

## HABITAT FOR HUMANITY OF SIMPSON COUNTY

### GENERAL GUIDELINES

1. You must have an obvious housing need. Examples: nonfunctioning or no indoor plumbing, poor or no heating, leaks in the roof, overcrowding, unsafe, or unsanitary conditions, etc...
2. You must have lived in Simpson County for at least one year.
3. You need to have a low steady income.
4. Your total family income must not be more than 60% or less than 30% of the Median HUD Income Guidelines for the current year.
5. With your permission, Habitat will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and contact your personal references whose names you have given us.
6. If you are approved for a Habitat home, you must:
  - be willing to attend programs to learn and practice budgeting, home repair, and home maintenance;
  - be willing to work 300 hours of sweat equity,  
**All 300 hours must be completed before you can move into your home;**
  - pay \$700.00 for a down payment, homeowners insurance and closing costs before you can move into your home. This will be set up in equal monthly payments of \$30.00 a month that begin at the time of selection and are due on the first day of every month until the amount is paid in full.
7. If you are approved for a home and you meet the sweat equity, down payment, and learning requirements, Habitat for Humanity will sell you a home at cost. Habitat house payments include mortgage, taxes, and insurance. House payments generally run about \$300 a month.

# Habitat for Humanity of Simpson County

P.O. Box 363  
Franklin Ky 42135  
586-6515

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 included on this application will be kept confidential. Please Print in Blue or Black ink.

## APPLICANT INFORMATION

Applicant's full legal name:	Co-Applicant's full legal name name:																																																
_____	_____																																																
Present Address: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Present Address: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>																																																
street _____	street _____																																																
city _____ state _____ zip _____	city _____ state _____ zip _____																																																
Number of Years at current address _____	Number of Years at current address _____																																																
Social Security Number _____	Social Security Number _____																																																
Home Phone _____	Home Phone _____																																																
Birthdate _____	Birthdate _____																																																
Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) <input type="checkbox"/>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) <input type="checkbox"/>																																																
List Dependents (people who live with you)	List Dependents (people who live with you not listed by applicant)																																																
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Housing

Current living conditions:

Number of bedrooms \_\_\_\_\_

Number of bathrooms \_\_\_\_\_

Kitchen

Bathroom

Living Room

Dining Room

Other \_\_\_\_\_

If you rent your residence, what is your rent payment per month? \$ \_\_\_\_\_ /month  
(Please supply a copy of a money order receipt or cancelled rent check.)

If you own your residence, what is your mortgage payment per month? \$ \_\_\_\_\_ /month

What is the unpaid mortgage balance? \$ \_\_\_\_\_  
(Please supply a copy of a money order receipt or cancelled rent check.)

Do you own land? No  Yes  Give description and land location \_\_\_\_\_

Is there a mortgage on the land? No  Yes  Monthly payment \$ \_\_\_\_\_ Unpaid balance \$ \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Name of <b>Current</b> Employer _____	Name of <b>Current</b> Employer _____
How long have you been working at This Job? _____	How long have you been working at this Job? _____
Name of <b>Last</b> Employer _____	Name of <b>Last</b> employer _____
How long did you work at this job? _____	How long did you work at this job? _____

**MONTHLY INCOME**

<b>Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Others in Household</b>
Income from job	\$ _____	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
All other	\$ _____	\$ _____	\$ _____

**Please include a copy of current pay stubs.**

**MONTHLY BILLS**

<b>Monthly Bills</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Others in Household</b>
Rent	\$ _____	\$ _____	\$ _____
Car payment	\$ _____	\$ _____	\$ _____
Phone	\$ _____	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____	\$ _____
Electric	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____
Cable or Satellite	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
School lunch	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____
Monthly Credit Card Payment	\$ _____	\$ _____	\$ _____
All other	\$ _____	\$ _____	\$ _____

**Please include a copy of current bills.**

**DEBT**

<b>Applicant</b>	<b>Co-Applicant</b>
Name and Address of Company you owe money	Name and Address of Company you owe money
Monthly Payment \$ _____	Monthly Payment \$ _____
Unpaid Balance \$ _____	Unpaid Balance \$ _____
Months left to pay: _____	Months left to pay: _____

**ASSETS**

<b>Applicant</b>	<b>Co-Applicant</b>
Name of Bank, Savings & Loan, or Credit Union: _____	Name of Bank, Savings & Loan, or Credit Union: _____
Balance \$ _____	Balance \$ _____
Account Number: _____	Account Number: _____

**DECLARATIONS**

	<b>Applicant</b>		<b>Co-Applicant</b>	
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 a U.S. citizen or permanent resident?	Yes	No	Yes	No
f. Are you willing to work your 300 hours of "sweat equity"?	Yes	No	Yes	No
g. Are you willing and able to pay your \$600 in closing costs?	Yes	No	Yes	No
If you answered <b>"yes"</b> to any question <b>a</b> through <b>d</b> , please explain on a separate sheet of paper.				

**AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the 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 even if the application is not approved.

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

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

## Credit Information Authorization

I authorize any Bank, Credit Bureau, Landlord, Hospital or Collection Agency to furnish Habitat for Humanity of Simpson County all information in their possession regarding:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Signature Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

<b>Applicant</b>	<b>Co-Applicant</b>
<b>Please Print</b>	<b>Please Print</b>
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Initial _____	Middle Initial _____
Maiden Name _____	Maiden Name _____
Social Security # _____	Social Security # _____
Age _____	Age _____
Birth date _____	Birth date _____
Current Address _____	Current Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Employer Name _____	Employer Name _____
Employer Address _____	Employer Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

This information will be used for the purpose of evaluating the applicant(s) ability to pay for and maintain a home.

**HABITAT FOR HUMANITY OF SIMPSON COUNTY**  
**PO BOX 363**  
**FRANKLIN, KENTUCKY 42135-0363**  
**(270) 586-6515**

**VERIFICATION OF PUBLIC ASSISTANCE**

I, \_\_\_\_\_, residing at \_\_\_\_\_ being an applicant/recipient of benefits under an assistance program administered by the Department of Community Based Services, do hereby authorize the Department for Community Based Services to furnish any information needed to verify my eligibility to participate in any assistance program to Habitat for Humanity for the purpose of applying for a Habitat for Humanity home.

Applicant Signature \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date: \_\_\_\_\_

Please provide Habitat for Humanity with the following information:

Which services does this family receive?

- \_\_\_\_\_ AFDC
- \_\_\_\_\_ Food Stamps
- \_\_\_\_\_ SSI
- \_\_\_\_\_ Child Support (if court ordered)
- \_\_\_\_\_ Other

When did the family start receiving these benefits? \_\_\_\_\_

How much per month does this family receive? \$ \_\_\_\_\_

When are these benefits up for review? \_\_\_\_\_

Has this family faithfully represented their income to you since they have been receiving these benefits?

YES \_\_\_ NO \_\_\_

If the family receives a house from Habitat for Humanity's program, will this asset affect these benefits?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, how? \_\_\_\_\_

\_\_\_\_\_

Will the home be subject to a lien by the State of Kentucky? YES \_\_\_\_\_ NO \_\_\_\_\_

Case Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

HABITAT FOR HUMANITY OF SIMPSON COUNTY  
P.O. BOX 363  
FRANKLIN KENTUCKY 42135-0363

## REQUEST FOR EMPLOYMENT VERIFICATION

APPLICANT'S NAME: \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program. We would appreciate your help in answering the following questions. All information will be kept confidential.

Thank you for your assistance.

Sincerely,

Habitat for Humanity of Simpson County

1. Applicant's date of employment \_\_\_\_\_

2. Present position \_\_\_\_\_

3. Probability of continued employment \_\_\_\_\_

4. Current base pay (enter amount and indicate time period on which pay is based)

Hourly Wage \$ \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

5. Earnings: Year to date \$ \_\_\_\_\_ Past year \$ \_\_\_\_\_

6. Does this person regularly receive overtime or bonuses? Yes \_\_\_ No \_

7. Any further comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Print**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR PAST EMPLOYMENT VERIFICATION

Must be filled out if working at current job for less than one year

APPLICANT'S NAME: \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program. We would appreciate your help in answering the following questions. All information will be kept confidential. Thank you for your assistance.

Sincerely,  
Habitat for Humanity of Simpson County

1. Applicant's date of employment \_\_\_\_\_
2. Present position \_\_\_\_\_
3. Probability of continued employment \_\_\_\_\_
4. Current base pay (enter amount and indicate time period on which pay is based)  
Hourly Wage \$ \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_
5. Earnings: Year to date \$ \_\_\_\_\_ Past year \$ \_\_\_\_\_
6. Does this person regularly receive overtime or bonuses? Yes \_\_\_ No \_
7. Any further comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Print**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

HABITAT FOR HUMANITY OF SIMPSON COUNTY  
P.O. BOX 363  
FRANKLIN KENTUCKY 42135-0363

## REQUEST FOR LANDLORD REFERENCE

APPLICANT'S NAME: \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program. We would appreciate your help in answering the following questions. All information will be kept confidential. Thank you for your assistance.

Sincerely,  
Habitat for Humanity of Simpson County

1. How long has this family rented from you? \_\_\_\_\_

2. What are the dates of the rental period? From: \_\_\_\_\_ To: \_\_\_\_\_

3. Would you say that the applicants payment history has been:

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

4. Amount of monthly rent? \_\_\_\_\_

5. Any further comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Print**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR FORMER LANDLORD REFERENCE

Must be filled out if living at current residence for less than one year

APPLICANT'S NAME: \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program. We would appreciate your help in answering the following questions. All information will be kept confidential. Thank you for your assistance.

Sincerely,  
Habitat for Humanity of Simpson County

1. How long has this family rented from you? \_\_\_\_\_

2. What are the dates of the rental period? From: \_\_\_\_\_ To: \_\_\_\_\_

3. Would you say that the applicants payment history has been:

Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

4. Amount of monthly rent? \_\_\_\_\_

5. Any further comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Print**

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENCE LETTER

APPLICANT'S NAME: \_\_\_\_\_

The applicant/applicants named above is/are applying for a Habitat for Humanity home. Habitat for Humanity is a nonprofit Christian housing ministry dedicated to helping low-income people improve the conditions in which they live. The capital fund for building houses is created from gifts. Construction is a cooperative effort involving volunteers, recipients of the houses, and some paid workers. The capital originally used to build the house is returned to the fund through the family's monthly payments over a 15- to 30- year period. This money is used to build more Habitat houses.

Habitat's criteria for selection are: need of adequate shelter, ability to pay for a Habitat home, and willingness to partner with Habitat for Humanity. If approved, applicants must perform 300 hours of work called "sweat equity" on their homes or in other community activities approved by the Habitat organization. Approved applicants must also maintain their home, make the house payments, typically around \$300.00 per month, and be willing to receive budget counseling and household maintenance education.

We would appreciate your providing the following information to the best of your ability.  
Your responses will be kept confidential.

Please describe the applicant's:

1. Need for adequate shelter \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Ability to pay for a Habitat home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Willingness to partner with Habitat for Humanity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Please print

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENCE LETTER

APPLICANT'S NAME: \_\_\_\_\_

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1. Need for adequate shelter \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Ability to pay for a Habitat home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Willingness to partner with Habitat for Humanity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please print

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENCE LETTER

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\_\_\_\_\_  
\_\_\_\_\_

2. Ability to pay for a Habitat home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Willingness to partner with Habitat for Humanity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Please print

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_