



Habitat for Humanity of Island County
 380 SE Pioneer Way, Suite 103 P.O. Box 2279
 Oak Harbor, WA 98277
 (360)679-9444

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.

1. APPLICANT INFORMATION

Applicant				Co-applicant			
Last, First, M.I.		SSN#		Last, First, M.I.		SSN#	
Birthdate	Email	Phone		Birthdate	Email	Phone	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl single, divorced, widowed)			
Dependents and others who live in house (not listed by co-applicant)				Dependents and others who live in house (not listed by applicant)			
Name	Age	Male	Female	Name	Age	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"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Present Address		How Long?		Present Address		How Long?	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>		_____		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>	
_____		_____		_____		_____	
Previous Address		How Long?		Previous Address		How Long?	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>		_____		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>	
_____		_____		_____		_____	

2. WILLINGNESS TO PARTNER

To be considered for the Habitat Program, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in working on 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 and 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. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No

Date Application Completed: _____

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

Accepted Denied

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe _____)

Name, address, and phone number of current landlord:

In the space below, describe the condition of your house or apartment where you live. Why do you need assistance through the Habitat Program?

5. EMPLOYMENT HISTORY

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 \$
Occupation	Work Phone	Occupation	Work Phone

If Working at Current Job Less Than One Year, Complete the Following Information

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 \$
Occupation	Work Phone	Occupation	Work Phone

6. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Salary/Wages	\$	\$	\$	Rent	\$
TANF				Utilities	
Social Security				Car Payments	
SSI				Insurance	
SSDI				Child Care	
Alimony				Credit Card Payments	
Child Support				Medical Loans	
Other				Student Loans	
				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

7. ASSETS

List 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 \$

8. LIABILITIES

To Whom Do You and the Co-Applicant Owe Money?

Account Number:	Balance \$	Account Number:	Balance \$												
Creditor	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Monthly Payment</td> <td style="width: 50%;">Unpaid Balance</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2">Mos. Left to pay:</td> </tr> </table>	Monthly Payment	Unpaid Balance	\$	\$	Mos. Left to pay:		Creditor	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Monthly Payment</td> <td style="width: 50%;">Unpaid Balance</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2">Mos. Left to pay:</td> </tr> </table>	Monthly Payment	Unpaid Balance	\$	\$	Mos. Left to pay:	
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\$	\$														
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9. DECLARATIONS

Please check the box that best answers the following questions for you and the Co-Applicant

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt with the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any questions a through e, or "no" to question f, please provide written explanation.		

10. AUTHORIZATION AND RELEASE

I understand that by filling out this application, I am authorizing Habitat for Humanity to evaluate my actual need for participation in the Habitat Program, my ability to repay the low-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 will be denied, and that even if I have been selected to participate in the Habitat Program, I may be disqualified for the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page to a criminal background check.

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 and "C" for Co-applicant.

11. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, 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 particular type of loan applied for.)

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian	<input type="checkbox"/> I do not wish to furnish this information Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Applicant's Signature _____ Date _____ X _____	Co-Applicant's Signature _____ Date _____ X _____

To Be Completed Only By the Person Conducting the Interview

This information was provided: <input type="checkbox"/> In a face-to-face interview <input type="checkbox"/> In a telephone interview <input type="checkbox"/> By the applicant and submitted by fax or mail <input type="checkbox"/> By the applicant and submitted via email or Internet	Interviewer's Name: _____ Interviewer's Signature: _____ Interviewer's Phone Number: _____
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Privacy Statement and Notice

At Habitat for Humanity of Island County, we are committed to keeping your information private. We recognize the importance applicants place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data - such as tax returns, pay stubs, credit reports, employment verifications and payment history - internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others;
- Information we receive from a consumer reporting agency.

Habitat for Humanity of Island County employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations, government entities, or other subsided providers.



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Revised 1.12.2017

Habitat for Humanity of Island County
360 679 9444

RELEASE FORM

I hereby give permission for the Habitat for Humanity of Island County Family Selection Committee to contact past and present employers, landlords, and public agencies to obtain references and verifications of employments, public assistance, and credit history.

Signature _____

Printed name _____

Date _____

Signature _____

Printed name _____

Date _____

Habitat for Humanity of Island County - Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20_____

by _____ (the "Volunteer") in favor of Habitat for Humanity of Island County Inc., a Washington State nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Released Parties")

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; and other construction-related activities

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms

Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here with a witness.

Volunteer: Name (please print): _____ Signature: _____

Address: _____ Date of Birth: _____

Phone: (H) _____ (C) _____ E-mail: _____

Witness: Name (please print) _____ Signature: _____

Emergency contact name and phone _____

Habitat for Humanity of Island County
360 679 9444

WASHINGTON STATE PATROL

Request for Criminal History Information
Child/Adult Abuse convictions Information Act
RCW 43.43.830 through 43.43.845

Requesting Agency/Address

Habitat for Humanity of Island County
360-679-9444

I certify that this request is made pursuant to and for the purpose indicated.

Authorized Signature _____

Date _____

Title _____

Applicant of Inquiry

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Social Security #: _____

Sex: M / F Driver's License #/State: _____ / _____

Secondary dissemination of this criminal history record information is prohibited
unless in compliance with RCW 10.97.050

**By signing this, I indicate that I agree to allow Habitat for Humanity of Island
County to request my criminal history information under the Child/Adult
Abuse Information Act.**

Applicant's Signature _____

Date _____