



Habitat for Humanity of Gallatin Valley, Inc.  
 230 Arden Dr., Belgrade, MT 59714  
 406-388-8225

*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	
<b>Applicant's Name</b>		<b>Co-Applicant's Name</b>	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Married    Separated    Unmarried (single, divorced, widowed)		Married    Separated    Unmarried (single, divorced, widowed)	
Home Phone	Work Phone	Home Phone	Work Phone
<b>Dependents</b> (people who live with you not listed by co-applicant)		<b>Dependents</b> (people who live with you not listed by co-applicant)	
Name	Age    Male    Female	Name	Age    Male    Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Present Address (street, city, state, zip)	Own    Rent	Present Address (street, city, state, zip)	Own    Rent
Number of Years _____		Number of Years _____	
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>			
Last Address (street, city, state, zip)	Own    Rent	Last Address (street, city, state, zip)	Own    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 Letter Sent: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Accepted

Denied

Date Letter Sent: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 500 “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 at the ReStore or office, or other approved activities. Accumulation of sweat equity usually takes one year and must be completed within two years.

Yes                      No

**I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:**

Applicant:  
Co-Applicant:

### 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

Are you buying your current residence?    Yes            No

Name, address, and phone number of your current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live.

### 5. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name & Address of <b>Current</b> Employer	Years On This Job	Name & Address of <b>Current</b> Employer	Years On This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
<b>If Working at Current Job Less Than One Year, Complete the Following Information</b>			
Name & Address of <b>Last</b> Employer	Years On This Job	Name & Address of <b>Last</b> Employer	Years On This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

**6. MONTHLY INCOME AND COMBINED MONTHLY EXPENSES**

Gross Monthly Income	Applicant	Co-Applicant	*Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities (Gas/Elect. Water/Sewer, Garbage, Telephone, Cable)	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				Avg. Credit Card Pmt.	
Alimony/Child Support				Student Loans	
Unemployment				Alimony/Child Support	
Other (e.g. Family Support, Scholarships)				Medical Bills	
<b>Total</b>	\$	\$	\$	Food	
<b>*List additional household members over 18 who receive income:</b>				Other_____	
Name	Age	Monthly Wages		<b>Total</b>	\$
_____	_____	\$ _____			
_____	_____	\$ _____			
_____	_____	\$ _____			

**7. SOURCE OF DOWNPAYMENT AND CLOSING COSTS**

Where will you be getting the money to pay the \$750 down payment and the estimated \$750 closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

**8. ASSETS**

**List Checking and Savings Accounts Below**

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

<b>Do you own a:</b>	Yes	No	<b>Please list personal property:</b> (motorcycles, recreational vehicles, computers) _____ _____ _____
Car (#1)			
Make and Year _____			
Car (#2)			
Make and Year _____			

**9. DEBT**

**To Whom Do You and the Co-Applicant Owe Money?**

Name and Address of Company	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
	\$	\$	Alimony/Child Support	\$	/month
	Mos. left to pay:		Job-Related Expenses (Child Care, Union Dues, etc.)	\$	/month
	\$	\$	<b>Column 2: Subtotal of Payments</b>	\$	/month
	Mos. left to pay:		<b>Column 1: Subtotal of Payments</b>	\$	/month
<b>Column 1: Subtotal of Payments</b>	\$	/month	<b>TOTAL MONTHLY DEBT PAYMENTS</b>	\$	/month

**10. DECLARATIONS**

Please Check the Box That Best Answers the Following Questions For You and the Co-Applicant.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed on in the last 7 years?				
d. Are you currently involved in a lawsuit?				
e. Are you paying alimony or child support?				
f. Are you a U.S. citizen or permanent resident?				

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question a through e, however, please explain on a separate sheet of paper.

**11. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity of Gallatin Valley, Inc. to evaluate my actual need for a Habitat for Humanity no-interest loan and other expenses of homeownership and 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 Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity of Gallatin Valley, Inc even if the application is not approved.

<b>Applicant Signature</b>	<b>Date</b>	<b>Co-Applicant Signature</b>	<b>Date</b>
X _____		X _____	