

<b>SECTION 1: APPLICANT INFORMATION</b>		
<b>Applicant Name:</b>		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Do you own your home? YES NO	Monthly payment:	Year purchased?
Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE)		
Are you a veteran or active member of the US military? YES NO		Military Branch:
Are you affiliated with an organization/faith-based group who would be willing to volunteer on this project? YES NO If YES, what group?		
<b>SECTION 2: CO-APPLICANT INFORMATION</b>		
<b>Co-applicant Name:</b>		
Relationship to Applicant:		
Date of birth:	SSN:	Phone:
Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE)		
Are you a veteran or active member of the US military? YES NO		Military Branch:
<b>SECTION 3: APPLICANT EMPLOYMENT INFORMATION</b>		
<b>Current employer:</b>		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
<b>Previous employer:</b>		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
<b>SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION</b>		
<b>Current employer:</b>		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
<b>Previous employer:</b>		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
<b>SECTION 5: DEPENDENTS</b>		
Please list individuals who live in the Applicant household:		
1) Name:	DOB:	Relationship:
2) Name:	DOB:	Relationship:
3) Name:	DOB:	Relationship:
4) Name:	DOB:	Relationship:
5) Name:	DOB:	Relationship:
6) Name:	DOB:	Relationship:
7) Name:	DOB:	Relationship:
8) Name:	DOB:	Relationship:
Please circle any name(s) if a veteran or active member of the US military, or if a spouse of a veteran or active member of the US military.		

<b>SECTION 6: HOUSEHOLD INCOME (MONTHLY)</b>		
<b>INCLUDE ALL SOURCES FOR APPLICANT, CO-APPLICANT AND ALL ADULT INDIVIDUALS (18+) LISTED IN SECTION 5.</b>		
	APPLICANT	CO-APPLICANT (if applicable)
Employment	\$	\$
Social Security Income	\$	\$
Social Security Disability	\$	\$
Food Stamps	\$	\$
Retirement/VA	\$	\$
Child Support	\$	\$
Alimony	\$	\$
AFDC/TANF	\$	\$
Other	\$	\$
<b>Total</b>	\$	\$
<b>SECTION 7: HOUSEHOLD EXPENSES (MONTHLY)</b>		
Mortgage	\$	
Property Tax	\$	
Homeowner's Insurance	\$	
Gas Bill	\$	
Electric Bill	\$	
Child Support paid	\$	
Water & Sewer	\$	
Garbage Removal	\$	
<b>Total</b>	\$	
<b>SECTION 8: REQUIRED DOCUMENTATION</b>		
<b>PLEASE PROVIDE THE MOST RECENT COPY OF EACH STATEMENT. NOTE THAT MISSING DOCUMENTATION WILL PREVENT AN APPLICATION FROM BEING REVIEWED.</b>		
<b>THE APPLICATION IS CONSIDERED INCOMPLETE IF THIS DOCUMENTATION IS NOT INCLUDED</b>		
<input type="checkbox"/> Mortgage (1 year/broken down by month)		
<input type="checkbox"/> Homeowner's Insurance		
<input type="checkbox"/> Gas Bill (last 3 consecutive months)		
<input type="checkbox"/> Electric Bill (last 3 consecutive months)		
<input type="checkbox"/> Pay stubs (8 weeks)		
<input type="checkbox"/> Federal Tax returns (last two consecutive years; first 2 pages; signed)		
<input type="checkbox"/> Proof of any other income (e.g. Food stamps, social security, child support, etc.)		

**SECTION 9: HOME REPAIR NEEDS**

PLEASE LIST HOME REPAIRS NEEDED. ATTACH A SEPARATE SHEET OF PAPER IF THERE IS NOT ENOUGH SPACE TO LIST ALL REPAIRS.


**SECTION 10: AUTHORIZATION AND RELEASE**

I understand that by completing this application, I am authorizing Habitat for Humanity of Wood County, Ohio (HFHWC) to:

- 1) Evaluate my actual need for a home repair.
- 2) Evaluate my ability to repay the 0% interest loan.
- 3) Evaluate my willingness to be a partner family.

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 home repair, I may be disqualified from the program. The original or a copy of this application will be retained by HFHWC even if the application is not approved.

I understand that I am committing to live in the home for at least two years after completion of the project.

I authorize HFHWC to obtain a credit report on each applicant. This information may be used to establish credit worthiness to fulfill the debt obligation. I give permission for other agencies providing services to me/my family to release to HFHWC any and all information HFHWC may request as necessary in processing and determining the amount/type of home repair assistance I will receive. I understand the information will be held in confidence and will be used for the sole purpose of facilitating home repairs.

I acknowledge that I will be responsible to pay a down payment of (\$50 or \$100) for the repairs, followed by monthly payments at 0% interest.

As part of my "sweat equity" requirement, I will be present for the duration of the home repair. Exemptions must be discussed with the construction manager before work begins. As part of my "sweat equity" requirement, I will ensure that the exterior and interior areas to be repaired will be clean of trash and objects that may interfere with the repairs.

I will provide drinking water and allow volunteers to use my bathroom. I will also grant permission for volunteers to help with the home repairs.

Signature of applicant	Date
Signature of co-applicant, if joint account	Date

**ALLOW 30 DAYS FOR YOUR APPLICATION TO BE PROCESSED.**

**Habitat for Humanity of Wood County Ohio Inc.**  
**326 Industrial Pkwy, Unit 1**  
**Bowling Green, OH 43402**  
**Phone: (419) 481-8100**