

Habitat for Humanity of Carroll County  
255 Clifton Blvd., Suite 308  
Westminster, MD 21157

# Application

## FOR HOUSING OR REPAIR



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:			Social Security Number:		
Home Phone:			Home Phone:		
Age:		Marital Status:	Age:		Marital Status:
<b>Dependents:</b>			<b>Dependents:</b>		
Name	Age	Gender (M/F)	Name	Age	Gender (M/F)
Present Address: (street, city, state, zip)			Present Address: (street, city, state, zip)		
Number of years at present address:			Number of years at present address:		
<b>If Living at Present Address Less than One Year, Complete the Following:</b>					
Previous Address: (street, city, state, zip)			Previous Address: (street, city, state, zip)		
Number of years at previous address:			Number of years at previous address:		

## 2. 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:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

## 3. PRESENT HOUSING CONDITIONS

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

## 4. EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Name and Address of Current Employer	Name and Address of Current Employer
Years on this job:	Years on this job:
Monthly (gross) wages:	Monthly (gross) wages:
Type of business:	Type of business:
Business Phone:	Business Phone:

## 5. COMBINED MONTHLY INCOME

List total combined income for Applicant, Co-Applicant and additional household members over 18 who receive income. Include income from salary, wages, Social Security Insurance, disability, child support, AFDC/TANF, WIC, etc.

Total combined monthly income from all sources:

## 6. 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 \_\_\_\_\_

**PLEASE 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.

## 7. 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><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Black, not of Hispanic origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____/____/____</p> <p><b>Marital Status:</b></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><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Black, not of Hispanic origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____/____/____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (incl. Single, divorced, widowed)</p>

## 8. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_

More Information Requested?  Yes  No

Date Application Completed: \_\_\_\_\_

Accepted  Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_