

**APPLICATION FOR
HABITAT FOR HUMANITY
PROGRAM PARTNERSHIP**

Please fill out this application completely. If you need more space, please use the reverse side of the paper. Write or print clearly and provide all the information requested. Illegible or incomplete applications will not be processed.

I. APPLICANT

Name: _____ Birth Date: _____ SSN: _____

List any previous names: _____ Age _____

Contact Information:

_____ Apt. # _____ P.O. Box # _____

_____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Email: _____

What is the best time (day of week, time) to reach you? _____

Circle one

Are you a U.S. citizen or a legal permanent resident? Yes No

Please attach a copy of one of the following: Colorado driver's license or ID card, a passport, military ID or green card.

Have you been a Teller County resident for at least the past 12 months? Yes No

If No, have you lived in an area contingent to Teller County and worked in Teller County, for at least the past 12 months? Yes No

Do you know anyone that is currently on the Habitat Board of Directors or employed with Habitat for Humanity? Yes No

If Yes, who? _____

MARITAL STATUS: Please indicate your marital status:

Single _____ Married _____ Widowed _____ Separated _____ Divorced (with final divorce settlement) _____ Divorce In Process _____

If divorce is in process, please explain current proceedings _____

II. CO-APPLICANT

Name: _____ Birth Date: _____ SSN: _____

List any previous names: _____ Age _____

Contact Information:

 Street Address Apt. # P.O. Box #

 City State Zip

Telephone: Home _____ Work _____ Email: _____

What is the best time (day of week, time) to reach you? _____

Circle one

 Are you a U.S. citizen or a legal permanent resident? Yes No
 Please attach a copy of one of the following: Colorado driver's license or ID card, a passport or green card.

Have you been a Teller County resident for at least the past 12 months? Yes No

 If No, have you lived in an area contingent to Teller County and worked
 in Teller County, for at least the past 12 months? Yes No

 Do you know anyone on the Board for Habitat or are you related to anyone that is employed
 with Habitat for Humanity? Yes No

If Yes, who? _____

MARITAL STATUS: Please indicate your marital status:
 Single _____ Married _____ Widowed _____ Separated _____

Divorced (with settlement) _____ Divorce In Process _____

 If divorce is in process, please explain current proceedings _____

III. Others in Household:
Please indicate others living in the household (for example: children, relatives, friends)

Name	Birth Date	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. FINANCIAL INFORMATION

INCOME

List all household gross monthly income from *Employment* and *Non-Employment* sources.

	<i>Applicant's Gross Monthly Income</i>	<i>Co-Applicant's Gross Monthly Income</i>	<i>Other Household Members' Gross Monthly Income</i>
<i>Employment Income</i>			
1 st Job			
2 nd Job			
3 rd Job			
<i>Indicate sources and amounts of non-Employment Income (Quest, AFDC, federal housing subsidies, child support, alimony, disability, social security, trust income, etc. Do not include unemployment.)</i>			

ASSETS

List all assets over \$300 that you own (not personal belongings such as clothing, furniture, etc.) and the value of each asset. For automobiles, include the make, model and year.

Asset	Current Value		
<i>Cash</i>			
<i>Checking/Savings Accounts</i>			
<i>Certificates of Deposit</i>			
<i>Trust Funds</i>			
<i>Pension Funds/401(k)s, Retirement Savings</i>			
<i>Stock/Bond Certificates</i>			
<i>Real Estate/Land</i>			
<i>Other (Specify)</i>			
Cars, Trucks, Motorcycles, Snowmobiles, RVs, ATVs, Boats, Camping Trailers, Mobile Homes, Trailers, etc.			
Description	Make/Model	Year	Approximate Value

How will you pay the costs at closing, i.e. the first year's insurance payment, and any other expenses due at that time (approx. \$1000 - \$2000)?

DEBTS AND MONTHLY EXPENSES

Debts/Expenses	Monthly Payment / Expense	Months Past Due (if any)	Current Balance Owed	Name of Creditor
<i>Rent or Mortgage</i>				
<i>Total of Vehicle Payments</i>				
<i>Child Support/Spousal Maintenance/Alimony</i>				
<i>Credit Card #1</i>				
<i>Credit Card #2</i>				
<i>Credit Card #3</i>				
Department Store Credit Cards #1				
<i>DSCC #2</i>				
<i>Bank Loans</i>				
<i>Personal Loans</i>				
<i>Student Loans</i>				
<i>Judgments or Liens</i>				
<i>Back Income Taxes Owed (Fed & State)</i>				
<i>Other Debt</i> _____				
<i>Other Debt</i> _____				
<i>Other Debt</i> _____				

Do you have any other debt or expenses not listed above? Yes No

Do you have any special or unusual financial circumstances Yes No

If the answer to either or both of these questions is yes, please elaborate below. Continue on the back of this form if you need more space.

Who is it owed to?	Amount Owed	When will it be repaid?	Describe the debt

Has either the applicant or co-applicant:	Yes or No?
Ever owned a home? If Yes, do you still own the home? Yes No If No, in what <i>month</i> and <i>year</i> did you cease to own the home? Month Year	
Had anything repossessed or foreclosed in the last three years?	
Filed for bankruptcy in the last two years? <i>If yes, is that bankruptcy final? Yes No</i>	
Had wages or bank accounts garnished, had a lien on a tax refund, or had a lien on your property because of a debt you owed? <i>If yes, please elaborate on the back of this form.</i>	
Been a party to a lawsuit? <i>If yes, describe the nature of the lawsuit on the back of this form.</i>	
Reason to believe their financial situation will improve or deteriorate within the next few years? <i>If yes, please describe why you believe this on the back of this form.</i>	
Been convicted of a crime, excluding minor traffic offenses? <i>If Yes, please explain.</i>	
Ever failed to file a tax return? <i>If Yes, please elaborate on the back of this form.</i>	
Or any member of your household been required to register as a sex offender or been restricted in where they live because of a criminal conviction? <i>If Yes, please describe conditions of registration and provide a copy of any judgment that restricts where you or the household member may live.</i>	

Answering “yes” to these questions does not automatically disqualify you.

V. PARTNERSHIP

To be considered for a Habitat home, you and your family must be willing to complete a minimum of 400 hours of “sweat equity”. Your help in building your home and the homes of others is called “sweat equity,” and may include helping with construction, painting, cleaning the lot, working at Habitat support functions, or other approved fundraisers. You will also be required to attend a minimum of 10 Home Buyer Education classes before obtaining a home.

Please sign below if you are willing to complete the required “sweat equity hours and education classes.

Applicant Signature *Co-Applicant signature*

General Authorization and Release:

I understand by filing this Application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the loan and other expenses for homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, personal reference checks, criminal background checks, employment and landlord verification and verification of any other pertinent information presented in this application and in any additional application materials required by Habitat for Humanity. I have answered all the questions on this Application truthfully. I understand that if I have not answered the questions truthfully, my application will be denied. 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*



VI. Applicant's Employment History (Last two years)

Please list your employers' names, addresses and phone numbers. An employment verification form may be mailed to them from our office. This information is required to complete your application. By listing these names, you authorize Habitat for Humanity to contact these individuals for employment verification.

(Most recent employment first)

1. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

2. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

3. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

4. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

5. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

 Applicant's Signature

 Date

VII. CO-Applicant's Employment History (Last two years)

Please list your employers' names, addresses and phone numbers. An employment verification form may be mailed to them from our office. This information is required to complete your application. By listing these names, you authorize Habitat for Humanity to contact these individuals for employment verification.

(Most recent employment first)

1. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

2. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

3. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

4. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

5. _____
 Beginning Date Ending Date Employer Job Title

 Employer's Street Address City State Zip

 Supervisor's Name Supervisor's Telephone # May we contact this employer? Yes No

 Co-Applicant's Signature

 Date



VIII. Landlord History (Last two years only)

Please list your landlords' addresses and phone numbers. A verification form may be mailed to them from our office. If you need more space use the back of this paper or additional sheets of blank paper. By listing these names, you authorize us to contact these individuals as a personal reference and for verification.

Applicant (Current Landlord first)

1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date		Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					

Co-Applicant (Current landlord first, if same landlord as applicant, write "Same" for landlord's name and leave rest of entry blank)

1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date		Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beginning Date	Ending Date	Landlord's name		May we contact?	Yes	No			
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Landlord's Street Address (P.O Box, Apt. #)	City	State	Zip	Phone#					

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



IX. Authorizations:

Authorization to Obtain Credit Report

I hereby give Habitat for Humanity of Teller County permission to order a comprehensive credit report and verify any and all credit information that may have a bearing on selection to become a Habitat for Humanity of Teller County homeowner.

In addition to ordering a credit report, I understand that past and present employers, landlords and other agencies or individuals with whom I have/had a financial obligation may be contacted.

I understand that this information will be maintained in my application file, and that all information will be held in strict confidence and will be used only by Habitat for Humanity of Teller County for the purpose of homeowner selection.

Applicant's Signature Date

Co-Applicant's Signature Date

Printed Name (First – Middle – Last)

Printed Name (First – Middle – Last)

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Authorization for Criminal Background Check

I hereby give Habitat for Humanity of Teller County permission to order a criminal background check to obtain information that may have a bearing on my selection to become a Habitat for Humanity of Teller County homeowner.

I understand that this information will be maintained in my application file, and that all information will be held in strict confidence. I hereby release and hold Habitat for Humanity of Teller County harmless for any damages that may result from obtaining this information.

Applicant's Signature Date

Co-Applicant's Signature Date

Printed Name (First – Middle – Last)

Printed Name (First – Middle – Last)

X. SUPPORTING DOCUMENTATION

If your application passes the initial screening you will be required to submit the following additional documentation.

1. Tax returns for the last three years.
2. As applicable, 3 months of:
 - a. pay stubs verifying your income or a letter of employment from your employer.
 - b. bank statements for each checking and savings account you or co-applicant have.
 - c. gas, propane, electric, water and sewer bills (unless included in your rent payment).
 - d. telephone bills & cell phone bills.
 - e. statements for each credit card you have.
3. A copy of your lease and 12 months of rent receipts or a letter from your landlord stating your rent payment history.
4. Copies of any divorce decree or child support requirements payable to or payable by you or co-applicant.
5. Copies of any court orders, liens or legal requirements to pay restitution or a judgment against you or co-applicant.
6. Copies of any bankruptcy decree for you or co-applicant.

Habitat considers these criteria when making decisions about homebuyer selection:

- Need for housing, inadequate or run down housing, overcrowded bedrooms or living space, rent that is more than 35% of your income, temporary or transitional housing
- Willingness to Partner, meet deadlines during application process, provide accurate & honest information, work with staff & volunteers to complete sweat equity hours & education classes
- Ability to pay - meet the monthly income requirements for the property that is available, have qualifying credit, show the ability to pay current bills on time, pay for 1 year of property insurance, pay closing cost,