

Homeownership Application

Dear Applicant(s): Complete this application to determine if you qualify for a Habitat for Humanity House. Please fill out this application as completely and accurately as possible. All information included on this application will be kept confidential. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing. Your application will become the property of Habitat for Humanity MetroWest/Greater Worcester. (If at any time—we request supporting documentation, we ask that you please provide us *copies* and not originals documents).

1. APPLICANT INFORMATION	
Applicant	Co-Applicant
Applicant's Legal Name:	Co-applicant's Legal Name:
Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____
Are you a Veteran?	Are you a Veteran?
Social Security Number:	Social Security Number:
Home/Cell Phone: E-mail:	Home/Cell Phone: E-mail:
Marital Status: ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorces, widowed)	Marital Status: ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorces, widowed)
Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent How long have you been living at this address? _____	Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent How long have you been living at this address? _____
If Living at Present Address for Less Than Two Years, Complete the Following:	
2. HOUSEHOLD SIZE/MAKEUP INFORMATION	
Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent How long have you been living at this address? _____	Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent How long have you been living at this address? _____

How many household members would be living in this Habitat home? Please list yourself/yourselves, and every other household member, including students who will live at home during school breaks.

Name	Age	Birth Date	Sex
1.			
2.			
3.			
4.			
5.			
6.			



3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity.

Being a long term partner means completing all partner requirements during the construction of your home, being a good home-owner and neighbor once you move into your home, and continuing to support the Habitat for Humanity mission long after your home is built.

During the partner phase of your relationship with Habitat, you and your family must complete a mandatory number of "sweat-equity" hours. "Sweat equity" is earned by you when you help to build your home and or the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required "sweat equity" hours.)

Please sign below indicating that you and your family are willing to partner with Habitat for Humanity MetroWest/ Greater Worcester while your home is being built and after construction, for as long as you own your Habitat home. By signing below you are also indicating that you are willing to complete all "sweat equity" requirements.

Applicant Signature

Date

Co-Applicant Signature

Date

4. PRESENT HOUSING CONDITIONS / SITUATION

Number of Bedrooms: _____ Number of Bathrooms: _____ Describe Laundry Facilities: _____

Other rooms in the home in which you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Family Room ☐ Finished Basement ☐ Finished Attic
☐ Other Rooms:

Please Provide the contact information for your *current landlord* in the space provided below:

Landlord Name:

Address:

Phone:

If you have lived at your current address for less than one year, please provide the contact information for your previous landlord.

Previous Landlord Name:

Address:

Phone:

In the space below, please describe your current housing situation and/or the house condition. Why do you feel you need a Habitat Home? Feel free to attach your response to the application, or carry over your response to a separate piece of paper and attach to the application.

5. EARNED APPLICANT/HOUSEHOLD INCOME (Gross W-2/NET 1099 income)

What is the applicant(s)' expected 2024 annual income (earned/benefits)? (If you don't know your annual income, please provide weekly, biweekly, or monthly income, and **specify which.**)

Applicant Income: _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

Co-applicant Income: _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

What is the expected 2024 annual income (earned/benefits) for other *over age 18* household members? (If you don't know the annual income, please provide weekly, biweekly, or monthly income, and **specify which.**) Indicate if a college student.

Household Member #1: _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

Household Member #2: _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

Household Member #3: _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

6. APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer(s):			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 Employee:			Business Phone:
Employed From: To:	Hourly Wage/Hours per week:	Number weeks worked/ year:	Type of Business:
Job Title or Description:			

7. CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer(s):			Business Phone:
Date of Hire:	Hourly Wage/Hours per week:	Number weeks worked/year:	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: To:	Hourly Wage/Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

8. OTHER GROSS HOUSEHOLD MONTHLY INCOME

Income Source	Applicant Monthly Income*	Co-Applicant Monthly Income*	Other in Household Income*
AFDC/TANF			
Social Security (SSA)			
Social Security (SSI)			
Disability (SSDI)			
Alimony			
Child Support			
Unemployment (DUA)			
Other:			
Other:			
Other:			
<i>Please see cover sheet for required documentation.</i>		Combined Gross Monthly Income	\$

SELF EMPLOYMENT: Are either you the Applicant or the Co-Applicant self-employed? * ☐ Yes or ☐ No

If yes, please explain: _____

SEASONAL EMPLOYMENT: Identify any seasonally employed wage earners.

Name: _____ Number of paid weeks/year: _____

Name: _____ Number of paid weeks/year: _____

9. ASSETS

Please list all Checking and Saving Accounts below (2 Months' Banks Statements for ALL accounts required):

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: _____
Source: _____ Value: _____	Source: _____ Value: _____
Source: _____ Value: _____	Source: _____ Value: _____

Please list all Vehicles.

Do you own a Boat? ☐ Yes or ☐ No	How many vehicles in your household?
Do you own a Mobile Home? ☐ Yes or ☐ No	Cars: _____ Trucks: _____ Other: _____

10. MONTHLY HOUSEHOLDS EXPENSES			
Monthly Expenses	COMPANY	Monthly Payment	Past Due/Amount Owed
Misc. Household Expenses			
Rent			
Gas/Electric			
Trash/Water/Sewer			
Cable/Satellite TV/Internet			
Groceries			
Other:			
Loans			
Vehicle			
Student			
Personal/Other:			
Medical/Dental			
Doctor			
Hospital			
Dental			
Prescriptions			
Other:			
Insurance			
Renter's			
Vehicle			
Medical/Health			
Dental			
Life			
Other:			
Misc. Personal Care			
Cell Phones			
Entertainment			
Other:			
Ex-Family Expenses			
Child Support			
Alimony			
Other Expenses			
Car Repair			
Car Gas			
Credit Card 1:			
Credit Card 2:			
Children School Expenses			
Childcare			
Other:			

Total Monthly Expenses	\$
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12. OVERALL DEBT RECAPTURE

Loan Name and Address of Company		Monthly Payment	Unpaid Balance	Months Remaining
Vehicle (#1)		\$	\$	
Vehicle (#2)		\$	\$	
Credit Card (#1)		\$	\$	
Credit Card (#2)		\$	\$	
Medical		\$	\$	
Cell Phone Contracts		\$	\$	
Alimony/Child Support		\$	\$	
Job-Related Expenses		\$	\$	
Child Care, Union Dues, etc.		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
Other:		\$	\$	

Total Monthly Payment:	\$	Total Unpaid Balance:	\$
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13. SOURCES OF PRE-OWNERSHIP PAYMENT

If you are approved for a Habitat home, where will you get the money to make the pre-ownership payment (for example, savings or parents?) If you borrow the money, who will you borrow it from, and how will you pay it back?

14. DECLARATIONS

Please check "yes" or "no" for the following questions:	Applicant	Co-Applicant
A. Do you have debt because of a court decision against you?	☐ Yes or ☐ No	☐ Yes or ☐ No
B. Are you presently delinquent or in default on any federal debt or any loans?	☐ Yes or ☐ No	☐ Yes or ☐ No
C. Are you a co-signer on any other loans or mortgages?	☐ Yes or ☐ No	☐ Yes or ☐ No
D. Are there any outstanding judgments or liens against you?	☐ Yes or ☐ No	☐ Yes or ☐ No
E. Have you declared bankruptcy the past seven years?	☐ Yes or ☐ No	☐ Yes or ☐ No
F. Have you had any property foreclosed upon in the past?	☐ Yes or ☐ No	☐ Yes or ☐ No
G. Have you had anything repossessed within the last three years?	☐ Yes or ☐ No	☐ Yes or ☐ No
H. Have any of your accounts been placed into collections in the past three years?	☐ Yes or ☐ No	☐ Yes or ☐ No
I. Are you paying alimony or child support?	☐ Yes or ☐ No	☐ Yes or ☐ No
J. Are you a U.S citizen or permanent resident?	☐ Yes or ☐ No	☐ Yes or ☐ No

If you have answered *yes* to any questions "A" through "H," or *no* to question "J," please attach on a separate piece of paper a detailed explanation.

15. PROPERTY INFORMATION

Have you ever owned a home before? ☐ Yes or ☐ No

If yes, why do you no longer own: _____

Date of Ownership: _____ to _____

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

Have you applied for a Habitat Home before? ☐ Yes or ☐ No

If yes, when: _____

How did you hear about Habitat for Humanity? _____

16. 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 low 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, CORI (Criminal Offender Records Information) SORI check (Sexual Offender Registry Information) 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. The original 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 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.

If this application was completed by someone other than the applicant/co-applicant please provide the following information:

This information was taken: ☐ Face to Face Interview ☐ Telephone ☐ Mail ☐ Internet ☐ Other:

Interviewer's Name

Organization (if applicable)

Phone

Interviewer's Signature

Date: (mm/dd/yyyy)

FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? ☐ Yes or ☐ No

Date Application Completed: _____

☐ Accepted

☐ Denied

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

17. 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 discriminate 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
☐ I do not wish to furnish this information Race/National Origin: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black/African America ☐ White ☐ Asian ☐ American Indian or Alaskan Native AND White ☐ Asian AND White ☐ Black/African American AND White ☐ American Indian or Alaskan Native AND Black/African American ☐ Not listed (specify) _____ Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Other (specify) _____ Sex ☐ Female ☐ Male Date of Birth: ____/____/____	☐ I do not wish to furnish this information Race/National Origin: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black/African America ☐ White ☐ Asian ☐ American Indian or Alaskan Native AND White ☐ Asian AND White ☐ Black/African American AND White ☐ American Indian or Alaskan Native AND Black/African American ☐ Not Listed (specify) _____ Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Other (specify) _____ Sex ☐ Female ☐ Male Date of Birth: ____/____/____

Applicant's Name: (Print)	(Sign)	
Co-Applicant's Name: (Print)	(Sign)	
If this section was completed by someone other than the applicant/co-applicant please provide the following information:		
This information was taken: ☐ Face to Face Interview Interviewer's Phone Number ☐ Telephone ☐ Mail ☐ Internet ☐ Other: _____		
_____ Interviewer's Name	_____ Signature	_____ Date



CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI) ACKNOWLEDGEMENT FORM

Habitat for Humanity MetroWest/Greater Worcester is registered under the provisions of M.G.L. c. 6, § 172 to receive a Criminal Offender Record Information (CORI) check and a Sex Offender Registry Information (SORI) check for the purpose of screening current and otherwise qualified prospective employees, board members and volunteers. As a prospective or current employee, board member or volunteer I understand that a CORI/SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to Habitat for Humanity MetroWest/Greater Worcester to submit a CORI/SORI check for my information to the DCJIS. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing Humanity MetroWest/Greater Worcester with written notice of my intent to withdraw consent to a CORI/SORI check.

Humanity MetroWest/Greater Worcester may conduct subsequent CORI/SORI checks within three years of the date this form was signed by me provided, however, that Humanity MetroWest/Greater Worcester must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Both applicant and co-applicants sign below.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI) ACKNOWLEDGEMENT FORM

APPLICANT

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: ____/____/____ Place of Birth: _____

Last Six Digits of your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Maiden Name: _____

Father's Full Name: _____

CURRENT AND FORMER ADDRESSES:

Current Street Number and Name City/Town State Zip

Former Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

SUBMITTED BY: _____

Signature

_____/_____/_____
Date

VERIFIED BY: _____

Name of Verifying Employee (please print)

Signature of Verifying Employee

CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI) ACKNOWLEDGEMENT FORM

CO-APPLICANT

SUBJECT INFORMATION:

Last Name

First Name

Middle Name

Suffix

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: ____/____/____ Place of Birth: _____

Last Six Digits of your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Maiden Name: _____

Father's Full Name: _____

CURRENT AND FORMER ADDRESSES:

Current Street Number and Name City/Town State Zip

Former Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

SUBMITTED BY: _____

Signature

Date

VERIFIED BY: _____

Name of Verifying Employee (please print)

Signature of Verifying Employee