

Date of Application: _____

Tracking #: _____



Preferred location(s) of home

St. Croix Valley Habitat for Humanity
116 East Elm Street
River Falls, WI 54022
715-425-5623

Application for Housing

Please complete this application as accurately as possible. If you need more space to answer any of the questions, please use the backs of the pages or attach additional sheets. All information gathered will be kept confidential.

Applicant Information

Applicant 1				Applicant 2			
Full Name: _____				Full Name: _____			
Social Security # : _____				Social Security # : _____			
Home Phone: _____				Home Phone: _____			
Birth date: _____				Birth date: _____			
Married: ___		Never Married: ___		Married: ___		Never Married: ___	
Separated: ___		Date of Separation: _____		Separated: ___		Date of Separation: _____	
Divorced: ___		Date of Divorce: _____		Divorced: ___		Date of Divorce: _____	
Dependents and others who will live with you:				Dependents, if different than for Applicant 1:			
First Name	Last Name	Birth date	Sex	First Name	Last Name	Birth date	Sex
Present Address: (Street, City, State, Zip code): Own: ___ Rent: ___ How long have you lived at this address? _____				Present Address (if different from Applicant 1): (Street, City, State, Zip code) Own: ___ Rent: ___ How long have you lived at this address? _____			
Previous Address, if less than 2 years at current address: Own: ___ Rent: ___ How long did you live at this address? _____ Reason for moving: _____				Previous Address, if less than 2 years at current address: Own: ___ Rent: ___ How long did you live at this address? _____ Reason for moving: _____			
Alternate phone numbers where you may be reached. Please specify if the number is work, a cell phone, parents, friend, etc.:				Alternate phone numbers where you may be reached. Please specify if the number is work, a cell phone, parents, friend, etc.:			
Email address: _____				Email address: _____			

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 1: Yes___ No___
Applicant 2: Yes ___ No___

Present Housing Conditions

Number of Bedrooms: (please circle) 1 2 3 4 5

Other rooms: Kitchen ___ Living Room ___ Dining Room ___ Bathroom: ___ Other: ___

Please describe what other rooms you have: _____

Monthly Rent Payment: \$ _____/per month

Rent payment includes (check if applicable): Electric: ___ Sewer/Water: ___

Gas: ___ Garbage: ___

Heat: ___ Other (specify): _____

Name, address, and phone number of current landlord:

In the space below, please describe the condition of the house or apartment where you live:

Please describe any special physical or medical needs of yourself or those who will be living with you.

Property Information

If you own your residence, what is your mortgage payment? \$ _____/per month

Does this amount include taxes and insurance? Yes _____ No _____; if no, what are they? \$ _____

Unpaid mortgage 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: \$ _____ balance: \$ _____

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

Employment Information

Applicant 1	Applicant 2
Name and Address of Current employer:	Name and Address of Current employer:
Years at this job: _____ Gross Monthly Wages: _____	Years at this job: _____ Gross Monthly Wages: _____
Briefly describe your job:	Briefly describe your job:
If working at current job for less than one year, please complete the following information:	
Name and Address of Last employer:	Name and Address of Last employer:
Years at this job: _____ Gross Monthly Wages: _____	Years at this job: _____ Gross Monthly Wages: _____
Briefly describe your job:	Briefly describe your job:

Health Insurance Information

	None	Thru Employer	Badger Care	Other*	Cost per Month
Applicant 1					
Applicant 2					
Dependents					

*If Other, please explain: _____

Monthly Income

Gross Monthly Income From:	Applicant 1	Applicant 2	Others in Household
Regular Employment			
AFDC/TANF			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony Received			
Child Support Rec'd			
Other			
Total:			

If self-employed, additional documentation such as tax returns or financial statements may be required to verify income.

Monthly Bills

Monthly Bills	Monthly Payment Amount
Rent or mortgage payment	
Utilities; including electric, water/sewer, gas, etc. if not included in rent	
Cell Phone	
Cable/Satellite TV	
Internet	
Car payments	
Car insurance	
Other Insurance (rental, life, health, dental)	
Child care	
School lunches	
Average total credit card and debt payments	
Student loans	
Alimony and/or child support paid	
Other, please specify	
Total:	

Source of Down Payment and Closing Costs

While a home is being built, families are expected to make monthly payments to an escrow account that will be used to cover the down payment and closing costs when the home is completed. Where will you be getting the money to make the monthly escrow payment? Sources may include savings, parents or other relatives, etc. If you must borrow money to pay these costs, please explain how and from whom.

Assets

Please list checking and savings accounts:

Applicant 1	Applicant 2 (if not joint accounts with Applicant 1)
Name and Address of Bank or Credit Union	Name and Address of Bank or Credit Union
Checking _____ Savings _____	Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank or Credit Union	Name and Address of Bank or Credit Union
Checking _____ Savings _____	Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank or Credit Union	Name and Address of Bank or Credit Union
Checking _____ Savings _____	Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____

Do you own a:	Yes	No
Stove		
Refrigerator		
Washer		
Dryer		
Car #1 make & year:		
Car #2 make & year:		
Recreational Vehicle, specify:		
Other, specify:		

Debt

To whom do you owe money? List the name of the creditor for each item in column 1.

Item	Monthly Payment	Unpaid Balance	Months left To Pay
Car			
Furniture			
Medical			
Student loans			
School(s) attended:			
Area(s) of study:			
Graduation Date (if still in school, anticipated date of completion): Degree received (or working towards):			
Credit Card 1			
Credit Card 2			
Credit Card 3			
Other			



EQUAL HOUSING OPPORTUNITY 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.

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Do you have any debt because of a court decision against you?				
Have you declared bankruptcy within the last 7 years?				
Have you had property foreclosed on within the last 7 years?				
Are you currently involved in a lawsuit?				
Are you paying alimony or child support?				

Answering 'Yes' to these questions does not automatically disqualify you. However, if you answered 'Yes' to any of these questions, please explain below or on another sheet of paper.

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Have you been convicted of a sex related offense?				
Have you been convicted of a drug related crime within the last twenty four months?				
Have you been convicted of any other criminal offense?				
Are there any pending criminal actions against you?				

If you answered 'Yes' to any of these questions, please explain below or on another sheet of paper.

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Are you a United States citizen?				

If you answered 'No' to this question, please explain your status below or on another sheet of paper.

Authorization and Release

I (we) understand that by filing this application, I (we) am (are) authorizing Habitat for Humanity to evaluate my (our) actual need for a Habitat home, my (our) ability to repay the no-interest loan and other expenses of home ownership, my (our) willingness to be a partner family, and to verify any of the information that I (we) have provided on this application. I (we) understand that the evaluation may include personal visits, a credit check, a criminal background check, and employment verification. I (we) have answered all of the questions truthfully. I (we) understand that if questions were not answered truthfully, the application may be denied and that even if I (we) have already been selected to receive a Habitat home, I (we) may be disqualified from the program. I (we) understand that I (we) must disclose any changes in my (our) circumstances if selected to receive a Habitat home (from the date of selection to the date the mortgage is closed). The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. Furthermore, I (we) understand that the completion of this application in no way guarantees that I (we) will receive housing through St. Croix Valley Habitat for Humanity, Inc.

Should I (we) be approved for a home, I (we) understand that I (we) must, in compliance with Section 326 of the USA Patriot Act of 2001, furnish proof of identity before signing any binding legal documents. (details available from St. Croix Valley Habitat for Humanity)

X _____
Applicant 1 Signature Date
02/2017

X _____
Applicant 2 Signature Date

Applicant's name _____ Co-applicant's name _____

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 on the basis of visual observation or surname.

Applicant

Race/ National Origin:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Caucasian/ White
- American Indian and Caucasian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian and Black/African American
- Other (specify) _____

Ethnicity:

- Hispanic
- Non-Hispanic

Co-applicant

Race/ National Origin:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- American Indian and Caucasian
- Asian and Caucasian
- Black/African American and Caucasian
- American Indian and Black/African American
- Other (specify) _____

Ethnicity:

- Hispanic
- Non-Hispanic



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