

Iowa Valley Habitat for Humanity

Iowa Valley Habitat for Humanity
2401 Scott Blvd SE
Iowa City, Iowa 52240

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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. **Please print legibly.** All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																								
FIRST name _____	FIRST name _____																																								
LAST name _____	LAST name _____																																								
Have you ever had a different name(s) than your current name? _____ If yes, what was your previous name(s) and when did you change it? _____	Have you ever had a different name(s) than your current name? _____ If yes, what was your previous name(s) and when did you change it? _____																																								
Social Security Number _____ Gender _____ Date of Birth _____ Age _____	Social Security Number _____ Gender _____ Date of Birth _____ Age _____																																								
<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)																																								
Dependents (people who live with you , not listed by co-applicant)	Dependents (people who live with you , not listed by applicant)																																								
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*Do all people listed currently live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on a separate sheet of paper.	*Do all people listed currently live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on a separate sheet of paper.																																								
Are there any additional people living in the household that are not listed as the applicant, co-applicant or dependents? _____ If yes, Please state their full name and the relationship to the applicant or co-applicant. _____																																									
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____ Telephone number _____ Cell Phone _____ Email _____	Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____ Telephone number _____ Cell Phone _____ Email _____																																								
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 Number of years: _____	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years: _____																																								

2. 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 homes of other is called "sweat equity", and may include clearing the lot, painting, helping with construction, working in the Habitat office, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED 250 SWEAT EQUITY HOURS:

	YES	NO
APPLICANT:	<input type="checkbox"/>	<input type="checkbox"/>
CO-APPLICANT:	<input type="checkbox"/>	<input type="checkbox"/>

3. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4

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 cancelled rent check.)

Name, address and phone number or current landlord: _____

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

4. PROPERTY INFORMATION

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

If you own a mobile home, what is your monthly mortgage payment? \$ _____ /month Unpaid balance \$ _____ Lot Rent \$ _____

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?

5. 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 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

6. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
¹ Base Employment Income- Monthly Income =	\$	\$	\$	Rent	\$
AFDC/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	\$

Self-Employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.
Please attach copies of last month's bills.

List additional household members over 18 who receive income:

Name	Age	Monthly Wages	Full time Student?
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Are you on Section 8 Housing Assistance?

Yes No

7. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

When your house is complete, we do require that one year's worth of property insurance to be paid for at the time of closing. This may cost you \$300-\$700. In addition, we require \$250 at closing to help cover the cost of administrative fees. Please tell us how you will be able to pay the \$550-\$950 at the time you purchase the home.

8. 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 \$
Do you own a car? _____ Car # 1: Make and year _____	Car # 2: Make and year _____

9. DEBT

To Whom Do You and the Co-Applicant Owe Money?

Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Alimony/Child Support	\$ _____	/month
	Mos. left to pay: _____		Job-Related Expenses	\$ _____	/month
Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	(Child Care, Union Dues, etc)	\$ _____	/month
	Mos. left to pay: _____		Total Monthly Expenses	\$ _____	/month

10. DECLARATIONS

Please Check the Box That Best Answer 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 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever been convicted of or pled guilty to a crime including, but not limited to: Drunk driving, Drug charges, Assault charges, Bad checks, Shoplifting (do not include violations such as speeding).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you ever been convicted of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. 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

Answering "yes" to these questions does not automatically disqualify you. However, if you answered "yes" to any question "a" through "g" please explain here in the space provided (if you need more room please attach a separate sheet of paper). Failure to do so will result in automatic disqualification of your application.

11. DEMOGRAPHIC INFORMATION

<p>Because we are an Equal Housing Opportunity participant, we need this data for demographic purposes only.</p> <p>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.</p>	<p>Ethnicity: (please check one)</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">1. American Indian or Alaskan Native</td> <td style="width: 10%; text-align: center;">Applicant <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">Co-Applicant <input type="checkbox"/></td> </tr> <tr> <td>2. Asian or Pacific Islander</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Hispanic or Mexican American</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Black or African American (Non-Hispanic)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. White (Non-Hispanic)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Other, please specify</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Applicant _____ Co-Applicant _____</p>	1. American Indian or Alaskan Native	Applicant <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	2. Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	3. Hispanic or Mexican American	<input type="checkbox"/>	<input type="checkbox"/>	4. Black or African American (Non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	5. White (Non-Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	6. Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>
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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, other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, background check, and employment verification.

I give permission to Iowa Valley Habitat for Humanity to obtain bank records, other private financial information, criminal background records, and sexual abuse registry records. 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 or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I agree to list all financial assets and income, both domestic and in other countries, of all children and adults in the family listed on this application. We give Iowa Valley Habitat for Humanity and its representatives permission to obtain and review all credit, banking, personnel, income tax, Section 8 housing, and personal records (as needed). In addition, I will submit Verification of Income statements from ALL members of the family who are working or have worked in the past 12 months. I agree to notify Iowa Valley Habitat for Humanity in writing of any increase or decrease in our employment income situation after the date of this application, which would place us below the 25% of area median income average or above the 50% of area median income average.

I agree to notify Iowa Valley Habitat for Humanity within 30 days of any change in household composition (addition or loss of a household member) in writing, which differs from the household members listed on this application. Failure to list any addition or loss of household members may result in disqualification of your application.

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.

13. FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date received: _____

More information requested? Yes No

Date Application Completed and Faxed: _____

Date of Initial Letter/Call: _____

Date of Home Visit: _____

Date Acceptance or Denial Letter/Call: _____

Accepted Denied

