

Dear Homeowner Applicant,

Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit and no interest to families who could not otherwise afford a home.

There are four basic requirements to qualify for a Habitat home. Please read the following information carefully to see if you meet these qualifications.

Criteria

1. Housing Need – Applicants must reside in housing that fits Habitat’s description of inadequate or substandard. For example:severe structural problems, poor heating, leaks in the roof, overcrowding (three to a bedroom), unsafe or unsanitary conditions.
2. Residency -You need to have lived or worked in Addison County, Vermont for one year immediately prior to application.
3. Income – Habitat sets specific minimum and maximum income requirements based on the size of the family. (See Income Requirements). A stable employment history, evidence of an ability to manage money responsibly, and the ability to make monthly house payments of approximately \$700 to \$800 a month (including taxes and insurance) is required. 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 for your credit references.
4. Willing to Partner – Applicants must be willing to work cooperatively with Habitat. They must attend Homeowner Workshops and meet with Habitat representatives to prepare for successful home ownership. They must help build their home. All adult (18 years and older) members of the household must be willing to work 200 hours of sweat equity, to a household maximum of 400 hours, 25% of these hours can be contributed by designated family and friends.

If approved for a Habitat home, a \$500 down payment is required within 90 days of acceptance.

If you believe you qualify for a home according to these guidelines, we encourage you to fill out and return the application form. Please give special attention to the Checklist which asks you to attach copies of the documents that will verify the information on your application (for example, most recent tax return, pay stub, utility bills). Your application will be reviewed as soon as it is received and you will be contacted. All information is considered confidential and is to be used only for family selection. If you have any questions, please call Habitat for Humanity of Addison County at 802-388-0400 from 8:00 am to 10:00 pm any day of the week.

Families not initially accepted may reapply

Sincerely,
Habitat for Humanity of Addison County, Family Selection Committee

The Selection Process

1. Application and all required additional documentation is received and reviewed.
2. Additional information or documentation may be requested. Employers and landlords will be contacted for reference.
3. Credit check, sexual offender check and criminal background checks will be completed as required by Habitat for Humanity International.
4. Two representatives of Habitat for Humanity of Addison County will interview candidates at their current residence.
5. After careful consideration, the Family Selection Committee will present candidate families to the Board of Directors for final approval.

The entire application process will take about six months to complete.



**Habitat for Humanity
of Addison County**

Income Eligibility Guidelines

Family of 3	\$31,969 – \$44,756
Family of 4	\$35,500 – \$49,700
Family of 5	\$38,344 – \$53,681
Family of 6	\$41,188 – \$57,663
Family of 7	\$44,031 – \$61,644

(2016 HUD Income Limits, 50% – 70% of median income, Addison County, VT)



**Habitat for Humanity
of Addison County**



Habitat for Humanity of Addison County, VT
P.O. Box 1217
Middlebury, VT 05753
802-388-0400

Application FOR HOUSING



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	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	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	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
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 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
	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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?

Use another sheet of paper if necessary.

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) _____

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

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	Years on This Job	Name and Address of Current Employer	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	Years on This Job	Name and Address of Last Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Please attach copies of last month's bills	\$
AFDC/TANF				Utilities	
Food Stamps				Payment	
Social Security				Insurance	
SSI				Health Insurance	
Disability				Homeowner's	
Alimony				Phone	
Child Support				Cable	
Other				Child	
				School	
				Transportation	
				Average Credit Card Payment	
				Student Loans	
				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

²List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment and closing costs (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

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

10. DEBT

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

COLUMN 1			COLUMN 2		
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	Other Money You Owe		
	\$	\$	Name and Address of Company		
	Mos. left to pay:			Monthly Payment	Unpaid Balance
Credit Card	Monthly Payment	Unpaid Balance		\$	\$
	\$	\$	Mos. left to pay:		
	Mos. left to pay:		Alimony/Child Support	\$	/month
Medical	Monthly Payment	Unpaid Balance	Job-related Expenses	\$	/month
	\$	\$	(Child Care, Union Dues, etc.)	\$	/month
	Mos. left to pay:		Column 2: Subtotal of Payments		
			\$ /month		
			Column 1: Subtotal of Payments		
			\$ /month		
Column 1: Subtotal of Payments			Total Monthly Expenses		
\$ /month			\$ /month		

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant	Co-applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper. Answering "yes" to these questions does not automatically

**Habitat for Humanity of Addison County, VT
Post Office Box 1217
Middlebury, Vermont 05753
Phone 802-388-0400**

12. AUTHORIZATION AND RELEASE

I understand and agree 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 and agree that the evaluation will include personal visits, a credit check, and employment verification. In addition, I am authorizing Habitat for Humanity to obtain bank balance verification on my checking and savings accounts, landlord references and credit references. I have answered all the questions on this application truthfully. I understand and agree that if I have not answered the questions truthfully, my application may be denied.

I understand and agree that, even if I have already been selected to receive a Habitat home, Habitat for Humanity in the exercise of its sole discretion, may revoke its approval of my application for reasons which include, without limitation, a material change of circumstances or a failure to partner with Habitat for Humanity as required.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature

Date

Co-applicant Signature

Date

X _____

X _____

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 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
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan 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"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan 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"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

<p>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>
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Checklist

Attach Copies With Application

- Cancelled rent check or mortgage check
- Most Recent Phone Bill
- Most Recent Cable Bill
- Most Recent Cell Phone Bill
- Most Recent Electric Bill
- Most Recent Oil Bill
- Most Recent Propane Bill
- Most Recent Car Payment Bill
- Most Recent Car Insurance Bill
- Most Recent Health Insurance Bill (if not deducted from pay)
- Most Recent Renter's or Homeowner's Insurance
- Most Recent Student Loan statement for Applicant and Co-Applicant
- All Credit Card Bills for Applicant and Co-Applicant
- Medical bills for Applicant and Co-Applicant
- 2 Most Recent Paycheck Stubs for Applicant and Co-Applicant
- Most Recent Proof of all other sources of income (Food Stamps, Fuel Assistance, Disability, Child Support, Alimony, etc.)
- Last 2 years' Federal and State tax returns for Applicant and Co-Applicant
- Latest bank statement for all accounts for Applicant and Co-Applicant