

Application

Home Repair Program



640 Lincoln Street Suite 100
 Worcester, MA 01605
 508-799-9259



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 complete this application as completely and accurately as possible to determine if you qualify for a Habitat for Humanity Home Repair project. All information you include on this application will be kept confidential. Your application and all supporting documentation you provide will become the property of Habitat for Humanity-MetroWest/Greater Worcester; therefore, we ask that you please provide us copies and not originals documents.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name:	Co-applicant's Name:																																																
Date of Birth:	Date of Birth:																																																
Last 4 digits of Social Security #:	Last 4 digits of Social Security #:																																																
<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)																																																
Home Phone: Cell Phone: E-mail:	Home Phone: Cell Phone: E-mail:																																																
Dependents and others who live with you (not listed by co-applicant)	Dependents and others who live with you (not listed by co-applicant)																																																
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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																																																
How long have you been living at this address? _____	How long have you been living at this address? _____																																																
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																																																
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2. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

Date Letter Sent: _____

More Information Requested? Yes No

Date of Home Visit: _____

Date Application Completed: _____

Date Letter Sent: _____

Accepted Denied

5. PROPERTY INFORMATION

Do you own land? Yes No If yes, please describe, include location: _____

Land monthly loan payment: \$ _____ Total unpaid loan balance on land: \$ _____

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

How did you hear about Habitat for Humanity? _____

6. APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer:			Business Phone:
Employed From:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
To:			
Job Title or Description:			

7. CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer:			Business Phone:
Employed From:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
To:			
Job Title or Description:			

8. COMBINED MONTHLY EXPENSES

Monthly Expenses	Name of Creditor *	Monthly Payment	Past Due?/ Amount Owed
Household Expenses			
Mortgage			
Property Taxes			
Gas/Electric			
Trash/Water/ Sewer			
Cable/Satellite TV/Internet			
Telephone			
Furniture			
Groceries			
Loans			
Auto			
Student			
Personal			
Medical/ Dental			
Doctor			
Hospital			
Dental			
Prescriptions			
Insurance			
Homeowner's Insurance			
Auto			
Medical/ Health			
Dental			
Life			
Misc. Personal Care			
Cell Phones			
Hair Care/Salon Services			
Clothing			
Entertainment			
Ex-Family Expenses			
Child Support			
Alimony			
Other Expenses			
Car Repair			
Car Gas			
Credit Card:			
Credit Card:			
Children School Expenses			
Childcare			
Other:			

Total Monthly Expenses	\$
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* Please attach copies of the last three (3) months worth of bills.

9. MONTHLY INCOME— APPLICANT/ CO- APPLICANT

Monthly Income Source	Applicant Income *	Co-Applicant Income *	Others in Household Income*
Base Employment Income			
Second Job Income			
AFDC/ TANF			
Food Stamps			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			

* Please attach copies of 3 months worth of paychecks and proof of assistance **Combined Monthly Income** \$

Are either you the Applicant or the Co-Applicant self-employed? Yes No If yes please explain _____

Are there additional members of your household over the age of 18 who are earning income? Yes No

If yes, please list below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

10. ASSETS

Please list all Checking and Saving 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: \$

Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Saving Bonds, etc.:

Source	Value	Source	Value
_____	_____	_____	_____
_____	_____	_____	_____

10 ASSETS CONT.

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 and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

11. DEBT

	Loan Name and Address of Company	Monthly Payment	Unpaid Balance	Months Remaining
Mortgage				
Car		\$	\$	
Furniture, Appliances and Televisions		\$	\$	
Credit Card		\$	\$	
Medical		\$	\$	
Cell Phone Contracts		\$	\$	
Alimony/Child Support		\$	\$	
Job-Related Expenses		\$	\$	
Child Care, Union Dues, etc.		\$	\$	
Other		\$	\$	
		Total:	Total:	
		\$	\$	

13. DECLARATIONS

Please circle “yes” or “no” for the following questions:

	Applicant		Co-Applicant	
A. Are you currently involved in a lawsuit?	Yes	No	Yes	No
B. Do you have debt because of a court decision against you?	Yes	No	Yes	No
C. Are you presently delinquent or in default on any federal debt or any loans?	Yes	No	Yes	No
D. Are you a co-signer on another note?	Yes	No	Yes	No
E. Are there any outstanding judgments against you?	Yes	No	Yes	No
F. Have you declared bankruptcy the past seven years?	Yes	No	Yes	No
G. Have you had any property foreclosed upon in the past seven years?	Yes	No	Yes	No
H. Have you had anything repossessed within the last seven years?	Yes	No	Yes	No
I. Have any of your accounts been placed into collections in the past three years?	Yes	No	Yes	No
J. Have you ever been convicted of a felony?	Yes	No	Yes	No
K. Are you paying alimony or child support?	Yes	No	Yes	No
L. Are you a U.S citizen or permanent resident	Yes	No	Yes	No

If you have answered *yes* to any questions “A” through “K”, or *no* to question “L” please attach on a separate piece of paper a detailed explanation.

14. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity MetroWest/Greater Worcester to evaluate my actual need for a Habitat home repair, 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 Repair, I may be disqualified from the program. The original or copy of this application will be retained by Habitat for Humanity MetroWest/Greater Worcester even if the application is not approved.

I also understand that Habitat for Humanity MetroWest/Greater Worcester 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 Signature	Date	Co-Applicant Signature	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 your additional comments with “A” for Applicant or “C” for Co-applicant.

15. INFORMATION FOR GOVERNEMENT 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 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 decimate on the basis of this information, nor 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 the basis of visual observations or surname. If you do not wish to furnish the information below, please check the box indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify)
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth: ____ / ____ / ____	Date of Birth: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)

Applicant's Name : (Print) _____ (Sign) _____

Co-Applicant's Name: (Print) _____ (Sign) _____