



Application for Home Ownership

Return your completed form & documents to
Habitat for Humanity of Wisconsin River Area
1211 8th Street
PO Box 38
Baraboo, WI 53913
Phone: (608) 448-2888 x3
office@hfhwisconsinriver.org

Applicant Information

Applicant	Co-Applicant																																								
Applicant's Name	Co-Applicant's Name																																								
Phone _____ Email _____	Phone _____ Email _____																																								
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (incl. divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (incl. divorced, widowed)																																								
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)																																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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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<input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																								
If living at present address for less than two years, complete the following:																																									
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For office use only – Do not write in this space																																									
Application Received: _____ Committee Review: _____ Home Visit: _____ Letter Sent: _____																																									
Notes: _____																																									

Current Housing

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

Name, address, and phone number of current landlord: _____

Describe the condition of your current residence, and living situation. Why do you need a Habitat home? *(you may attach an additional page to this application if you need more space)*

Property Information

If you own your residence, what is your monthly mortgage payment? \$ _____ /month

Unpaid balance of your loan \$ _____

Do you own land? No Yes (If yes, please describe, including location):

Is there a mortgage on the land? No Yes

Monthly Household Income

Gross Monthly Income	Applicant	Co-Applicant	Others Who Are or Will Be in Household (over 18 y.o)
Wages	\$	\$	\$
Social Security	\$	\$	\$
SSI	\$	\$	\$
Disability	\$	\$	\$
Child Support	\$	\$	\$
Alimony	\$	\$	\$
Other	\$	\$	\$
<u>Total Monthly Gross Income</u>	\$	\$	\$

Employment History

Applicant		Co-Applicant	
Name and Address of current employer	Start Date	Name and Address of current employer	Start Date
	Monthly Gross Wage \$		Monthly Gross Wage \$
Position Held	Phone	Position Held	Phone
Supervisor		Supervisor	
If working at current job less than two years, complete the following information:			
Name and Address of past employer	Start Date	Name and Address of past employer	Start Date
	Monthly Gross Wage \$		Monthly Gross Wage \$
Position Held	Phone	Position Held	Phone

Monthly Household Expenses

<u>Debts/Expenses</u>	Monthly Payment	Current Balance (<i>Total Owed</i>)	Number of Payments Remaining
Auto Loan #1			
Auto Loan #2			
Medical Bills			
Credit Card #1			
Credit Card #2			
Credit Card #3			
Personal Loans			
Student Loans			
Utilities			
Child Care			
Judgments or Liens			
Child Support/Spousal Maintenance/Alimony			
Other Debt (<i>please specify in the space below</i>)			
TOTALS			

Assets

Applicant: Checking Account		Co-Applicant: Checking Account	
Name and Address of Bank/Credit Union:		Name and Address of Bank/Credit Union:	
Account Number:		Account Number:	
Balance: \$		Balance: \$	
Applicant: Savings		Co-Applicant: Savings	
Name and Address of Bank/Credit Union:		Name and Address of Bank/Credit Union:	
Account Number:		Account Number:	
Balance: \$		Balance: \$	
Applicant: Investments		Co-Applicant: Investments	
Specify type of investment (<i>such as 401k, IRA, pension, mutual funds, etc.</i>):		Specify type of investment (<i>such as 401k, IRA, pension, mutual funds, etc.</i>):	
Account Number:		Account Number:	
Balance: \$		Balance: \$	
Do you own a:	<u>Yes</u>	<u>No</u>	
Boat	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	
Washer	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a:	<u>Yes</u>	<u>No</u>	
Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>	
Make and Year _____			
Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>	
Make and Year _____			

Willingness To Partner

OUR MISSION IS TO BRING PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES & HOPE.

HFHWRA depends on community support to build affordable housing. Your participation in the program, including “sweat equity” (volunteer labor) is an important part of our mission and helps to build not just homes but also new skills, community connections, and pride as a homeowner.

BUILDING HOMES: Each adult in the household is required to complete 250 hours of sweat equity. If selected for the Habitat home ownership program, are you willing to complete the required sweat-equity? Yes No

If you answered no, please describe any issues or concerns you may have: _____

BUILDING COMMUNITY: What qualities, abilities, and skills do you and your household have that will make you responsible, dependable, and successful homeowners and neighbors?

BUILDING HOPE: Promoting our mission is an important way of building community support. Your participation in the home ownership program may include publicity in the media, including photos, videos and interviews. Are you and the members of your household willing to promote the mission of HFHWRA? Yes No

If you answered no, please describe any issues or concerns you may have: _____

Please check the box that best answers the following questions:

- | | | |
|---|-----|----|
| 1. Do you have any debt because of a court decision against you? | Yes | No |
| 2. Have you ever declared bankruptcy? | Yes | No |
| 3. Have you had property foreclosed on in the past seven years? | Yes | No |
| 4. Are you currently involved in a lawsuit? | Yes | No |
| 5. Are you paying alimony or child support? | Yes | No |
| 6. Are you a U.S. citizen or permanent resident? | Yes | No |
| 7. Has anyone in the household served (or is serving) in the Armed Forces? | Yes | No |
| 8. Is anyone in the home disabled or designated with a disability by a medical professional or government agency? | Yes | No |
| 9. If so, would you like to disclose the disability to help us better plan the home design to fit the disabilities? | Yes | No |

Authorization and Release of Information

I understand that by submitting 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. 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. I also understand that Habitat for Humanity screens all applicants on the sex offender registry, and that by completing this application, I am submitting myself and all members of my household to such an inquiry. I further understand that by completing this application, I am submitting myself and all members of my household to a criminal background check.

Applicant Signature

Co-Applicant Signature

Authorization to Release Information

I have applied for the Habitat for Humanity of Wisconsin River Area, Inc (HFHWRA.) homeownership program. By signing this release I authorize HFHWRA to verify information contained in my request. I authorize you to provide to HFHWRA the following application information:

- Past and present employment history, dates, title, income records, hours worked, etc.
- Checking and savings bank account records, stock holdings, and any other asset balances
- Past and present landlord references (rental date, payment amount, and payment record).
- Non-work income, such as but not limited to Social Security, disability, food stamps, etc.
- Any information deemed necessary in connection with a consumer report for a real estate transaction.

I further authorize HFHWRA to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, HFHWRA is authorized to access my financial records held by financial institutions in connection with determining my/our creditworthiness for a mortgage loan or to confirm information I/we have supplied. I also understand that financial records involving my loan and application will be for the confidential use of HFHWRA without further notice or authorization, and will not be disclosed or released by HFHWRA to another or for another purpose without my consent except as required or permitted by law. A copy of this authorization may be accepted as an original.

Applicant Name *(please print)*

Social Security Number

Date of Birth

Signature

Date

Other Name(s) Used *(such as maiden name)*

Co-Applicant Name *(please print)*

Social Security Number

Date of Birth

Signature

Date

Other Name(s) Used *(such as maiden name)*

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at 230 S Dearborn St Suite 3030, Chicago, IL 60604. You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources. Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant Signature

Co-Applicant Signature

Information for Government Monitoring Purposes

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race (<i>applicant may select more than one racial designation</i>): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>single, divorced, widowed</i>)	<input type="checkbox"/> I do not wish to furnish this information Race (<i>applicant may select more than one racial designation</i>): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>single, divorced, widowed</i>)

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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: none; padding: 5px;">Interviewer's Name (print or type)</td> </tr> <tr> <td style="border-bottom: none; padding: 5px; width: 70%;">Interviewer's Signature</td> <td style="border-bottom: none; padding: 5px; width: 30%;">Date</td> </tr> <tr> <td colspan="2" style="border-top: none; padding: 5px;">Interviewer's Phone Number</td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's Signature	Date	Interviewer's Phone Number	
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Interviewer's Signature	Date						
Interviewer's Phone Number							



Application Checklist

Your application is not complete until all required documents are submitted. *Did you...*

- | | |
|---|---|
| <input type="checkbox"/> Enclose at least 2 months' of pay check stubs from each place of employment? (<i>If self-employed, verification of business income and expenses must be provided.</i>) | <input type="checkbox"/> Enclose 3 months' bank statements of all checking & savings accounts and other investments? |
| <input type="checkbox"/> Provide proof of citizenship or permanent legal resident status (<i>such as drivers license or photo ID</i>)? | <input type="checkbox"/> Enclose proof of current housing (<i>copy of current lease, receipt from payment or cancelled check</i>)? |
| <input type="checkbox"/> Enclose your most recent federal tax return? | <input type="checkbox"/> Enclosed copies of most recent utility bills (including electric, gas, water, cable, and |
| <input type="checkbox"/> Enclose your most recent W-2 tax form(s)? | <input type="checkbox"/> Enclose copies of all other monthly bills and debts (<i>including cell phone, storage, day care, credit cards, car loans, student loans, medical bills, etc.</i>)? |
| <input type="checkbox"/> Enclose verification of all unearned income (<i>SSI, social security, Section 8 Housing, rental reimbursement, student loan stipends, etc.</i>)? | <input type="checkbox"/> Enclose verification of child support, spousal maintenance or alimony (<i>if you have declared receipt or payment of any of these</i>)? |
| <input type="checkbox"/> Enclose verification of any other income? | <input type="checkbox"/> Complete all sections of the application? |
| | <input type="checkbox"/> Sign and date the application? |

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 this application.

How did you hear about Habitat for Humanity of WI River Area? _____

Have you applied for a Habitat home before? YES NO

If yes, when: _____

You can submit your completed application & documents to our housing office:

Mail HFHWRA PO Box 38, Baraboo WI 53913

In Person 1211 8th Street, Baraboo (next to Sauk Co Housing)

Email office@hfhwisconsinriver.org