

Homeowner application

Thank you for your interest in Habitat for Humanity!

By completing this application, you are taking the first step towards homeownership. **Incomplete or inaccurate applications will be denied.**

Habitat Wake builds houses with individuals in need, regardless of race, color, religion, sex, handicap, familial status, or national origin.

All information you provide becomes part of your application file with Habitat. By signing this form, you: (1) authorize Habitat to conduct criminal/civil record checks, (2) authorize Habitat to obtain your credit report, and (3) attest that your application is complete and accurate. Habitat will contact you within 30 days after receiving your application.

How did you hear about Habitat for Humanity? _____

Have you previously applied for a Habitat home? (circle one)

YES NO

If yes, when? (month & year) _____

Where? (city & state) _____

PERSONAL INFORMATION

Applicant Information

NAME: _____
First M.I. Last

MAIDEN NAME (provide if applicable): _____

DATE OF BIRTH: ____ / ____ / ____ GENDER: _____

SOCIAL SEC. #: _____ - _____ - _____

MARITAL STATUS (circle one): Unmarried Married Separated

SIGNATURE: _____

Co-Applicant Information

Any adult, in addition to the Applicant, who will live in the Habitat house and whose income is included to qualify for a home must be listed as a Co-Applicant. For married applicants, both spouses must be listed, one as the Applicant and the other as a Co-Applicant.

NAME: _____
First M.I. Last

MAIDEN NAME (provide if applicable): _____

DATE OF BIRTH: ____ / ____ / ____ GENDER: _____

SOCIAL SEC. #: _____ - _____ - _____

MARITAL STATUS (circle one): Unmarried Married Separated

SIGNATURE: _____

Address & Phones

ADDRESS: _____
(street, apt.)

(city, state, zip)

HOME PHONE: (_____) _____ - _____

CELL PHONE: (_____) _____ - _____

WORK PHONE: (_____) _____ - _____

(Please CHECK best way to reach you on weekdays)

MAILING ADDRESS: _____
(if different than street address)

PREVIOUS ADDRESS: _____
(if at current address less than 2 years)

Additional Family Members

Please list the name, gender, age, date of birth, and social security number for each additional family member who will live in your home. Do not include the applicant & co-applicant who have already been listed.

NAME	GENDER	AGE	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	____/____/____	____-____-____
_____	_____	_____	____/____/____	____-____-____
_____	_____	_____	____/____/____	____-____-____
_____	_____	_____	____/____/____	____-____-____
_____	_____	_____	____/____/____	____-____-____

INCOME & EMPLOYMENT

What is your family's (applicant and co-applicant) total monthly gross income? \$_____ This is the amount you earn each month before taxes and other deductions. Also add any non-working income that is verifiable and expected to continue for at least 3 years (i.e., SSI, child support).

Applicant Employment:

How long have you been in your current job? _____

How long have you had a steady income? _____

How long have you lived in Wake County? _____

How long have you worked in Wake County? _____

Co-Applicant Employment:

How long have you been in your current job? _____

How long have you had a steady income? _____

How long have you lived in Wake County? _____

How long have you worked in Wake County? _____

NEED

In addition to having verifiable and sufficient income to pay a mortgage, all applicants must also have at least one need. Please check all needs that apply to your current living situation.

Substandard housing (circle problems):

[Inadequate/unsafe heating]

[unsafe/unreliable/non-working water supply/sewer disposal]

[unreliable/non-working power supply]

[unsafe breaker box/fuse box]

[unremovable hazards inside/outside of home]

Cost-burdened: Monthly rent payment is 30% or more of your monthly gross income.

Over-crowded (circle problems):

[child (age 1 or older) and adult share a bedroom]

[two children of opposite sexes share a bedroom]

[three or more children share a bedroom]

Unsafe neighborhood: Violent crimes or drug-related crimes occur in your immediate neighborhood. Habitat will verify these incidents via police reports.

Subsidized rent from a housing authority (circle type):

[public housing] [Section 8 voucher] [scattered site housing]

RENTAL HISTORY

Have you ever owned a home? YES NO

Applicants must not have owned a house in the last 3 years

Do you currently own a home? YES NO

Current homeowners are not eligible

Below, list all of the places that you have lived in the last 3 years, starting with your current address:

Address (street, city, state)	Owner/Management Company	Start date (month/year)	End date (month/year)
_____	_____	____/____	____/____
_____	_____	____/____	____/____
_____	_____	____/____	____/____

Are you currently renting an apartment, house or trailer? YES NO

If yes, what name(s) are on your current lease?

If yes, how long have you rented at your current place? _____

If yes, what is your monthly rent? _____

Only include the portion of the rent you pay

Is your rent subsidized? YES NO

Do you have a roommate who pays part of the rent? YES NO

FOR OFFICE USE ONLY:

Date received:

Habitat for Humanity of Wake County
2420 Raleigh Blvd., Raleigh, NC 27604

Habitat for Humanity does not discriminate against any person based on race, color, religion, sex, handicap, familial status, or national origin.

