



Franklin/Grand Isle Habitat for Humanity
PO Box 1375, St. Albans, VT 05478
802-868-2551

APPLICATION FOR A HABITAT FOR HUMANITY HOME

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. Please read through the application completely before you start filling it out.

PLEASE PRINT CLEARLY

Applicant's Name: _____ **Date:** _____

Applicant's Birthdate: _____ Applicant's SSN#: _____

Marital Status:

____ Married (Civil Union) ____ Unmarried (single, divorced, widowed) ____ Separated

Applicant's Street Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____ Home Phone#: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____

Co-Applicant's Name: _____

Co-Applicant's Birthdate: _____ Co-Applicant's SSN#: _____

Marital Status:

____ Married (Civil Union) ____ Unmarried (single, divorced, widowed) ____ Separated

Applicant's Street Address: _____

How long have you lived at this address? _____ Home Phone#: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____



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

List below the names of **all the people** who **live** and **will be living** in your home, including yourself:

Full Name	Age	Male/ Female	Relationship to Applicant
1.			Self
2.			
3.			
4.			
5.			
6.			
7.			

CURRENT HOUSING SITUATION

____ Own ____ Rent ____ Other (please describe) _____

How long have you lived here? _____

Number of Bedrooms: ____

Other rooms used to sleep in & # of people in each room: _____

Other rooms in the Home: ____ Kitchen ____ Bathroom(s) ____ Living Room ____

Dining Room ____ Other (please describe) _____

Name of Landlord:
Landlord's Street Address:
City, State, Zip:
Phone #:

Monthly Rent: _____ (Please provide copy of the **lease and the 2 most recent rent receipts or cancelled checks**)

PREVIOUS HOUSING SITUATION

Name of Landlord:
Landlord's Street Address:
City, State, Zip:
Phone #:

____ Own ____ Rent ____ Other (please describe) _____

How long did you live there? _____

Reason for leaving: _____

Do you own any land/property? Yes or No Value: _____ Acres: _____

Please provide copies of Deed, Value and Mortgage Paper

FINANCIAL INFORMATION

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant(s) has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal Agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580

EMPLOYMENT INFORMATION—Earned Income

APPLICANT

Current Employer:	
Employer Street Address:	
Employer City, State, Zip:	
Business Phone #:	Type of Business:
Monthly Gross Wages (Before Deductions):	
Years on the Job:	Start Date:

Previous Employment

Former Employer:	
Former Employer Street Address:	
Former Employer City, State, Zip:	
Business Phone #:	
Monthly Gross Wages (Before Deductions):	
Years on the Job:	
Start Date:	End Date:

CO-APPLICANT

Current Employer:	
Employer Street Address:	
Employer City, State, Zip:	
Business Phone #:	Type of Business:
Monthly Gross Wages (Before Deductions):	
Years on the Job:	Start Date:

Previous Employment

Former Employer:	
Former Employer Street Address:	
Former Employer City, State, Zip:	
Business Phone #:	
Monthly Gross Wages (Before Deductions):	
Years on the Job:	
Start Date:	End Date:

Please Send: Copies of **Two most Current Pays Stubs For The Applicant and Co-Applicant & Last Two Years Complete Federal Tax Returns**

Non-Earned Income Sources
Please provide Current Proof of these sources of income.

If necessary, use another sheet

Source	Applicant	Co-Applicant	Other Household Member	Other Household Member's Name
Social Security	\$	\$	\$	
Social Security Disability	\$	\$	\$	
SSI	\$	\$	\$	
Alimony (when will it end?)	\$	\$	\$	
Child Support (when will it end?)	\$	\$	\$	
Food Stamps	\$	\$	\$	
Employer Disability (when will it end?)	\$	\$	\$	
Employer Retirement	\$	\$	\$	
Heating Assistance	\$	\$	\$	
Reach Up	\$	\$	\$	
(Other-Explain)	\$	\$	\$	
(Other-Explain)	\$	\$	\$	

Do you or anyone in your family have a caseworker?

If so, please provide the information below. Use another sheet if necessary

Agency:	
Caseworker's Name:	
Caseworker's Phone #:	

Agency:	
Caseworker's Name:	
Caseworker's Phone #:	

ASSETS
List Checking & Saving Accounts Below

Name of Bank or Credit Union	
Street Address:	
City, State, Zip	
Name on Account:	
Type of Account:	Balance:
Account Number	

Name of Bank or Credit Union	
Street Address:	
City, State, Zip	
Name on Account:	
Type of Account:	Balance:
Account Number	

Name of Bank or Credit Union	
Street Address:	
City, State, Zip	
Name on Account:	
Type of Account:	Balance:
Account Number	

Name of Bank or Credit Union	
Street Address:	
City, State, Zip	
Name on Account:	
Type of Account:	Balance:
Account Number	

**Please Provide Copies of 2 Months of ALL
Bank Accounts; Checking, Savings, Money Market, Etc.**

Using your most current 2 paystubs and/or any checks, direct payments or any other income you receive on a continuing basis for everyone in the household, please fill out the deductions taken for each. Use another paper, if necessary.

Household Member	Date of Payment	Social Security	Federal Tax	State Tax	Health Insurance	Medicare	Disability Insurance	Other :	Other:

DEBT EXPENSES: PER MONTH

Please include the latest copies of statements of these bills

Heat: \$ _____	Rent/ Mortgage: \$ _____	Home Telephone: \$ _____
Electric: \$ _____	Property Tax: \$ _____	TV Service: \$ _____
Groceries: \$ _____	Water/Sewer: \$ _____	Internet Service: \$ _____
Day Care: \$ _____	Entertainment: \$ _____	Cell Phone: \$ _____
Clothing: \$ _____	Trash Removal: \$ _____	Entertainment: \$ _____
Average Monthly Credit Card Bill Payments: \$ _____		Medical & Dental Not Deducted Elsewhere on this App.: \$ _____
Child Support: \$ _____		Alimony: \$ _____
Student Loans: \$ _____		Home/Renter's Insurance: \$ _____
Water/Sewer: \$ _____		Monthly Medications: \$ _____
Furniture/Appliance/Electronics Rental \$ _____	Other: _____	\$ _____
Other: _____ \$ _____	Other: _____	\$ _____

Below please list all vehicles your family owns and/or is making payments on. This includes but is not limited to cars, trucks, motorcycles, boats, ATV's, Snowmobiles, Jet skis, and campers.

Make, Model, Year	Monthly Gas \$	Monthly Insurance \$	Monthly Maintenance \$	Monthly Payment	Balanced Owed
1.					
2.					
3.					
4.					
5.					

List all family members who owe money to **PEOPLE (including family members)**
Or **COMPANIES** not already covered

Family Member	Person or Company Money is owed	What debt is owed for?	Monthly Payment	Balance Owed
1.				
2.				
3.				
4.				

Please include copies of the latest loan statements of your vehicle(s) (etc.) and any loans statements for Companies or People to whom you owe money.

List any other family expenses not already listed anywhere & Explain: _____

Declarations	Applicant		Co-Applicant	
	Yes	No	Yes	No
1. Do you have any debt because of a court decision against you?				
2. Have you been declared bankrupt within the last 7 years?				
3. Have you had property foreclosed on within the last 7 years?				
4. Are you currently involved in a lawsuit of any kind?				
5. Are you paying alimony or child support?				
6. Are you a US citizen?				
7. If you answered no to #6, are you a permanent alien?				
8. Are you a co-signer on any loans?				
9. Are you paying any court ordered fines or fees?				

If you answered **Yes** to any of the questions above, except # 6, please explain here and, if necessary, continue on another sheet of paper.

The Vermont Fair Housing Accommodations 9 V.S.A. § 4503(a)(1) states it shall be unlawful for any person: To refuse to sell or rent, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny, a dwelling or other real estate to any person because of the race, sex, sexual orientation, gender identity, age, marital status, religious creed, color, national origin, or handicap of a person, or because a person intends to occupy a dwelling with one or more minor children, or because a person is a recipient of public assistance.

WILLINGNESS TO PARTNER

The Philosophy of Franklin/Grand Isle Habitat for Humanity is *“a hand up, not a hand out.”* We build a home **with** you not **for** you. You will be asked to contribute 250 hours (single adult family) or 500 hours (two adult family) of sweat equity toward the completion of your home and other Partners’ homes. Sixty percent (60%) must be completed by the immediate family and the other forty percent (40%) may be done by **pre-approved** extended family and friends.

In What Ways Do You Believe You And Your Family Can Contribute To The Successful Completion Of Your Home And That Of Other Habitat Partners?

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.

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.

Applicant

Date

Co-Applicant

Date

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 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 or 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 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 the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for)

Applicant

I do not wish to furnish this information

Race/National Origin:

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ White, not of Hispanic origin

_____ Black, not of Hispanic origin

_____ Hispanic

_____ Other (Specify)

Sex: _____ Female _____ Male

Birthdate: _____ / _____ / _____

Marital Status:

_____ Married

_____ Separated

_____ Unmarried (Inc: Single,
Divorced, Widowed)

Co-Applicant

I do not wish to furnish this information

Race/National Origin:

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ White, not of Hispanic origin

_____ Black, not of Hispanic origin

_____ Hispanic

_____ Other (Specify)

Sex: _____ Female _____ Male

Birthdate: _____ / _____ / _____

Marital Status:

_____ Married

_____ Separated

_____ Unmarried (Inc.: Single,
Divorced, Widowed)

To Be Completed By The Person Conducting This Interview

This application was taken by:
Face-to-Face Interview
By Mail
By Telephone

Interviewer's Name (Print or Type): _____

Interviewer's Signature: _____

Interviewer's Phone #: _____

Date: _____



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Authorization to Release Information

Applicant: _____

Co-Applicant: _____

Street: _____

City, State, Zip: _____

To Whom It May Concern:

You are authorized to release information on the attached form to the Franklin/Grand Isle Habitat for Humanity Family Selection Committee for the purpose of determining need and/or reference regarding my/our application for housing.

Signature

Signature

Print Name

Print Name

Date

Date

Current Housing Assessment Form

Applicant's Name: _____

Co-Applicant's Name: _____

I. Number of people in current home:

Of Adults _____ # of children _____

Total # of people moving to new home: _____

II. Type of current housing:

Single Family House _____ Apartment _____ Mobile Home: _____ Duplex or

2 Family house _____ Other: (please explain): _____

III. Number of Rooms:

Bedrooms _____ Bathrooms _____ Total # of Rooms _____

IV. Do you? Rent _____ Own _____

V. Amount of monthly rent or mortgage? \$ _____

Does your rent include?

	Yes	No
Heat		
Electricity		
Water		
Home Insurance		
Real Estate Taxes		
Trash Removal		
Snow Removal		
Other(specify):		

Use the back of this sheet or another sheet of paper if you need more space to answer the questions.

VI. Housing Quality

A. Exterior

	Acceptable	Unacceptable	Comments	DO NOT FILL IN
1. Foundation				
2. Exterior Walls				
3. Roof				

B. Interior

	Acceptable	Unacceptable	Comments	
1. Floors				
2. Interior Walls				
3. Ceilings				
4. Windows				
5. Storm Windows				
6. Exterior Doors				
7. Stairways				
8. Porches				

C. Plumbing

	Acceptable	Unacceptable	Comments	
1. Toilet Facilities				
2. Bathroom Sinks				
3. Bathtubs/Showers				
4. Kitchen Sink(s)				
5. Water Pressure				
6. Hot/Cold Water Supply				

D. Light & Ventilation

	Yes	No	Comments	
1. Window in every room				
2. Fan and/or window in bathroom				
3. Lighting in common hallways stairways				
4. Outdoor house lighting				

E. Air Infiltration

	Acceptable	Unacceptable	Comments	
1. Air leakage around windows				
2. Air leakage around doors				
3. Broken Windows/Doors				

F. Electrical

	Yes	No	Comments	
1. General Condition is acceptable				
2. At least 2 outlets per room				
3. At least 3 outlets in the kitchen				
4. GFI outlets in the kitchen & in the bathroom(s)				
5. Smoke alarms & Carbon Monoxide Detectors in the home				

G. Yard

	Acceptable	Unacceptable	Comments	
1. Outdoor area for children				
2. Trash/Garbage in yard				

	Acceptable	Unacceptable	Comments	
H. Appliances				
I. Heating				
J. Closets & Storage Space				
K. Trash Collection				
L. Vermin/Rodent Infestation				

M. Neighborhood

	Acceptable	Unacceptable	Comments	
1. Noise				
2. Junk Cars				
3. Vacant Buildings				
4. Unsafe				
5. Unsanitary				
6. Other (be specific)				

N. Any additional info you'd like to provide about your living conditions?

Checklist for Completing the Franklin/Grand Isle Habitat for Humanity Application Process

Thank you for taking your time to complete this application. We know that it is a long application and will take time to finish so please don't feel overwhelmed. We are more than happy to help you with the Application. Please feel free to call **(blank)** between **(hours)** on **(days)** and **(blank)** between **(hours)** on **(days)**. If you don't have everything by the due date, send what you have with a note or call **(name)** at **(number)** and **(he/she)** can help you.

It is very important that the Application be filled out with **correct addresses and phone numbers**. Missing or incorrect information will slow down processing your application.

This is a checklist for **you** to help make sure you have included everything with your application. Do not return this page.

- _____ If you rent, include a copy of Rental Lease (Page 2)
- _____ Copies of the 2 most recent rent receipts or cancelled checks (Page 2)
- _____ Current Landlord's name & phone # (Page 2)
- _____ Previous Landlord's name & phone # (Page 2)
- _____ If you own property, please provide copies of the deed, tax bill and mortgage papers (Page 2)
- _____ Copies of Applicant's last **two** pay stubs (Page 3)
- _____ Copies of Co- Applicant's last **two** pay stubs (Page 4)
- _____ Copies of the last two years **Complete** Federal Tax Returns (Page 4)
- _____ Proof/Copies of Non-Earned Income Sources (Page 5)
- _____ Name and phone # of Caseworker, if applicable (Page 5)
- _____ Copies of **ALL** your latest monthly bills (Page 6)
- _____ Copies of 2 Months of All Bank Accounts; Checking, Savings, Money Market, Etc. (Page 6)
- _____ Deductions from 2 most current paystubs, etc. for Applicant & Co-Applicant (Page 7)
- _____ Latest copies of statements of Household Bills (Page 7)
- _____ Latest copies of Loan statements (Page 8)
- _____ Declarations Page (Page 9)

_____Willingness to Partner (Page 10)

_____How Owning A Home Would Make A Difference (Page 11)

_____Information For Government Monitoring Purposes/Optional & does not have to be done in person. (Page 12)

_____Sign (legal signature) and Date the Application (Page 13)

_____Authorization to Release Information (Page 14)

_____Current Housing Assessment Form (Page 15-18)

_____Checklist Sheet for Applicant and Co-Applicant. Do NOT send with your Application. (Page 19 & 20)

Application must be postmarked no later than (Date). If you are having trouble meeting this deadline, please contact us no later than (Date). Once again, we are more than happy to help you in any way we can.

Thank You,

The Family Selection Committee