

Adams-Juneau County Habitat for Humanity

P.O. Box 100 Mauston, WI 53948

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. APP	LICANT	INFORMATION	14. 0	
Applicant		Co-applicant		
Applicant's Name		Co-applicant's Name		
			-,-	
Social Security Number Home Phone	Age	Social Security Number Home Pho	ne	Age
☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widow	ved)	☐ Married ☐ Separated ☐ Unmarried (Incl. single,	divorced,	widowed)
Dependents and others who will live with you (not listed by co-app Name Age Male F		Dependents and others who will live with you (not line) Name		applicant) Male Female
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		li		
			-	
		<u> </u>		
Present Address (street, city, state, ZIP code) ☐ Own ☐ Re	nt	Present Address (street, city, state, ZIP code)	□ Own	□Rent
	Pr e			
Number of Years		Number of Years		
If Living at Present Address for	r Less T	han Two Years, Complete the Following		
Last Address (street, city, state, ZIP code) ☐ Own ☐ Re	nt	Last Address (street, city, state, ZIP code)	□ Own	□ Rent
Number of Years		Number of Years		
2. FOR OFFICE USE ON	NLY - D	O NOT WRITE IN THIS SPACE		
Date Received:				
More Information Requested? \square Yes \square No		Date Letter Sent:		
Date Application Completed:		Date of Home Visit:		1.1
☐ Accepted ☐ Denied		Date Letter Sent:		

Effective Date of this Form: 3 January, 2010

\$

Business Phone

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, attending homeownership classes or other approved activities. Applicant: I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Co-applicant: 4. PRESENT HOUSING CONDITIONS Number of bedrooms (please circle) 1 2 3 4 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 canceled 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? \$ /month Unpaid Balance \$ Do you own land? ☐ No ☐ Yes (If yes, please describe, including location) Is there a mortgage on the land? ☐ 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 Type of Business **Business Phone Business Phone** If Working at Current Job Less Than One Year, 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

Effective Date of this Form: 3 January, 2010

Gross Monthly Income	Applicant	Co-Applicant	⁴ Others in Household	Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Pay	ment
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$
¹ Self-employed applicant(s) mentation such as tax return ³ Please attach copies of last where will you get the mone and how will you pay it back	s and financial state month's bills. 8. SOL	URCE OF DOWN PA payment (for example	Name YMENT AND CLOSIN , savings or parents)? If y	G COSTS	ge Monthly Income \$\$ \$\$
		<u> </u>	ASSETS		
Name and Address of Bank,	Savings & Loan, or C		Name and Address (of Bank, Savings & Loan, or	Credit Union:
Account Number:	Bal	lance \$	Account Number:		Balance \$
Name and Address of Bank,	Savings & Loan, or C	redit Union:	Name and Address	of Bank, Savings & Loan, or	Credit Union:
Account Number:	Bal	lance \$	Account Number:	E	Balance \$
Name and Address of Bank, 3	Savings & Loan, or C	redit Union:	Name and Address of	of Bank, Savings & Loan, or	Credit Union:
Account Number:	Bal	ance \$	Account Number:	E	lalance \$

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

				Effective Date of this Form: 3.	January, 20	10	
Do you own a:	Yes		No	Do you own a:		Yes	No
Boat				Car (#1)			
Mobile Home				Make and Year			
Washer				Car (#2)			
Dryer				Make and Year			
			10.)EBT			
	To V	Whom D		Co-applicant Owe Money?			
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Constitution and					Mos. left to pay:		
Credit Card		fonthly ayment	Unpaid Balance	Alimony/Child Support \$		/m	onth
	\$		\$	Job-related Expenses \$		/m	onth
Medical		los. left to	pay: Unpaid	(Child Care, Union Dues, etc.) \$		/m	onth
Medical	1	ayment	Balance	Column 2: Subtotal of Payments \$		/m	onth
	\$	los. left to	\$	Column 1: Subtotal of Payments \$		/m	onth
Column 1: Subtotal of Payments	\$	103. 1611 10	рау. /month	Total Monthly Expenses \$	inikama amanga ang ang ang ang ang ang ang ang ang		onth
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Appl	icant's	name
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Co-ann	licant's	nama
to-app	licant'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
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information
Race/National 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 ☐ Non-Hispanic	☐ Hispanic ☐ Non-Hispaniç
Sex:	Sex:
□ Female □ Male	□ Female □ Male
Birthdate:/	Birthdate:/
Marital Status:	Marital Status:
☐ Married	☐ Married
☐ Separated	☐ Separated
☐ Unmarried (Incl. single, divorced, widowed)	☐ Unmarried (Incl. single, divorced, widowed)
To Do Complete d Only Double D	Parking the Transition

	To Be Completed Only By the Person Conducting the	Interview
This application was taken by:	Interviewer's Name (print or type)	
☐ Face-to-face Interview	Interviewer's Signature	Date
☐ By Mail		
☐ By Telephone	Interviewer's Phone Number	