



Hardin County Habitat for Humanity, Inc.
 1016 Pear Orchard Road, Elizabethtown, KY 42701
 An Equal Opportunity Lender

Application for Low Cost Home Ownership

The information contained in this application will remain strictly confidential, available only to members of the Family Selection Committee, Family Nurturing Committee and the Board of Directors of Hardin County Habitat for Humanity. It will be used to determine eligibility for Habitat's low-cost housing program and will not be released to any other agency.

PLEASE PRINT

NAME (S): _____
 Applicant Last First M.I. Social Security # Date of Birth

Co-Applicant Last First M.I. Social Security # Date of Birth

ADDRESS: _____
 Number Street City Zipcode

How long at this address? _____ If less than one year, give previous address and length of time there:

PHONE: (Home) _____ CONTACT: _____
 (work) _____ Name and number if no home phone

MARITAL STATUS: married single divorced widowed separated

:

OTHERS IN HOUSEHOLD			
Name	Date of Birth	Sex	Relationship

EMPLOYMENT FOR THE LAST 5 YEARS:

Employer Name and Address

APPLICANT

(Present Job)

Dates Employed?

What was the salary?

EMPLOYMENT RECORD FOR THE LAST 5 YEARS:

Employer Name and Address

CO-APPLICANT

(Present Job)

Dates Employed?

What was the salary?

INCOME & ASSETS (what you own)

What is the total of your monthly income before deductions? \$ _____

What is the total of your monthly take home pay? \$ _____

Sources of income, fill in all of the below that apply to your family.

AFDC \$ _____ Veteran's Benefits \$ _____ Unemployment \$ _____

SSI \$ _____ Social Security \$ _____ Alimony \$ _____

Food Stamps \$ _____ Child Support \$ _____ Other \$ _____

Does anyone in your family have a medical card? YES NO

Does anyone in your family have health insurance YES NO

Do you have a car? Yes No If YES, give year and kind _____

If you owe money on a car, list how much you still owe and how much you pay each month:

Please list any other things you own or are buying such as property, savings accounts, stocks:

Are you renting or leasing furniture, appliances, TV or stereo equipment? Yes No

Name of Bank: _____ Checking Savings

_____ Checking Savings

FAMILY EXPENSES

How much do you spend on the following:

Food (including meals eaten out) \$ _____ Telephone \$ _____ Medical \$ _____
 Child Care \$ _____ Water & Sewer \$ _____ Electricity \$ _____
 Car Insurance \$ _____ Other \$ _____

Who do you owe money to (companies or individuals)?:

Name	Balance	Monthly Payment	What for?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRESENT HOUSING SITUATION:

Circle those that apply to your family:

Own Rent Apartment Mobile Home House Other

Monthly Payments or Rent \$ _____ Name of Landlord _____
 Number of Bedrooms _____ Number of Bathrooms _____

Condition of home:

	Good	Fair	Poor	Comments
Roof	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Floor	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Wiring	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____

Are you overcrowded in your present home? () Yes () No If YES, explain _____

OTHER: If you answer **YES** to any of the questions below, please explain on the back of this page. If **NO** and we find that you have not been honest your application will be turned down.

	Applicant	Co-Applicant
Are there any outstanding judgements/liens against you	yes no	yes no
Have you ever been declared bankrupt?	yes no	yes no
Have you ever had property foreclosed upon?	yes no	yes no
Are you party to a lawsuit?	yes no	yes no
Are obligated to pay child support or alimony?	yes no	yes no
Are you a co-signer or endorser on a note?	yes no	yes no
Have you owned a home in the last 3 years?	yes no	yes no (read back page)

We need copies of documentation:

Income: All proof income must be included to process application.

- Child Support
- Federal Tax Form 1040
- Copy of recent pay stub
- All income of family members

REFERENCES:

Please list 3 references who are not related to you:

Name	Address & Phone
Occupation	

CERTIFICATION:

I/We , the undersigned, understand and authorize Hardin County Habitat for Humanity, Inc., to perform an in-depth study to determine need, ability to pay expenses, and reputation. The study will include personal visits, a credit check, reference contacts, and a criminal record check.

I/We further certify that the information contained in this application is true and complete to the best of my/our knowledge.

I/We understand that if I/We give false information, withhold information, or fail to report any changes promptly, then I/We will forfeit the right to participate in the low-cost housing program operated by the Hardin County Habitat for Humanity, Inc.

Signature _____ Date _____
 Applicant Co-Applicant

We consider all applicants for position and or housing without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.