



Applying for a Home

Dear Applicant,

Thank you for your interest in Elko County Habitat for Humanity. Habitat for Humanity is a Christian housing ministry financed through donations and utilizing volunteer labor. Our purpose is to build homes with families and then to sell the houses at no profit and no interest to families who could not otherwise afford a home. Please read the following items to see if you have an interest in our ministry and to see if you meet our general guide lines:

1. You must be a resident of Elko County.
2. To qualify you must have a housing need. For example: poor heating, leaks in the roof, overcrowding (three to a bedroom,) unsafe or unsanitary conditions, spending more than 50% of your monthly income for housing.
3. Your total family income should be approximately the following ranges:

Family Size	Minimum Monthly	Maximum Monthly
1	\$925	\$1,850
2	\$1,056	\$2,112
3	\$1,190	\$2,379
4	\$1,320	\$2,641
5	\$1,427	\$2,854
6	\$1,569	\$3,137
7	\$1,637	\$3,275
8	\$1,744	\$3,487

4. With your permission, we will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and ask you for credit references.
5. If you are approved for a Habitat home, we ask that you be willing to attend classes to learn and practice budgeting, home repair, and maintenance.
6. If approved for a Habitat home, we require that each partner family be responsible for 500 hours of sweat equity. Friends and family can donate up to 150 of these hours.
7. If approved for a Habitat home, you will be responsible for closing costs, your initial escrow for your property taxes, and for your first year's insurance. You will have some time to acquire this money before closing.
8. If you are approved for a home and you meet the sweat-equity requirements, then we will sell you a home at cost. Habitat house payments include our property taxes and insurance. The house payments will be used by Habitat to build more houses with other families. We require that you make these payments on time.

If you are interested in Habitat, and if you believe you qualify for a home according to the previous guidelines, we encourage you to fill out and return the application. Be sure to fill out the form correctly. If information is incorrect or missing, your application will be delayed. Be especially careful in Section 6 and Section 7. Make sure everything is included and in the proper column. Please have someone help you if you are unsure of some of the questions asked.

The following is checklist of information that the Family Selection Committee needs in order to process your application. Please include copies of the following items with your application. Without this information, we **will not** be able to begin the review process.

Financial Record Checklist:

- _____ Last 2 years of tax returns with W-2's
- _____ Most recent pay stubs covering at least a month's time period
- _____ Last 2 bank statements
- _____ Proof of other income- Child support and alimony (copy of order and copy of payment record for the last 12 months) Social Security Disability (copy of the award letter) W-2, Social Security, Disability, etc.
- _____ Landlord's name and address for payment reference
- _____ Employer's name and address for income verification
- _____ Social Security Numbers are required for all applicants
- _____ List of ALL current monthly payments- car payments, credit card payments, insurance, student loans, child support, utility, rent, loans, and miscellaneous payments

Note: The term "Co-Applicant" applies only to an adult who will also be sharing the responsibilities of home ownership

Thank you for your interest in the Habitat for Humanity program. If you have any questions, problems, or need help obtaining the necessary documents, please call us at (775) 738-3430 or email us at info@elkohabitat.com.

Sincerely,

Family Selection Committee



Elko County Habitat for Humanity
PO Box 1018
Elko, NV 89803
(775) 738-3430

Application
FOR HOUSING



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity through the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers 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 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 _____ - _____ - _____ Birthday ____/____/____ Phone () _____ - _____ 2 nd Phone() _____ - _____ Marital Status: _____ Married _____ Separated _____ Unmarried (single, widowed)	Social Security Number _____ - _____ - _____ Birthdate ____/____/____ Phone () _____ - _____ 2 nd Phone() _____ - _____ Marital Status: _____ Married _____ Separated _____ Unmarried (single, widowed)																																								
Dependants and others who will live with you (not listed by co-applicant)	Dependants and others who will live with you (not listed by applicant)																																								
<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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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: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

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 No
 Co-Applicant: Yes No

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place you are 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 of a money order receipt or cancelled rent check.)

Landlord Information: Name _____ Phone number () _____ - _____

Address _____
 (Street) (City) (State) (ZIP code)

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? Yes No If yes, please describe, including location: _____

Is there a mortgage on the land? Yes No If yes: Monthly Payment? \$ _____ Unpaid Balance \$ _____

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

Applicant: _____

Co-Applicant: _____

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address Current Employer	Years on This Job	Name and Address Current Employer	Years on This Job
	Monthly (Gross) Wage		Monthly (Gross) Wage
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 Last Employer	Years on This Job	Name and Address Last Employer	Years on This Job
	Monthly (Gross) Wage		Monthly (Gross) Wage
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	¹ Others in Household	² Monthly Bills	Monthly Amount
³ Base Employment 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	\$

¹ List additional household members over 18 who receive income:			² Please attach copies of last month bills ³ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.
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 & Loans, or Credit Union:	Name and Address of Bank, Savings & Loans, or Credit Union:
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank, Savings & Loans, or Credit Union:	Name and Address of Bank, Savings & Loans, or Credit Union:
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____
Name and Address of Bank, Savings & Loans, or Credit Union:	Name and Address of Bank, Savings & Loans, or Credit Union:
Account Number: _____ Balance: _____	Account Number: _____ Balance: _____

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

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

Car	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____	Cell Phone Contracts	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____
Furniture, Appliances, and Televisions	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____	Other: Name and Address	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____
Credit Card	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____	Alimony/Child Support	\$ _____ /month
		Job-related Expenses	\$ _____ /month
Medical	Monthly Payment \$ _____ Unpaid Balance \$ _____ Months left to pay: _____	Child Care, Union Dues, Etc.	\$ _____ /month
		Column 2: Subtotal of Payments	\$ _____ /month
		Column 1: Subtotal of Payments	\$ _____ /month
Column1: 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	
	Yes	No	Yes	No
A. Do you have any debt because of a court decision against you?				
B. Have you ever been declared bankrupt within the past 7 years?				
C. Have you had property foreclosed on in the past 7 years?				
D. Are you currently involved in a lawsuit?				
E. Are you paying alimony or child support?				
F. Are you a U.S. citizen or a permanent resident?				

Answering "yes" to questions a through e does not automatically disqualify you. If you answered "yes" to any questions a through e, however, please explain in the space below. If you need more space, please attach a separate piece of paper.

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
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 the 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 opportunity and fair housing laws. You are not required to furnish his information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the 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.	<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"/> Hispanic <input type="checkbox"/> Other (please specify) _____	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"/> Hispanic <input type="checkbox"/> Other (please specify) _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date: ____/____/____	Birth date: ____/____/____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> By E-mail	Interviewer's Name (print or type) <hr/> Interviewer's Signature Date <hr/> Interviewer's Phone Number