



Please return to:

Habitat for Humanity of Northern Saratoga, Warren and  
Washington Counties  
Att: Family Selection Committee  
1373 US 9  
Fort Edward, NY 12828

# Application

## Habitat Homeownership Program



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, familiar status, or national origin.

### 1. APPLICANT INFORMATION

Applicant	Co-applicant																																
Applicant's name	Co-applicant's name																																
Home/Cell Phone: _____ Age: _____	Home/Cell Phone: _____ Age: _____																																
Email : _____	Email : _____																																
<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)																																
<b>Dependents</b> and others who will live with you (not listed by co-applicant) <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dependents</b> and others who will live with you (not listed by co-applicant) <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Present address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																
Number of years: _____	Number of years: _____																																
<b>If you have lived at your present address for less than two years, complete the following:</b>																																	
Last address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																
Number of years: _____	Number of years: _____																																
GROSS (before taxes) ANNUAL INCOME*: \$ _____ <small>*Line 1 from either Form 1040 or W-2</small>	GROSS (before taxes) ANNUAL INCOME*: \$ _____ <small>*Line 1 from either Form 1040 or W-2</small>																																
<b>2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE</b>																																	
Date received: _____	Date of selection committee approval: _____																																
Date of notice of incomplete application letter: _____	Date of board approval: _____																																
Date of adverse action letter: _____	Date of partnership agreement: _____																																

**3. WILLINGNESS TO PARTNER**

To be considered for Habitat homeownership, 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 ReStore, attending homeownership classes and/or 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"/>

**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) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. PROPERTY INFORMATION**

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_/month    Unpaid balance \$ \_\_\_\_\_

Do you own land?     No     Yes    Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach land documentation.

## 6. EMPLOYMENT INFORMATION

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 \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

## 7. MONTHLY GROSS INCOME\*

Income source	Applicant	Co-applicant	Others in household	Total
Wages (4 weeks of pay)	\$	\$	\$	\$
TANF Benefits	\$	\$	\$	\$
SNAP Benefits	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
SSI Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

- Gross Income is income before taxes and/or other deductions.

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax return and financial statements	HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
	Name	Income source	Monthly income	Date of birth

## 8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings, or family members)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

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## 9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address (street, city, state, zip code)	Current Balance
		\$
		\$
		\$
		\$
		\$

Do you own:    a car    a motorcycle    a boat    a mobile home    a washer/dryer    a freezer

## 10. MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Car Payment	\$	\$	\$
Child Care	\$	\$	\$
Groceries (approx.)	\$	\$	\$
Utilities (electric, gas, water)	\$	\$	\$
Phone/Cable/Internet	\$	\$	\$
Cell phone	\$	\$	\$
Car Insurance	\$	\$	\$
Renter's/Home Insurance	\$	\$	\$
Health Insurance	\$	\$	\$
Business Expenses	\$	\$	\$
Union Dues	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 11. DEBT

	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Account	Monthly Payment	Unpaid balance	Months left to pay	Monthly Payment	Unpaid balance
Other Motor Vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs <small>(includes rent-to-own)</small>	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total Medical	\$	\$		\$	\$	
Other: _____	\$	\$		\$	\$	
Other: _____	\$	\$		\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	

## 12. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgements 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 within the last four (4) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had a property foreclosed on or deed in lieu of foreclosure in the past four (4) 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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 question a through h, or "no" to question i, please explain on a separate piece of paper.*

### 13. AUTHORIZATION AND RELEASE

I understand that by filing out this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Homeownership Program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if your application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself 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 or "C" for co-applicant.

Please rank in order of preference your homeownership interest in the following communities:  
(1 = very interested and 5 = not very interested and NS = not suitable)

Glens Falls	1	2	3	4	5	NS
Corinth	1	2	3	4	5	NS
Hudson Falls	1	2	3	4	5	NS
Saratoga	1	2	3	4	5	NS

**14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the Federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>RACE (applicant may select more than one racial designation):</b> <input type="checkbox"/> American Indian, Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary  <b>BIRTHDATE:</b> _____ / _____ / _____  <b>MARITAL STATUS:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>RACE (applicant may select more than one racial designation):</b> <input type="checkbox"/> American Indian, Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary  <b>BIRTHDATE:</b> _____ / _____ / _____  <b>MARITAL STATUS:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
<b>This application was taken by:</b>  <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	<b>Interviewer's name (print)</b>  _____
	<b>Interviewer's signature</b> _____ <b>Date:</b> _____
	<b>Interviewer's phone number</b>  _____

<b>Income eligible:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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