

### **Homeownership Pre-Application Form**

A world where everyone has a decent place to live.

Dear Applicant,

Habitat for Humanity is a non-profit organization building simple, decent, affordable homes for lower-income families in Wood County. Please read this Pre-Qualification form carefully and answer all questions as clearly and accurately as possible. Our Family Selection Committee will review the information you provide upon a completed application. Completed means all information is filled out to the best of the applicant's ability and ALL proof of income is included. Following an initial review, we will contact you concerning submitting an application for a home. If you do not meet these general guidelines, we will notify you by letter. Please be patient, this review process can take 30 to 90 days.

Thank you, Family Selection Committee

When you have completed this Pre-Application please return it to:
Habitat for Humanity of Wood County
P.O. Box 235
Bowling Green, OH 43402
419-481-8100

Our office is located in 326 Industrial Parkway, Unit 1, Bowling Green, Ohio 43402

#### Before you apply!

- All liens and judgments must have been cleared prior to application.
- Please call us if you are in need of a financial consultation on your situation.

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.



Revised 8/12/24

#### How did you hear about the homeownership program?

_Website	Flyer	Facebook	Other Social Med
Referral (family me	ember, friend, co-worke	er)	Community Even
Other, please expl	ain:		•
Applicant Name: (Please Print)		Co-Applicant N	lame: (Please Print)
Marital Status: (F	Please circle one)	Marital Status:	(Please circle one)
Unmarried Married Separated		Unmarried	Married Separated
Contact Informatio Home:	n:	Contact Inform Home:	ation:
Work:		Work:	
Cell:		Cell:	
Email:		 Email:	
Co-applicant: (circ IF "no", please exp	•		
How many people	will be living in the hor	me, including you?	
Name		Date of Birth	Relationship

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## Please describe your situation in the following criteria: **Housing need:** The housing I live in is: ① Overcrowded. ② Poorly maintained (substandard). ③ In a dangerous neighborhood. 4 A temporary housing situation ⑤ Other\_\_\_\_\_ Ability to pay: Habitat homeowners purchase their Habitat home and are required to pay their monthly mortgage payment without incurring undo financial hardship. Your credit history will be considered in this regard. There is no interest on the loan for a Habitat home. 1. What is your estimated monthly household income? (Monthly income includes jobs, social security, disability, food stamps, and child support, if reliable). 2. Bankruptcy status: Have you had a bankruptcy? Yes/NO Applicant \_\_\_\_ If yes, what year? \_\_\_\_\_, when was it discharged? \_\_\_\_\_ Co-Applicant \_\_\_\_ If yes, what year? \_\_\_\_\_, when was it discharged? \_\_\_\_\_ I am willing to partner with Habitat: The homeownership program requires that you partner with Habitat. 200 "Sweat Equity" Hours (volunteer hours) are required for single applicants and 400 hours for dual applicants. Sweat equity is completed by attending a mandatory monthly Homeowner Education meeting, attending budgeting workshops, volunteering with us in the office and working on building or rehabbing your home and those of other Habitat families. Are you willing to do this? **YES NO** (please circle one).

We are always seeking to purchase new lots on which to build/rehab homes. We do our best to match the area you wish to live in with what we have available, but we cannot guarantee a suitable match. Please indicate your top three areas in Wood County in which you would be willing to purchase a Habitat home.

1.	
2.	
3.	

Highest Level of Education:	<del></del>	<del></del>		
	Applicant	Co-Applicant		
Are you currently enlisted: Veteran? (No, enter N/A)				
Applicant C	o-Applicant			
Spouse of a veteran or military personnel? (No, enter N/A)				
Applicant C	o-Applicant			
vehicle violation? Required	ū	ed of a crime other than a minor		
Applicant:NoYes, ple	ase explain:			
Additional notes:				
Co-Applicant:NoYes, please explain:				
Additional notes:				
Are you (and Co-Applicant) a L	J.S. citizen or permanent resid	dent?		
Applicant: (circle one) Ye	es No			
Co-applicant: (circle one) Yes No				
IF "no", please explain:				

#### <u>Income Sources:</u> We cannot review your application without these documents.

Please <u>list all sources</u> of income received on a <u>monthly basis</u> and send in required proof of income listed on the last page. Monthly income includes jobs, social security, disability, food stamps, and child support *(if reliable)*.

Applicant:	Co-Applicant:	
Job (gross amount before taxes)	Job (gross amount before taxes)	
\$	\$	
Social Security/SSI \$	Social Security/SSI \$	
S.N.A.P. \$	S.N.A.P. \$	
Child Support \$	Child Support \$	
Current Rent/Mortgage \$	Current Rent/Mortgage \$	

#### You must submit the following documents with this pre-qualification:

- 1. Last 2 years of most recent tax returns filed
- 2. 8 weeks of pay stubs for each applicant
- 3. Documentation of all other household income

(e.g. social security, disability, food stamps and child support)

# WE CANNOT REVIEW YOUR APPLICATION WITHOUT THESE DOCUMENTS

#### CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Habitat for Humanity of Wood County ("HFHWC") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by HFHWC. I understand and agree that HFHWC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

I authorize	I do not authorize				
I understand that I may revoke my consent to these disclosures by notifying HFHWC in writing.					
_	provided is true and accurate to the best of my knowledge. In may cause my disqualification for the purchase of a HFHWC				
Applicant's Name (Print)	Co-Applicant's Name (Print)				
pplicant's Signature Co-Applicant's Signature					
Applicant's Social Security Number	Security Number Co-Applicant's Social Security Number				
Date:	Date:				
Address: (Print)	Address: (Print)				