



Roane County Habitat for Humanity

PO Box 1124

Kingston, TN, 37763

865-376-5770

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.

Dear Applicant: Please fill out the application as completely and accurately as possible. The information on this form will be used solely to determine if you qualify for a Habitat for Humanity house. Your personal information will be kept confidential.

1: APPLICANT INFORMATION

Applicant				Co-Applicant			
Applicant's Name				Co-Applicant's Name			
Social Security Number:	Home Phone	Age		Social Security Number:	Home Phone	Age	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including: single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including: single, divorced, widowed)			
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (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 (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: _____			

If Living at Present Address for Less Than Two Years, Complete the Following.

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: _____

2: FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received:	
More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent:
Date Application Complete:	Date of Home Visit:
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Send:

3: 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 home of others is called "Sweat Equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

	Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:	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 specify) _____

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 house.

5: PROPERTY INFORMATION

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

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If Yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

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

6: EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name & Address of Current Employer	Years on This Job	Name & 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 & Address of Last Employer	Years on This Job	Name & 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 INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income (1)	Applicant	Co-Applicant	Others in Household (4)	Monthly Bills (3)	Monthly Amount
Base Employment Income (2)	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total				Total	

<p>(1) – Before taxes (larger dollar amount)</p> <p>(2) – Self-employed applicants(s) may be required to provide additional documentation such as tax returns and financial statements.</p> <p>(3) – Please attach copies of last month’s bills.</p>	<p>(4) – List additional household members over 18 who receive income:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 20%;">Monthly Income</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	Name	Age	Monthly Income	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____
Name	Age	Monthly Income											
_____	_____	\$ _____											
_____	_____	\$ _____											
_____	_____	\$ _____											

8: SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example: savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9: 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 \$:
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 \$:

Do You Own a:	Yes	No	Do You Own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car #1	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make & Year	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car #2	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make & Year	<input type="checkbox"/>	<input type="checkbox"/>

10: DEBT

If you owe money to someone, please explain below:

COLUMN 1			COLUMN 2		
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts:	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mons. Left to Pay:			Mons. Left to Pay:	
Furniture, Appliances & Televisions	Monthly Payment	Unpaid Balance	Other Money You May Owe:		
	\$	\$			
	Mons. Left to Pay:		Name & Address of Company	Monthly Payment	Unpaid Balance
Credit Cards	Monthly Payment	Unpaid Balance	Mons. Left to Pay:		
	\$	\$	Alimony/Child Support	\$	/month
	Mons. Left to Pay:		Job-related Expenses	\$	/month
Medical	Monthly Payment	Unpaid Balance	Child Care, Union Dues, etc.	\$	/month
	\$	\$	Column 2 Subtotal of Monthly Payments	\$	
	Mons. Left to Pay:		Column 1 Subtotal of Monthly Payments	\$	
Column 1; Subtotal of Monthly Payments	\$		Total Monthly Expenses	\$	

11: 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 within the past seven 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 seven 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 US 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 e, or "No" to question f, please explain on a separate sheet of paper.

12: AUTHORIZATION AND RELEASE

- 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 question truthfully, my application may be denied and that even if I have already been selected to receive a Habitat house, 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 applicant families against the Sexual 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 of the application to a Criminal Background Check.
- Photographic release:** Unless otherwise indicated, I, the partner family, grant and convey unto Roane County Habitat for Humanity, TN all right, title, and interest in any and all photographic images and video or audio recordings made by Roane County Habitat for Humanity, TN during my work for Habitat, for any purpose whatsoever - commercial or otherwise - without compensation to me.

Applicant Signature

Date

Co-Applicant

Date

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 you additional comments with "A" for Applicant or "C" for Co-Applicant.

13: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box 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 the 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 not furnish it. 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 above information, please check the box below.

Applicant	Co-Applicant
<p>Race:</p> <p><input type="checkbox"/> I do not wish to furnish this information.</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other or Multi-Racial (specify) _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____/____/____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p>Race:</p> <p><input type="checkbox"/> I do not wish to furnish this information.</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Multi-Racial (specify) _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____/____/____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

This Application Was Taken By	Interviewer's Name (Print)	
<input type="checkbox"/> Face to Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Signature	Date
	Interviewer's Phone	