



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

2. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested?: Yes No

Date Application Completed: _____

Accepted

Denied

Date Letter Sent: _____

Date of Home Visit: _____

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 Current Employer	Years On This Job	Name & Address of Current Employer	Years On This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name & Address of Last Employer	Years On This Job	Name & Address of Last 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	
Total	\$	\$	\$	Food	
*List additional household members over 18 who receive income: Name _____ Age _____ Monthly Wages _____ _____ _____ _____				Other _____	
				Total	\$

7. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you be getting the money to pay the \$500 down payment and the estimated \$500 closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

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: \$

Do you own a: Yes No Car (#1) Make and Year _____ Car (#2) Make and Year _____	Please list personal property: (motorcycles, recreational vehicles, computers) _____ _____ _____
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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:	
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:	
Name and Address of Company	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$	/month
	\$	\$	Job-Related Expenses (Child Care, Union Dues, etc.)	\$	/month
	Mos. left to pay:			\$	/month
Name and Address of Company	Monthly Payment	Unpaid Balance	Column 2: Subtotal of Payments	\$	/month
	\$	\$	Column 1: Subtotal of Payments	\$	/month
	Mos. left to pay:			\$	/month
Column 1: Subtotal of Payments	\$	/month	TOTAL MONTHLY DEBT PAYMENTS	\$	/month

10. DECLARATIONS				
Please Check the Box That Best Answers the Following Questions For You and the Co-Applicant.				
	Applicant		Co-Applicant	
a. Do you have any debt because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No
c. Have you had property foreclosed on in the last 7 years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No
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 to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. 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 and forfeit any rights or claims to a Habitat home. 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. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.			
Applicant Signature	Date	Co-Applicant Signature	Date
X _____		X _____	

