

HABITAT FOR HUMANITY of WAYNE COUNTY, NY, INC.

1160 Macedon Center Road • Macedon • NY • 14502 • 315-986-9915

Application for Housing

Applicant	Co-Applicant
Name: _____	Name: _____
Social Security #: _____	Social Security #: _____
Work Phone #: _____	Work Phone #: _____
(optional) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	(optional) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated

Dependents			
Name: _____	Age: ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____
Name: _____	Age: ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____
Name: _____	Age: ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____
Name: _____	Age: ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____

Please list name(s), of any **other** person(s) who will reside with you if selected:

Housing Information	
Present Address	Previous Address (Please provide if at present address less than two year)
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____
Dates of Residency: _____ to _____	Dates of Residency: _____ to _____
Street Address: _____	Street Address: _____
PO Box: _____	City/State/Zip: _____
City/State/Zip: _____	Landlord information for this address:
Home phone #: _____	Name: _____
If you do not have a home phone #, please provide a number we can leave a message at, if we need to contact you, and the name of the person we should speak with:	Street Address: _____
Phone #: _____ Name: _____	PO Box: _____
	City/State/Zip: _____

Housing Information (continued)

Present housing situation:

Number of Bedrooms _____

Kitchen Living Room Dining Room Bathroom (if more than 1 provide #) _____

Other Rooms? (please describe) _____

If you rent:

What is your monthly rent payment: \$ _____

This payment includes (check all that apply):

Water Gas Electric Sewer Garbage Other (specify) _____

The current landlord:

Name: _____ PO Box: _____

Street Address: _____ City/State/Zip: _____

If you own:

What is your monthly mortgage payment: \$ _____ What is the unpaid principal balance? \$ _____

Do you own any additional property? Yes No

If Yes please list property addresses and any monthly payments and unpaid principal balances on those properties.

In the space provided below please tell us why you need a Habitat Home, (i.e: overcrowding, disrepair, safety issues, etc.)

Willingness to Partner

If selected for a Habitat home you will be required to put in 400 hours of 'sweat equity'. This is the time that you will put in working on your house or the houses of other Habitat families.

Are you willing to put in the required sweat equity hours? Applicant Yes No Co-Applicant Yes No

Tell us how you can involve yourself in the building of your home?

Employment information



RETURN WITH THIS APPLICATION

A copy of a pay stub less than 4 weeks old for all sources of employment.

**Please provide information on ALL current jobs if you have more than one.
Attach additional pages if necessary!**

Applicant Current Job

Employer Name: _____

Street
Address: _____

City/State/Zip: _____

Phone number: _____

Type of Business: _____

Dates of Employment: _____ to _____

Base pay \$ _____ per week / month / year
(please circle appropriate pay period)

Avg. additional pay \$ _____ per week / month / year
(please circle appropriate pay period)

Co-Applicant Current Job

Employer Name: _____

Street
Address: _____

City/State/Zip: _____

Phone number: _____

Type of Business: _____

Dates of Employment: _____ to _____

Base pay \$ _____ per week / month / year
(please circle appropriate pay period)

Avg. additional pay \$ _____ per week / month / year
(please circle appropriate pay period)

**If at current job less than three years please provide three years of employment history.
Attach additional pages if necessary!**

Applicant Previous Job

Employer Name: _____

Street
Address: _____

City/State/Zip: _____

Phone number: _____

Type of Business: _____

Dates of Employment: _____ to _____

Base pay \$ _____ per week / month / year
(please circle appropriate pay period)

Avg. additional pay \$ _____ per week / month / year
(please circle appropriate pay period)

Co-Applicant Previous Job

Employer Name: _____

Street
Address: _____

City/State/Zip: _____

Phone number: _____

Type of Business: _____

Dates of Employment: _____ to _____

Base pay \$ _____ per week / month / year
(please circle appropriate pay period)

Avg. additional pay \$ _____ per week / month / year
(please circle appropriate pay period)

Other Sources Income



RETURN WITH THIS APPLICATION
Verification of ALL Other Sources of Income

Source	Amount	How Often	For Whom
Bonus & Commission			
Dividends & Interest			
Royalties			
Trusts			
Social Security			
Pension			
SSI			
Disability			
AFDC/TANF			
Food Stamps			
Child Care			
Housing			
Welfare			
WIC			
Other _____			
Other _____			
Other _____			
Other _____			
PLEASE NOTE: Alimony, child support or separation maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Alimony			
Child Support			
Separation Maintenance			

There is no Application Fee



An unaltered copy of a credit report for each applicant must accompany your application.
By law you can obtain a free credit report every 12 months online at www.annualcreditreport.com If you don't have a computer, internet access is available at most of the area libraries.

To the best of my/our knowledge the above statements are true. In the event of a false statement, Habitat for Humanity of Wayne County, NY. Inc., reserves the right to decline your application.

Signatures:

Applicant Date

Co-Applicant Date

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**Application for Housing
Additional Information**

Applicant	Co-Applicant
Name: _____	Name: _____

Bank Account Information				
In whose name?	Bank Branch	Branch Address	Type of Account	Account Number

Debt Information (Include all Installment arrangements, Student Loans, Loans, and Credit Cards)



RETURN WITH THIS APPLICATION

A copy of the latest statement for all of the accounts listed below.

In whose name?	Lender	Lender Address	Account Number	Amount Owed	Monthly Payment

Utilities and other monthly payments

RETURN WITH THIS APPLICATION

A copy of the latest bill for all of the accounts listed below.



	Amount Owed	Monthly Payment	Amount Owed	Monthly Payment
Gas			Cable	
Electric			Car Insurance	
Water			Life Insurance	
Sewer			Renters/Homeowner Insurance	
Garbage			Alimony	
Phone			Child support	
Other (specify) _____			Other (specify) _____	
Other (specify) _____			Other (specify) _____	

Do you have any Liens and/or Judgments against you? Yes No If yes, please explain in the space below

Have you ever filed for Bankruptcy? Yes No If so, who, when and where? _____

If you have filed for Bankruptcy, please return with this application a copy of the Discharge papers.

To the best of my/our knowledge the above statements are true. In the event of a false statement, Habitat for Humanity of Wayne County, NY. Inc., reserves the right to decline your application.

Signatures: _____
Applicant Date

Co-Applicant Date