaskan Native
_____ Native Hawaiian or other Pacific Islander
_____ Black/African American
_____ Caucasian
_____ Asian
_____ American Indian or Alaskan Native AND Caucasian
_____ Asian AND Caucasian
_____ Black/African American AND Caucasian
_____ Other _____

Ethnicity:

Hispanic _____ Non-Hispanic _____

Sex:

Male _____ Female _____

Marital Status:

Married _____ Separated _____ Unmarried _____
(Single, Divorced, Widowed)

Authorization and Release

I understand that by submitting this application, I am authorizing for 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 and understand that if it's determined any information provided is not true, my application may be denied and I may be disqualified from the program even if I have already been selected to receive assistance. I understand the original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board member and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Applicant Signature

Date

Co-Applicant Signature

Date

Family Budget

Please complete the following worksheet as accurately as possible. Please remember that failure to provide complete and accurate information can result in disqualification.

Sources of Income: Monthly Amount - or - Annual Amount

Applicant Gross Wages		
Co-Applicant Gross Wages		
Child Support		
Food Stamps		
SSI Income		
Social Security		
Alimony		
Other		
TOTAL:		

Living Expenses: Monthly Amount - or - Annual Amount

Rent (net of any subsidies)		
Electricity / Gas		
Water / Sewer / Garbage		
Cable / Satellite TV		
Cell Phones / Home Phone		
Personal Care Products		
Groceries		
Meals Out		
Entertainment		
Gasoline / Car Care		
Clothing		
Child Care		
School Lunches		
Child Support Payments		
Alimony		
Car Payments		
Credit Card Payments		
Other Debt Payments		
Car Insurance		
Renter's Insurance		
Health Insurance		
Life Insurance		
Retirement Savings		
Regular Savings		
Other		
TOTAL:	\$	\$

Loans and Other Debts

Lender/Creditor	Purpose / Details	Monthly Payment	Balance
	Home Mortgage /	\$	\$
	Automobile /	\$	\$
	Automobile /	\$	\$
	Credit Card /	\$	\$
	Credit Card /	\$	\$
	Credit Card /	\$	\$
	Medical Bills /	\$	\$
	Medical Bills /	\$	\$
	Medical Bills /	\$	\$
	Medical Bills /	\$	\$
	Medical Bills /	\$	\$
	Student Loans /	\$	\$
	Other /	\$	\$
	Other /	\$	\$
	Other /	\$	\$
	Totals:	\$	\$