



Habitat for Humanity of St. Joseph County, MI  
 P.O. Box 96 Three Rivers, MI 49093  
 269-467-4663

# Application

## Habitat Homeownership Program



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 to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

Applicant			Co-applicant		
Applicant's name			Co-applicant's name		
Social Security number	Home phone	Age	Social Security number	Home phone	Age
Marital Status:			Marital Status:		
Dependents and others who will live with you (not listed by co-applicant)			Dependents and others who will live with you (not listed by applicant)		
Name	Age	Gender	Name	Age	Gender
Present address (street, city, state, ZIP code)			Present address (street, city, state, ZIP code)		
City	State	Zip	City	State	Zip
Number of years	Rent Or Own?		Number of years	Rent Or Own?	
<b>If living at present address for less than two years, complete the following</b>					
Last address (street, city, state, ZIP code)			Last address (street, city, state, ZIP code)		
City	State	Zip	City	State	Zip
Number of years	Rent Or Own?		Number of years	Rent Or Own?	

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: \_\_\_\_\_

Date of selection committee approval: \_\_\_\_\_

Date of notice of incomplete application letter: \_\_\_\_\_

Date of board approval: \_\_\_\_\_

Date of adverse action letter: \_\_\_\_\_

Date of partnership agreement: \_\_\_\_\_





10. DEBT

Account	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle						
Boat						
Furniture, appliance, televisions (includes rent-to-own)						
Alimony						
Child support						
Credit card						
Credit card						
Credit card						
Total medical						
Other						
Other						
<b>Total</b>						

Monthly Expenses			
Account	Applicant	Co-applicant	Total
Rent			
Utilities			
Insurance			
Child care			
Internet service			
Cell phone			
Land line			
Business expenses			
Union dues			
Other			
Other			
Other			
<b>Total</b>			

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 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 ethnicity, 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.

Applicant	Co-applicant
<p>I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p>I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To be completed only by the person conducting the interview	
<p><input type="checkbox"/> This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p> <hr/> <p>Interviewer's signature _____ Date _____</p> <hr/> <p>Interviewer's phone number _____</p>