



Date of Application: _____

Application for Housing

St. Croix Valley Habitat for Humanity
Family Selection Committee
439 West Maple Street, Suite 202
River Falls, WI 54022

Please complete this application as accurately as possible. If you need more space to answer any of the questions, please use the backs of the pages or attach additional sheets. All information gathered will be kept confidential.

Applicant Information

Applicant 1				Applicant 2			
Full Name: _____				Full Name: _____			
Social Security # : _____				Social Security # : _____			
Home Phone: _____				Home Phone: _____			
Birth date: _____				Birth date: _____			
Married:___ Divorced: ___ Separated: ___ Not Married: ___				Married:___ Divorced: ___ Separated: ___ Not Married: ___			
Dependents and others who will live with you:				Dependents, if different than for Applicant 1:			
First Name	Last Name	Birth date	Sex	First Name	Last Name	Birth date	Sex
Present Address: (Street, City, State, Zip code): Own: ___ Rent: ___ How long have you lived at this address? _____				Present Address (if different from Applicant 1): (Street, City, State, Zip code) Own: ___ Rent: ___ How long have you lived at this address? _____			
Previous Address, if less than 2 years at current address: Own: _____ Rent: _____ How long did you live at this address? _____ Reason for moving: _____				Previous Address, if less than 2 years at current address: Own: _____ Rent: _____ How long did you live at this address? _____ Reason for moving: _____			
Alternate phone numbers where you may be reached. Please specify if the number is work, a cell phone, parents, friend, etc.:				Alternate phone numbers where you may be reached. Please specify if the number is work, a cell phone, parents, friend, etc.:			
Email address:				Email address:			

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, or other approved activities.

I am willing to complete the required sweat equity hours: Applicant 1: Yes___ No___
Applicant 2: Yes ___ No___

Present Housing Conditions

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

Other rooms: Kitchen ___ Living Room ___ Dining Room ___ Bathroom: ___ Other: ___

Please describe what other rooms you have: _____

Monthly Rent Payment: \$ _____/per month (please attach a copy of a cancelled rent check or money order receipt)

Name, address, and phone number of current landlord:

In the space below, please describe the condition of the house or apartment where you live:

Please describe any special physical or medical needs of yourself or those who will be living with you.

Property Information

If you own your residence, what is your mortgage payment? \$ _____/per month

Does this amount include taxes and insurance? Yes _____ No _____

Unpaid mortgage balance: \$ _____

Do you own land? Yes _____ No _____

If yes, please describe, including location:

Is there a mortgage on the land? Yes _____ No _____

If yes, monthly payment: \$ _____ balance: \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

Employment Information

Applicant 1		Applicant 2	
Name and Address of Current employer:		Name and Address of Current employer:	
Years at this job:	Gross Monthly Wages:	Years at this job:	Gross Monthly Wages:
Type of Business	Business Phone #	Type of Business #	Business Phone
If working at current job for less than one year, please complete the following information:			
Name and Address of Last employer:		Name and Address of Last employer:	
Years at this job:	Gross Monthly Wages:	Years at this job:	Gross Monthly Wages:
Type of Business	Business Phone #	Type of Business #	Business Phone

Monthly Income and Expenses

Gross Monthly Income From:	Applicant 1	Applicant 2	Others in Household
Regular Employment			
AFDC/TANF			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other			
Total:			

If self-employed, additional documentation such as tax returns or financial statements may be required to verify income.

Please list any additional household members over 18 who receive monthly income.

Name	Age	Source	Monthly Income Amount

Monthly Bills	Monthly Payment Amount
Rent or mortgage payment	
Utilities; including electric, water/sewer, gas, phone, etc.	
Car payments	
Insurance; including vehicle, housing, life, health	
Child care	
School lunches	
Average total credit card payments	
Student loans	
Alimony and/or child support	
Other, please specify	
Total:	

Source of Down Payment and Closing Costs

Where will you be getting the money to pay the down payment and closing costs? Sources may include savings, parents or other relatives, etc. If you must borrow money to pay these costs, please explain how and from whom.

Assets

Please list checking and savings accounts:

Applicant 1	Applicant 2 (if not joint accounts with Applicant 1)
Name and Address of Bank or Credit Union Checking _____ Savings _____	Name and Address of Bank or Credit Union Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank or Credit Union Checking _____ Savings _____	Name and Address of Bank or Credit Union Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank or Credit Union Checking _____ Savings _____	Name and Address of Bank or Credit Union Checking _____ Savings _____
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____

Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>
Car #1 make & year:	<input type="checkbox"/>	<input type="checkbox"/>
Car #2 make & year:	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Vehicle, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>

Debt

To whom do you owe money? List the name of the creditor for each item in column 1.

Item	Monthly Payment	Unpaid Balance	Months left To Pay
Car			
Furniture			
Medical			
Student loans			
Credit Card 1			
Credit Card 2			
Credit Card 3			
Other			

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Do you have any debt because of a court decision against you?				
Have you declared bankruptcy within the last 7 years?				
Have you had property foreclosed on within the last 7 years?				
Are you currently involved in a lawsuit?				
Are you paying alimony or child support?				

Answering 'Yes' to these questions does not automatically disqualify you. However, if you answered 'Yes' to any of these questions, please explain below or on another sheet of paper.

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Have you been convicted of a sex related offense?				
Have you been convicted of a drug related crime within the last twenty four months?				
Have you been convicted of any other criminal offense?				
Are there any pending criminal actions against you?				

If you answered 'Yes' to any of these questions, please explain below or on another sheet of paper.

Declarations

Please check the box that best answers each question:	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Are you a United States citizen?				

If you answered 'No' to this question, please explain your status below or on another sheet of paper.

Authorization and Release

I (we) understand that by filing this application, I (we) am (are) authorizing Habitat for Humanity to evaluate my (our) actual need for a Habitat home, my (our) ability to repay the no-interest loan and other expenses of home ownership, my (our) willingness to be a partner family, and to verify any of the information that I (we) have provided on this application. I (we) understand that the evaluation may include personal visits, a credit check, a criminal background check, and employment verification. I (we) have answered all of the questions truthfully. I (we) understand that if questions were not answered truthfully, the application may be denied and that even if I (we) have already been selected to receive a Habitat home, I (we) may be disqualified from the program. I (we) understand that I (we) must disclose any changes in my (our) circumstances if selected to receive a Habitat home (from the date of selection to the date the mortgage is closed). The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. Furthermore, I (we) understand that the completion of this application in no way guarantees that I (we) will receive housing through St. Croix Valley Habitat for Humanity, Inc.

Applicant 1 Signature:

Date:

Applicant 2 Signature:

Date:

X _____

X _____