

For Office Use Only: Date Received: _____ Received by: _____ Application Number: _____

APPLICATION

The information contained in this application will remain strictly confidential. It will be available only to members of the Family Selection Committee, staff and Board of Directors of Cedar Valley Habitat for Humanity. If you are approved to purchase a home, this information could also be used in obtaining grant money to build your house. **You must complete the entire application and include all the required documentation (see the attached checklist).**

APPLICANT INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone (home): _____

Telephone (work): _____ Please give one or two other numbers where you can be reached: _____

Cell phone number: _____ Email address: _____

The best day(s) and time(s) to call me are _____ at this telephone number _____

Marital Status: Unmarried _____ Married _____ Separated _____

(Please be aware that misrepresenting marital status will automatically disqualify an applicant.)

CO-APPLICANT INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Please give a number where you can be reached and the best day(s) and time(s) to reach you _____

Marital Status: Unmarried _____ Married _____ Separated _____

List everyone who will live in the house

Name	Date of Birth	Age	Sex	Relationship to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment: Applicant	Employment: Co-Applicant
Present Employer: _____	Present Employer: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
City: _____	City: _____
Telephone: (____) _____	Telephone: (____) _____
Dates Employed: From: _____ To: _____	Dates Employed: From: _____ To: _____
Supervisor: _____	Supervisor: _____

Previous Employers for past 2 years. Begin with most recent. Attach extra sheets if necessary.

Employer: _____	Employer: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: (____) _____	Telephone: (____) _____
Position: _____	Position: _____
Dates Employed: From: _____ To: _____	Dates Employed: From: _____ To: _____
Supervisor: _____	Supervisor: _____
Reason for Leaving: _____	Reason for Leaving: _____

Other employed household members (Attach additional sheets if necessary):

Household member: _____	Employer's name: _____
Employer's address: _____ (City) _____ (State) _____ (ZIP) _____ (Phone) _____	
Household member: _____	Employer's name: _____
Employer's address: _____ (City) _____ (State) _____ (ZIP) _____ (Phone) _____	

PRESENT HOUSING SITUATION

Own: _____ Rent: _____ Section 8: _____ Live with Family or Other: _____

Landlord (Name or Agency): _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Telephone: (____) _____ Monthly Rent: _____ How long have you lived at this address?* _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Does any adult in the household have to share a bedroom with a child because of lack of space? _____

* If you have lived at your current address for less than 12 months, please provide your former address, along with the name and address of your former landlord and your dates of residency there: _____

_____**FINANCIAL INFORMATION****Household income:** (Check the pay period that applies):

	Gross paycheck	Weekly	Every 2 weeks	Monthly	Twice Monthly
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Income:

Do you receive:	Yes	No	If yes, Monthly Amount	
Social Security	_____	_____	_____	
KTAP	_____	_____	_____	
Earned Income Credit	_____	_____	_____	
Food Stamps	_____	_____	_____	
Child Support *	_____	_____	_____	*This information is optional. However, if you check "yes", you must give an amount
Other	_____	_____	_____	

ASSETS (What you own)

Yes No Value – What is it worth?

Land _____

Car _____

House _____

Certificates of Deposit _____

Other (Specify) _____

Savings Account: Name of Bank _____ Account Balance _____

Checking Account: Name of Bank _____ Account Balance _____

Other Assets or Savings (i.e. ownership of business, bonds, stocks): _____

Where Other Assets or Savings is Held: _____ Worth _____

MONTHLY EXPENSES: How much do you spend on the following?

Food (include meals eaten out)	
Home phone	
Cell phone	
Internet Access	
Cable Television	
Child Care	
Medical (including health insurance)	
Gas or bus fare	
Car payment	
Car insurance	
Child support	
Credit card payments	
Loan payments	
Other expense not listed (please identify)	

DEBT RESPONSIBILITY

Do you have a student loan? _____ If so, what is the balance of the loan? _____

Are you paying on a car loan? _____ If so, what is the balance of the loan? _____

Are you making payments on a travel loan? _____ If so, what is the balance of the loan? _____

Are you willing to pay on any outstanding debt for which you are responsible? _____

LEGAL ISSUES: if you answer "Yes" to any of the questions below, please explain on a blank sheet of paper. Answering yes *will not* automatically disqualify you.

	Applicant		Co-Applicant	
a. Are there any outstanding judgments against you?	Yes	No	Yes	No
b. Have you declared bankruptcy in the past 7 years?	Yes	No	Yes	No
c. Have you had property foreclosed upon?	Yes	No	Yes	No
d. Are you party to a lawsuit?	Yes	No	Yes	No
e. Are you obligated to pay alimony, child support or separate maintenance?	Yes	No	Yes	No
f. Are you a co-signer or endorser on a note?	Yes	No	Yes	No
g. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment? (This includes such loans as home mortgage loans, educational loans, any mortgage or loan guarantee.)	Yes	No	Yes	No
h. Have you ever received a warning or notice from the city or your landlord concerning trash or junk removal?	Yes	No	Yes	No
i. Have you ever been evicted?	Yes	No	Yes	No

LEGAL STATUS

Applicant

Co-Applicant

Are you a United States citizen or legal permanent resident?

Yes No

Yes No

You are required to provide proof of your citizenship or permanent legal residency with this application.

COMPLIANCE WITH IOWA LAW

Are you as applicant (and co-applicant) and/or any of your household members listed on this application identified on any sex offender registry, including the National Sex Offender Registry and the Iowa Sex Offender Registry? _____

(Iowa law prohibits registered sex offenders from living within 1,000 feet of a high school, middle school, elementary school, preschool, publicly owned playground, or licensed day care facility.)

Why is home ownership important to you? _____

How did you hear about Habitat? Please as be specific as possible. If it was through a friend, does that friend live in a Habitat house? _____

RELEASE FORM

I/We, the undersigned, understand and authorize Cedar Valley Habitat for Humanity Inc. to perform an in-depth study to determine need, ability to pay expenses, and reputation. The selection process will include personal visits, a credit check and reference contacts.

I/ We further certify that the information contained in this application is true and complete to the best of my/our knowledge. I/ We understand that if I/We give false information, withhold information, or fail to report any changes promptly, I/we will forfeit the right to participate in the low-cost housing program operated by Cedar Valley Habitat for Humanity, Inc.



Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____