



Every one of us deserves a decent, affordable place to call home.

Dear Applicant(s),

Thank you for your interest in the Habitat for Humanity homeownership program! By completing and returning this application, you are choosing to submit a loan application with our Habitat affiliate and begin the official application process. Please carefully read, complete, and return ALL pages of this application and your application fee to our office via fax, mail, email attachment, or in person. Once we receive your application, we will begin to process your file and contact you as soon as possible.

- Habitat for Humanity ECO Family Partnership Department

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, 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: FTC Regional Office for the East Central Region, 1111 Superior Ave. Suite 200, Cleveland, OH 44114 or FTC, Equal Credit Opportunity, Washington, DC 20580.

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 may be considered incomplete and we may be unable to invite you to participate in the Habitat program.

Applicant Name (PRINT): _____

Applicant Signature: _____

Date: _____

Co-Applicant Name (PRINT): _____

Co-Applicant Signature: _____

Date: _____

(330) 915-5888
info@habitateco.org
www.habitateco.org

1400 Raff Road SW Ste. A
Canton, Ohio 44710
habitatforhumanityeco

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Serving Stark, Carroll, Tuscarawas, Harrison & Jefferson Counties

1400 Raff Rd SW, Canton, OH 44710

Office: 330-915-5888 Fax: 330-915-5887 www.habitatco.org

Application for Housing

Date Completed: _____



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 this application as completely and accurately as possible. All information you include on this application will be kept confidential.

GENERAL INFORMATION

Applicant	Co-Applicant (having a co-applicant is optional)
Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Initial Last </div> Social Security Number _____ Birth Date _____ Phone _____ Legal Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes: single, divorced, widowed) <input type="checkbox"/> Separated (married)	Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Initial Last </div> Social Security Number _____ Birth Date _____ Phone _____ Legal Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes: single, divorced, widowed) <input type="checkbox"/> Separated (married)

Dependents & others who will live with you

Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Number in Household: _____

Present Address Street _____ City _____ State _____ Zip _____ Number of years at this address _____ Please indicate your current living situation: <input type="checkbox"/> Private Rental <input type="checkbox"/> Public Housing (government housing, ex: SMHA) <input type="checkbox"/> With Friends or Family <input type="checkbox"/> Other _____	Present Address (if different from applicant) Street _____ City _____ State _____ Zip _____ Number of years at this address _____ Please indicate your current living situation: <input type="checkbox"/> Private Rental <input type="checkbox"/> Public Housing (government housing, ex: SMHA) <input type="checkbox"/> With Friends or Family <input type="checkbox"/> Other _____
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Previous Address (If lived elsewhere in the past 2 years) Street _____ City _____ State _____ Zip _____ Number of years at this address _____	Previous Address (If lived elsewhere in the past 2 years) Street _____ City _____ State _____ Zip _____ Number of years at this address _____
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EMPLOYMENT INFORMATION (if applicable)

Applicant	Co-Applicant
Current Employer 1 _____ Start Date _____ Hours per Week _____ Paid: ___ Weekly ___ Bi-weekly ___ Monthly Gross Monthly Income (before taxes) _____	Current Employer 1 _____ Start Date _____ Hours per Week _____ Paid: ___ Weekly ___ Bi-weekly ___ Monthly Gross Monthly Income (before taxes) _____
Current Employer 2 _____ Start Date _____ Hours per Week _____ Paid: ___ Weekly ___ Bi-weekly ___ Monthly Gross Monthly Income (before taxes) _____	Current Employer 2 _____ Start Date _____ Hours per Week _____ Paid: ___ Weekly ___ Bi-weekly ___ Monthly Gross Monthly Income (before taxes) _____
If employed in the current position(s) for less than 2 years, complete the following:	
Previous Employer 1 _____ Start date _____ End date _____ Gross Monthly Income (before taxes) _____	Previous Employer 1 _____ Start date _____ End date _____ Gross Monthly Income (before taxes) _____
Previous Employer 2 _____ Start date _____ End date _____ Gross Monthly Income (before taxes) _____	Previous Employer 2 _____ Start date _____ End date _____ Gross Monthly Income (before taxes) _____

TOTAL MONTHLY INCOME & COMBINED MONTHLY EXPENSES					
Gross Monthly Income	Applicant	Co-Applicant	Income of Others in Household	Monthly Expenses	Combined Monthly Average
Employment Income	\$	\$	\$	Rent	\$
OWF (Ohio Works First)	\$	\$	\$	Utilities	\$
Social Security	\$	\$	\$	Car Payments	\$
SSI	\$	\$	\$	Insurance	\$
Disability	\$	\$	\$	Child Care	\$
Child Support*	\$	\$	\$	Credit Card	\$
Alimony*	\$	\$	\$	Student Loans	\$
Other _____	\$	\$	\$	Child Support/Alimony	\$
Other _____	\$	\$	\$	Other _____	\$
TOTAL INCOME	\$	\$	\$	TOTAL EXPENSES	\$

*Reporting income received from Child Support or Alimony is optional. You may choose not to provide this information.

DECLARATIONS

Please circle the choice that best answers the following questions for the applicant and the co-applicant.

	<u>Applicant</u>		<u>Co-Applicant</u>	
A. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No
B. Have you or do you currently own a home or land?	Yes	No	Yes	No
C. Have you had property foreclosed on in the past 7 years?	Yes	No	Yes	No
D. Have you ever previously applied to the Habitat program?	Yes	No	Yes	No
E. Have you filed for bankruptcy in the past 2 years?	Yes	No	Yes	No
F. Do you pay child support or alimony?	Yes	No	Yes	No

LOCATION PREFERENCE

Please circle the county/counties in which you prefer to build/rehab:

Stark

Carroll

Tuscarawas

Harrison

Jefferson

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 including helping to build your home and the homes of others, working at the Habitat ReStore and/or ministry offices, completing homeowner education classes, and other approved activities. Please note we will work with you and any limitations you may have as you complete “sweat equity” hours.

	<u>Applicant</u>		<u>Co-Applicant</u>	
I am willing to complete the required sweat equity days.	Yes	No	Yes	No

AUTHORIZATION & RELEASE

I understand that by completing this application, I am authorizing Habitat for Humanity East Central Ohio to evaluate my ability to repay the no-interest loan and other expenses of homeownership, my actual need for a Habitat home, and my willingness to be a partner family. I understand that the application process involves income verification, a credit check, a sex-offender and criminal background check, and personal visits. 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. I understand that if my application for homeownership is approved and I build a home in partnership with Habitat, I will be supplied a copy of the home appraisal at least three days prior to closing. The original or a copy of this application will be retained by Habitat for Humanity East Central Ohio.

Applicant Signature X _____ Date _____

Co-Applicant Signature X _____ Date _____

Habitat Staff Signature X _____ Date _____

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Mandatory Application Processing Fee

As of September 1, 2017 there is a mandatory **\$10.00** processing fee required to submit a complete application for housing to Habitat for Humanity East Central Ohio. This fee must be submitted at the time of application and is non-refundable. Any application received not accompanied by a payment will be considered incomplete and will not be processed. Payments can be made via money order, credit, or debit (no personal checks or cash will be accepted at this time).

Please provide the following information to allow for payment processing regardless of how you opt to submit your application (in person at our office, through the mail, or via fax). Payment receipts will be issued in person or via email depending on how application is received and payment method.

Select Payment Method:

___ Money Order (made payable to Habitat for Humanity ECO)

___ Credit

___ Debit

For Office Use Only – Do Not Write in this Box:

Application & Payment Received Via: ___ Mail ___ Fax ___ Email Attachment ___ In Person/Office

Payment Received/Processed: _____ by _____
(Date) (Staff Initials)

For Payments Made Via Credit or Debit:

I hereby authorize Habitat for Humanity East Central Ohio to charge my one-time application processing fee of \$10.00 to the following credit/debit card. I certify that I am an authorized user of this credit/debit card.

(Note: information below dotted line will be shredded for security after card payment has been processed.)

Print Name: _____ Sign Name: _____

Credit/Debit Card No:

Security Code:

Expiration Date: /

Home/Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address (optional): _____