



1514 West Jefferson Street
Springfield, IL 62702

Phone: (217) 523-2710
Fax: (217) 523-2790

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. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name	Co-Applicant's Name																																																
Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorce, widowed)	Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorce, widowed)																																																
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Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																																
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. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____	Date Letter Sent: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Home Visit: _____
Date Application Completed: _____	Date Letter Sent: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	

3. 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 others 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 SWEAT EQUITY HOURS:

Applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

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 of current landlord: _____

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

5. PROPERTY INFORMATION

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

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes Monthly Payment \$ _____ / month Unpaid Balance \$ _____

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

6. 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

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³ Please attach copies of last month's bills.

² List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

9. 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 \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	

Do you own a:	Yes	No		Yes	No	Do you own a:		
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>				Car (#2)		
Dryer	<input type="checkbox"/>	<input type="checkbox"/>				Make and Year _____		

10. DEBT

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

Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts	Monthly Payment	Unpaid Balance
	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Credit Card	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$ _____	/month
			Job-related Expenses	\$ _____	/month
			(Child Care, Union Dues, etc.)	\$ _____	/month
			Column 2: Subtotal of Payments	\$ _____	/month
Medical	Monthly Payment	Unpaid Balance	Column 1: Subtotal of Payments	\$ _____	/month
			\$ _____	\$ _____	
			Mos. left to pay: _____		
Column 1: Subtotal of Payments	\$ _____	/month	Total Monthly Expenses	\$ _____	/month

11. DECLARATIONS

Please Check the Box That Best Answers 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 had property foreclosed on in the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. 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

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 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, 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.

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.

Applicant's Name _____

Co-Applicant's Name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit housing 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 observation or surname. If you do not wish to furnish the information below, please check the box below. (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 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 American <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)	<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 American <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	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____/____/____	Birthdate: ____/____/____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> mail <input type="checkbox"/> telephone	Interviewer's Name (print or type)
	Interviewer's Signature Date
	Interviewer's Phone Number Interviewer's Email Address



Habitat for Humanity® of Sangamon County

HOMEOWNER NAME: _____

Springfield Urban League
100 North 11th Street
Springfield, IL 62703

By signing this document below, I, _____ hereby agree that the Springfield Urban League and Habitat for Humanity of Sangamon County finance representative may share my financial information.

Signature: _____

Date: _____

Signature: _____

Date: _____



Important Information

When the total application is completed, return it to:

Habitat for Humanity of Sangamon County
1514 West Jefferson Street
Springfield, IL 62702

Once the application is in:

1. The Family Selection Committee will send two people for a home visit
2. If your need for housing has been approved, your application will be sent to the Executive Committee for approval
3. You will be notified within 30 days as to whether you are eligible for the Habitat homeownership program

In order for your application to be accepted, you must bring the following things to the Office Manager:

1. The last two years tax returns
2. One months of pay stubs
3. Proof of any other source of income
4. A copy of last month's bills

If you need any help filling out this application, please contact the Habitat staff:

Phone: (217) 523-2710

For your protection, please remember to make duplicate copies of anything you send to Habitat for Humanity.



Household Budget Sheet

(for personal benefit only)

Home: Rent/Mortgage Payment \$ _____

Taxes \$ _____

Insurance \$ _____

Utilities: Electric \$ _____

Gas \$ _____

Water \$ _____

Telephone \$ _____

Cable/Internet \$ _____

Garbage \$ _____

Food: Groceries \$ _____

Household Items
(Including Personal) \$ _____

Eating Out \$ _____

Education: Books/Supplies \$ _____

Tuition \$ _____

Student Loans \$ _____

School Lunches \$ _____

Other: Clothing \$ _____

Union Dues \$ _____

Charitable Donations \$ _____

Recreation \$ _____

Luxuries \$ _____

Personal Loans \$ _____

Transportation: Vehicle Payment \$ _____

Gasoline \$ _____

Insurance \$ _____

Other \$ _____

Licenses \$ _____

Child Care: Day Care \$ _____

Child Support \$ _____

Health: Clinic/Physician \$ _____

Hospital \$ _____

Medical Supplies \$ _____

Prescriptions \$ _____

Health Insurance \$ _____

Life Insurance \$ _____

Other \$ _____

Installment Payments Credit Cards \$ _____

Furniture \$ _____

Payday Loans \$ _____

Court Fines/Fees \$ _____

Summary

Gross Monthly Income \$ _____

Total Monthly Expenses \$ _____

Net Monthly Income \$ _____