

Highland Rim Habitat for Humanity P.O. Box 1295 Tullahoma Tn. 37388 931-393-2383 habitat@lighttube.net

Apr	olication
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Date:	/	 /



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	1. APPLICAN			
Applicant's Name		Co-applicant's Name		
Applicants Manie		со-аррисант в мание		
Social Security Number Home	Phone Age	Social Security Number Ho	me Phone Age	
Married Described Dillemanied Hell in	d- 45	Discoursed Discoursed (Laboratried (Laboratr	sinds discount without	
☐ Married ☐ Separated ☐ Unmarried (Incl. sin		☐ Married ☐ Separated ☐ Unmarried (Inc		
Dependents and others who will live with you (no Name	t listed by co-applicant) Age Male Female	Dependents and others who will live with you Name	ı (not listed by applicant) Age Male Female	
Nume	Age Wale Telliale	Numb	Age Wate Telliale	
	0 0			
	0 0			
	0 0		0 0	
Present Address (street, city, state, ZIP code)	□ Own □ Rent	Present Address (street, city, state, ZIP code	\ □Own □Bont	
Tresent Address (Street, City, State, Zir Code)	L OWIT LITTERIL	Tresent Address (Street, City, State, Zir Code) Lowin Linear	
Number of Veers		Number of Years		
Number of Years				
	sent Address for Less	Than Two Years, Complete the Following	□ Own □ Rent	
Last Address (street, city, state, ZIP code)	Li Own Li hent	Last Address (street, city, state, ZIP code)	LI OWII LI Nent	
Number of Vers		Number of Vees		
Number of Years		Number of Years		
2. FOR	OFFICE USE ONLY -	DO NOT WRITE IN THIS SPACE		
Date Received:				
More Information Requested? ☐ Yes ☐ No		Date Letter Sent:		
Date Application Completed:		Date of Home Visit:		
□ Accepted □ Denied		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, attending homeownership classes or other approved activities. Applicant: I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Co-applicant: 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 canceled 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) Unpaid Balance \$ Is there a mortgage on the land? ☐ No ☐ Yes If yes: Monthly Payment \$ 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 Name and Address of Current Employer Years on This Job 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 Last Employer Name and Address of Last Employer Years on This Job Years on This Job Monthly (Gross) Wages Monthly (Gross) Wages

Type of Business

Business Phone

Business Phone

Type of Business

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	s	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI		30		Child Care	O.
Disability		a.	2	School Lunch	
Alimony				Average Credit Card Paym	ent
Child Support		3,10		Student Loans	N.
Other		a.		Alimony/Child Support	24.
Total	\$	\$	\$	Total	\$
Where will you get the mone and how will you pay it back	ey to make the dow	n payment (for examp	. ASSETS	rou borrow the money, who v	\$ s
Name and Address of Bank,	Savinge & Loan, or	No. of the last of	Name and Address	w of Bank, Savings & Loan, or (Prodit Union:
Traine and Address of Dallk,	Savings & Loan, or	organi Officia	walle and Address (or Dain, Odvings & Lucii, Ui (State Office.
Account Number:	E	Balance \$	Account Number:	Ва	lance \$
Name and Address of Bank,	Savings & Loan, or	Credit Union:	Name and Address of	of Bank, Savings & Loan, or (Credit Union:
Account Number:	В	Balance \$	Account Number:	Ba	lance \$
Name and Address of Bank,	Savings & Loan, or	Credit Union:	Name and Address of	of Bank, Savings & Loan, or (Credit Union:
Account Number:	E	Balance \$	Account Number:	Ва	lance \$

Do you own a:	Yes	No	Do you own a:	Yes No
<i>ia</i>			Car (#1)	
Boat Mobile Home			Make and Year	
	1000	50,000	Car (#2)	
Washer			Make and Year	
Dryer			SW No. 100	75
			DEBT	
COLUM	ALCO AND	o You and the	Co-applicant Owe Money? COLUMN 2	
Car	Monthly	Unpaid	Cell Phone Contracts Mont	thly Unpaid
	Payment	Balance	Paym	ent Balance
	\$	\$	\$	\$
100 100 0 Mill Mills 2004 100 Mills	Mos. left t	o pay:	10402300	left to pay:
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	Other Money You Owe Name and Address of Company Mont	thly Unpaid
	s			ent Balance
	Mos. left t		\$	\$
Credit Card	Monthly	Unpaid	Mos.	left to pay:
	Payment	Balance	Alimony/Child Support \$	/month
	\$ Mos. left t	\$ n nav:	Job-related Expenses \$	/month
Medical	Monthly	Unpaid	(Child Care, Union Dues, etc.) \$	/month
	Payment	Balance \$	Column 2: Subtotal of Payments \$	/month
S Mos		o pay:	Column 1: Subtotal of Payments	/month
Column 1: Subtotal of Payments	\$	/month	Total Monthly Expenses \$	/month
			The state of the s	55100000000000
		11. DECL	ARATIONS	
Please Check t	he Box That Best		ARATIONS Illowing Questions for You and the Co-applicant.	
Please Check to	he Box That Best			Co-applicant
Please Check to a. Do you have any debt because of		Answers the Fo	llowing Questions for You and the Co-applicant.	Co-applicant
	f a court decision ag	Answers the Fo	llowing Questions for You and the Co-applicant. Applicant	
a. Do you have any debt because of	f a court decision ag t within the past se	Answers the Formation of Answers the Formation of Answers (Answers	Applicant Yes No	☐ Yes ☐ No
Do you have any debt because of Have you been declared bankrupt	f a court decision aç t within the past se d on in the past seve	Answers the Formation of Answers the Formation of Answers (Answers	Applicant Yes No	☐ Yes ☐ No☐ Yes ☐ No
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a. Do you have any debt because of b. Have you been declared bankrupt c. Have you had property foreclosed d. Are you currently involved in a lare. Are you paying alimony or child s f. Are you a U.S. citizen or permane If you answered "yes" to any question I understand that by filing this application the no-interest loan and other expensive personal visits, a credit check, and enhave not answered the questions trut I may be disqualified from the program of approved.	f a court decision age t within the past ser d on in the past ser wsuit? support? ent resident? n a through e, or "n 12. etion, I am authorizi ses of homeownersh nployment verificati thfully, my application m. The original or a	ainst you? yen years? of to question f, AUTHORIZATI ng Habitat for Hu hip and my willing on. I have answe on may be denied copy of this appl	Applicant Applicant Yes No Hease explain on a separate piece of paper. ON AND RELEASE Imanity to evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate all the questions on this application truthfully. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family in the fami	☐ Yes ☐ No ☐ the application is Sex offender registry,
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a. Do you have any debt because of b. Have you been declared bankrupt c. Have you had property foreclosed d. Are you currently involved in a late. Are you paying alimony or child st. Are you a U.S. citizen or permanently of your answered "yes" to any question I understand that by filing this application the no-interest loan and other expensional visits, a credit check, and enhave not answered the questions trut I may be disqualified from the program of approved. I also understand that Habitat for Humaniand that by completing this application, I also understand that property the program of the progr	f a court decision age t within the past ser d on in the past ser wsuit? support? ent resident? n a through e, or "n 12. ation, I am authorizi ses of homeownersh nployment verificati shfully, my application m. The original or a sity screens all potentia am submitting myself sitting myself and all p	ainst you? yen years? of to question f, AUTHORIZATI ng Habitat for Hu hip and my willing on. I have answe on may be denied copy of this appl	Applicant Applicant Yes No Hease explain on a separate piece of paper. ON AND RELEASE Imanity to evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home gness to be a partner family. I understand that the evaluate my actual need for a Habitat home.	☐ Yes ☐ No ☐ the application is sex offender registry, urther understand that
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Applicant's name	Co-applicant's name
Approducts name	oc applicants 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 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	
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information	
Race/National Origin:	Race/National Origin:	
☐ American Indian or Alaskan Native	☐ American Indian or Alaskan Native	
□ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander	
☐ Black/African American	☐ Black/African American	
☐ Caucasian	☐ Caucasian	
Asian	□ Asian	
□ American Indian or Alaskan Native AND Caucasian	☐ American Indian or Alaskan Native AND Caucasian	
Asian AND Caucasian	☐ Asian AND Caucasian	
☐ Black/African American AND Caucasian	☐ Black/African American AND Caucasian	
American Indian or Alaskan Native AND Black/African American	☐ American Indian or Alaskan Native AND Black/African American	
☐ Other (specify)	□ Other (specify)	
Ethnicity:	Ethnicity:	
☐ Hispanic ☐ Non-Hispanic	☐ Hispanic ☐ Non-Hispanic	
Sex:	Sex:	
☐ Female ☐ Male	□ Female □ Male	
Birthdate:/	Birthdate:/	
Marital Status:	Marital Status:	
Married	□Married	
☐ Separated	☐ Separated	
☐ Unmarried (Incl. single, divorced, widowed)	☐ Unmarried (Incl. single, divorced, widowed)	

To Be Completed Only By the Person Conducting the Interview				
This application was taken by:	Interviewer's Name (print or type)			
☐ Face-to-face Interview	Interviewer's Signature	Date		
☐ By Mail				
☐ By Telephone	Interviewer's Phone Number			
☐ By Telephone	Interviewer's Phone Number			