



Dear Applicant:

Thank you for your interest in the Habitat for Humanity Partner Program. Habitat for Humanity is a faith based not-for-profit organization that offers decent, energy efficient, affordable housing to families that do not qualify for home loans through conventional lenders. Our program is designed to give families a hand up by making homeownership affordable. We do this by selling homes to our Partner Families at cost and by giving them no interest mortgages. Construction costs are reduced by using volunteer labor. Partner families also help with the building of their homes and the homes of others.

We are pleased that you have taken this first step toward becoming a Habitat Partner. We have tried to make our application easy to complete and clear with regard to the documentation that must be submitted with the application. However, should you need assistance, we are happy to help you through the application process. Please feel free to call us at 330.823.2448 any time along the way.

Sincerely,

The Habitat for Humanity Team

Alliance Area Habitat for Humanity

Physical Address:

470 E. Broadway (use west door)

Alliance, Ohio 44601

Mailing Address:

PO Box 2655

Alliance, Ohio 44601

Partner Program Eligibility Requirements



Alliance Area Habitat for Humanity is financed through individual, religious, and foundation contributions and utilizes volunteers, along with family members, to build homes which are then sold to successful Partner Families **at cost (no-profit)** and with a **no-interest mortgage** that includes property taxes and insurance. The average monthly payment will be approximately \$350 to \$450. Costs are estimates only. Actual expenses may vary.

In order to become a Habitat homeowner, an applicant must:

- ✓ meet all of the requirements and conditions listed in Section A
- ✓ provide all of the required supporting documents listed in Section B
- ✓ complete an Application for Housing (Section C)
- ✓ be selected as a Family Partner
- ✓ meet the financial requirements
- ✓ complete all Sweat Equity requirements
- ✓ demonstrate a true Habitat Partner attitude

If you are interested in owning a Habitat home and you believe that you meet the following guidelines, we encourage you to complete this application and return it to:

470 E. Broadway St.
Alliance, Ohio 44601
(Use the West entrance, down stairs)

If you need assistance when completing this application, please call 330.823.2448. All information gathered by AAHFH is considered confidential and will only be used for our Family Selection Process.

Partner Eligibility

Section A

If you are able to answer “**yes**” to the following statements, you are invited to complete this application for the Habitat Partner Program:

- Yes No I/we meet the **minimum** annual income requirement of at least 30%-60% of annual HUD published income limitation guidelines (can be found on our website at www.AllianceAreaHabitat.org/apply-1.html)
- Yes No I/we acknowledge that in order to qualify for a Habitat home, I/we must be a **U.S. Citizen** or have **Legal Permanent Resident** Status.
- Yes No I/we understand the Sweat Equity requirements and am/are willing to partner with Alliance Area Habitat for Humanity
- Yes No I/we understand that I/we must pay our first year of homeowner’s insurance and any closing costs due at the time of closing (act of sale) and that this typically requires approximately \$1,500.00.
- Yes No I/we will transfer all utilities (water, gas, electric, etc) into my/our name(s) before closing and will provide proof of such action to AAHFH
- Yes No I/we have not been convicted of a sexually based offense nor am/are required to register as a sex-offender(s).
- Yes No I/we are responsible about paying our bills and I/we have not filed for bankruptcy in the past two years.
- Yes No I/we understand that I/we am/are applying for a homeownership program offered by Alliance Area Habitat for Humanity. I/we am/are prepared to make **timely** monthly mortgage payments.

Partner Application Checklist

Section B

Along with a **completed** and **signed** application, please include the following information and documentation for **both** the **Applicant** and the **Co-Applicant**.

- copies of your last three months of pay stubs or proof of income
- a letter from a mortgager indicating that you have either been denied or approved for a home loan (if applicable)
- copies of your last month's bills (including: gas, electric, water/sewer, insurance, cable/phone/ internet, loans of any kind, etc)
- copies of your filed income tax returns for the past two (2) years (if filed)
- a copy of your current rental agreement or lease (if you do not have either a rental or lease agreement, please provide a money order receipt or a cancelled rent check
- two character reference letters (preferably from an employer, landlord, neighbor or church leader); these letters must be signed and dated and must contain the contact information including the telephone number for the person giving the referral. *If your character references would prefer to provide a reference on the phone, please provide phone numbers for references at the bottom of page 6.*
- a statement indicating what your housing need or current housing situation is (statement section found on page 7); for example: poor heating or plumbing, leaky roof, overcrowding (three or more to a bedroom), unsafe or unsanitary conditions or special family needs, rent to income ratio (the amount of rent you pay in comparison to your gross income)
- a signed Waiver and Authorization Form (waiver on page 11) giving AAHFH permission to perform a background check upon being selected as a Partner Family
- a letter explaining your interest in becoming a Habitat homeowner (see page 12 for details)



Application for Housing

405 S. Linden Ave, Suite 207 - Alliance, OH 44601 Ph: 330.823.2448

Dear Applicant: We need you complete this application to determine if you qualify for a Habitat home. Please complete this application as thoroughly and accurately as possible. All information you provide on this application will be kept confidential. Your application and all supporting documentation you provide will become the property of Alliance Area Habitat for Humanity, therefore, we ask that you please provide us copies and not original documents.

1. Applicant Information

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Home Phone Cell Phone
Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>		Driver's License Number:		Are you a US Citizen? Yes No	Lawful Permanent Resident ID #: _____
Present Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at your present address? _____					
Previous Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long did you live at your previous address? _____ Please provide your housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.					

2. Co-Applicant Information

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Home Phone Cell Phone
Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>		Drivers License Number:		Are you a US Citizen? Yes No	Lawful Permanent Resident ID #: _____
Present Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at present address? _____					
Previous Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long did you live at your previous address? _____ Please provide your housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.					

3. Dependents of Applicant/Co-Applicant Who Will Reside in Family Home

Name of Dependents	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional dependents and you require additional space, please record your information on a separate piece of paper.

4. Applicant Employment Information

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

5. Co-Applicant Employment Information

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

6. Homebuyer Information

Have you ever owned a home before? Yes No If yes, why do you no longer own it? _____

Dates of Ownership: _____ to _____

Do you own land? Yes No If yes, please describe, include location: _____

Land monthly loan payment: \$ _____ Total unpaid loan balance on land: \$ _____

Have you ever applied for a Habitat Home before? Yes No If yes, when? _____

How did you hear about Habitat for Humanity? _____

9. Combined Monthly Expenses and Debt

Monthly Expenses	Name of Creditor	Monthly Payment	Current Balance	Past Due?
Misc. Household Expenses				
House Rent				
Gas / Electric				
Trash / Water / Sewer				
Cable / Satellite TV / Internet				
Telephone				
Furniture				
Groceries				
Loans				
Auto _____ months remaining				
Student _____ months remaining				
Personal _____ months remaining				
Medical / Dental				
Doctor				
Hospital				
Dental				
Prescriptions				
Insurance				
Renter's				
Auto				
Medical / Health				
Dental				
Life				
Misc. Personal Care				
Cell Phones				
Hair Care / Salon Services				
Clothing				
Entertainment				
Other Family Expenses				
Child Support				
Alimony				
Other Expenses				
Car Repair				
Car Gas				
Credit Card:				
Credit Card:				
Children's School Expenses				
Childcare				
Other:				
Total Monthly Expenses	\$			

10. Monthly Income—Applicant/Co-Applicant

Monthly Income Source	Applicant Income	Co-Applicant Income	Others in Household Income
Base Employment Income			
Second Job Income			
ODJFS Cash Assistance/TANF			
Food Stamps			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			

	Combined Monthly Income	\$
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Are either you the Applicant or the Co-applicant self-employed? _____ If yes, please describe: _____

Are there additional members of your household over the age of 18 who are earning income? _____ If yes, please list below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

11. Assets

Please list all Checking and Savings Accounts below:

Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____
Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____

Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Savings Bonds, etc.:

Source	Value	Source	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Source of Down Payment and Closing Costs

If you are approved for a Habitat home, you will need to save approximately \$1500 for closing costs and your first year of homeowners insurance. How will you get the money to pay for these costs? If you plan on borrowing the money to pay these costs, from whom with you borrow this money? How and when do you plan to pay the money back? _____

13. Declarations

	Applicant	Co-Applicant
a. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you presently delinquent or in default on any federal debt or any other loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a co-signer on another note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you declared bankruptcy in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you had anything repossessed within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have any of your accounts been placed into collections in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any questions "a" through "k", please provide a detailed explanation below:

14. Affirmation Statement

I understand that by filing this application, I am authorizing Alliance Area Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a 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 along with all of the supporting documentation I have submitted along with this application for a minimum of twenty five (25) months.

Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____

For office use only

Application received by office staff: _____	Application reviewed by Family Selection: _____
Family invited for initial interview: _____	Family invited for second interview: _____
Home visit completed on: _____	Board of Directors: _____ Accepted or Denied
Date applicant accepted into program: _____	Family Support Partner: _____

15. Disclosure and Release Authorization

ALLIANCE AREA HABITAT FOR HUMANITY

PO Box 2655
Alliance, OH 44601

Phone: (330)823-2448

Fax: (330)823-2338

Disclosure: Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Action (DPPA), notice is hereby given that Investigative Reports are being requested from local Law Enforcement Agencies and/or other third-party investigative sources. The report may include, but not limited to, the following types of information: employment history, driving record, worker's compensation claims, credit, civil records and criminal records including sex offender offenses.

Release Authorization: I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ALLIANCE AREA HABITAT FOR HUMANITY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS HABITAT FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.

Applicant Name (print): _____ Date of Birth: _____

Previous Name(s) (maiden, married, etc.): _____

Social Security #: _____ DL #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Co-Applicant Name (print): _____ Date of Birth: _____

Previous Name(s) (maiden, married, etc.): _____

Social Security #: _____ DL #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

16. Additional Information and Required Documentation

Letter of Interest

Along with this application, please include a letter indicating your interest in becoming a Habitat homeowner. In this letter, please tell us:

- Why you should be chosen to become a Habitat homeowner.
- What it would mean to you to take part in the Habitat Partner Program.
- What it means to be a good neighbor and homeowner.
- If you are selected to become a Habitat Partner Family, you will be required to volunteer up to 500 hours of your time doing service with Habitat for Humanity. Once your home is complete, you will be expected to maintain a relationship with Habitat for Humanity by continuing to give of your time and abilities. Therefore, please also tell us in your letter how you currently or plan to volunteer or give back to the community in which you live.

Obtaining a Credit Report

The Alliance Area Habitat for Humanity utilizes your credit report to assist in making decisions about your application. These credit reports are available to you from Habitat at no charge. If you would like a copy of the report, please contact AAHFH at 405 South Linden Ave, Suite 207 – Alliance, Ohio 44601 or (330)823-2448 during normal business hours. You may also request reports from the agencies listed below. You may or may not be charged a fee for their services.

TransUnion (800) 680-7289 or www.transunion.com **Equifax** (800) 525-6285 or www.equifax.com
Experian (800) 301-7195 or www.experian.com

Affiliate Procedures for Applicants with Disabilities or Challenges



Alliance Area Habitat for Humanity accommodates all applicants on a case by case basis, for example: English as a second language, visually impaired, hearing impaired, etc. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Alliance area. 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.

17. Information for Government Monitoring Purposes

Please read this statement before completing the information below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor 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 indicating so.

Applicant Name: _____ **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
 American Indian or Alaskan Native AND Black / African American Other (specify): _____

Ethnicity: Hispanic Non-Hispanic

Sex: Female Male **Date of Birth:** ____ / ____ / ____

Marital Status: Married Separated Unmarried (Including Single, Divorced, Widowed)

Co-Applicant Name: _____ **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
 American Indian or Alaskan Native AND Black / African American Other (specify): _____

Ethnicity: Hispanic Non-Hispanic

Sex: Female Male **Date of Birth:** ____ / ____ / ____

Marital Status: Married Separated Unmarried (Including Single, Divorced, Widowed)