



APPLICATION FOR HOUSING



All applicants must demonstrate a Need, an Ability to Pay a mortgage and a Willingness to Partner. The following information outlines the Home Ownership Program requirements. If you believe you meet all requirements please complete the application and mail it to:

Attention: Family Services Dept. 4131 Madison Street, New Port Richey, FL 34652.

Under the Fair Credit Reporting Act (FCRA), applicant information obtained before receiving a completed application must be limited to name and contact information. Habitat staff will not discuss any detailed financial, housing or family information with any applicant before receipt of a complete application.

NEED

Applicants must demonstrate that they are living in substandard, over crowded or cost burdened conditions and are unable to obtain financing through conventional lending options.

ABILITY TO PAY

The West Pasco Habitat for Humanity is a low-income housing lender. However, we do not give houses away for free. Qualified applicants must demonstrate an ability to pay a mortgage with affordable mortgage terms. Please see chart below for income guidelines.

	Family Size	Monthly Gross Very Low-Income	Monthly Gross Low-Income
Income guidelines are subject to change annually based on the US Department of Housing and Urban Development (HUD).	1	\$ 1,047.50	\$ 2,095.00
	2	\$ 1,197.50	\$ 2,395.00
	3	\$ 1,347.50	\$ 2,695.00
	4	\$ 1,495.00	\$ 2,990.00
	5	\$ 1,615.00	\$ 3,230.00
	6	\$ 1,735.00	\$ 3,470.00

WILLINGNESS TO PARTNER

Willingness to Partner is defined as the sum of all interactions between the homeowner applicant and the West Pasco Habitat for Humanity. Qualified applicants must agree to complete Sweat-Equity, attend home ownership workshops and fundraisers, pay down debt, submit to a back ground check and consumer credit report. Additionally, a one-time, non-refundable application fee of \$50.00 is required.

West Pasco Habitat for Humanity
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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.

Notice: This application must be completed in its entirety. Please mark N/A in sections that do not apply to you. Incomplete applications will result in a denial and you will forfeit your one-time, non-refundable application fee. **PLEASE PRINT LEGIBLY**

APPLICANT(S) INFORMATION	
APPLICANT	CO-APPLICANT
Applicant's legal name: _____	Co-Applicant's legal name: _____
Social Security #: _____ Date of Birth: _____ Are you legally married? _____ If yes, name of spouse. _____	Social Security #: _____ Date of Birth: _____ Are you legally married? _____ If yes, name of spouse. _____
Dependents (not listed by co-applicant) Legal Name D/O/B	Dependents (not listed by applicant) Legal Name D/O/B
Physical Address _____ _____ _____	Physical Address _____ _____ _____
Mailing Address (if different from above) _____ _____ _____	Mailing Address (if different from above) _____ _____ _____
Telephone # _____	Telephone # _____
Email Address _____	Email Address _____

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APPLICANT(S) INFORMATION CONTINUED					
APPLICANT			CO-APPLICANT		
Name of Employer: _____			Name of Employer: _____		
Employer Address: _____ _____ _____			Employer Address: _____ _____ _____		
Employer Telephone # _____			Employer Telephone # _____		
MONTHLY INCOME AND COMBINED MONTHLY DEBT					
Gross Monthly Income	Applicant	Co-Applicant	Others	Combined Debt	Mon. Amt.
<i>Employment</i>	\$ -	\$ -	\$ -	<i>Mortgage</i>	\$ -
<i>Gov. Cash Assist.</i>	\$ -	\$ -	\$ -	<i>Auto Loans</i>	\$ -
<i>Food Stamps</i>	\$ -	\$ -	\$ -	<i>Credit Cards</i>	\$ -
<i>Social Security</i>	\$ -	\$ -	\$ -	<i>Student Loans</i>	\$ -
<i>SSI</i>	\$ -	\$ -	\$ -	<i>Child Support</i>	\$ -
<i>Disability</i>	\$ -	\$ -	\$ -	<i>Alimony</i>	\$ -
<i>Alimony</i>	\$ -	\$ -	\$ -	<i>Tax Debt</i>	\$ -
<i>Child Support</i>	\$ -	\$ -	\$ -	<i>Insurance (All)</i>	\$ -
<i>Self-employment</i>	\$ -	\$ -	\$ -	<i>Telephone</i>	\$ -
<i>Other Income</i>	\$ -	\$ -	\$ -	<i>Other Debit</i>	\$ -
Total Household Income -->				Total Debt -->	
AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT					

I understand that by completing this application, I am authorizing West Pasco Habitat for Humanity, Inc. to evaluate my actual need for assistance, my ability to pay and my willingness to partner. I understand that the evaluation will include a criminal back ground check, credit check and income verification on all adult household members.

Authorization is hereby granted to West Pasco Habitat for Humanity, Inc. to obtain a standard factual data credit report through a credit reporting agency chosen by West Pasco Habitat for Humanity, Inc., and to consider these reports when making a decision regarding our application for assistance through the Housing Program, or after we may become a borrower, with respect to any evaluation of credit risk in connection with any collection activity, or an extension or modification of an existing credit, or the extension of new or additional credit.

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employments, savings accounts, and outstanding credit accounts, such as mortgages, auto loans, personal loans, credit cards, credit unions, etc. My signature below additionally authorizes West Pasco Habitat for Humanity, Inc. to verify all other credit information, including my past and present mortgage and landlord references; as well as my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances needed to process my application.

APPLICANT		CO-APPLICANT	
Signature: _____		Signature: _____	
Date: _____		Date: _____	

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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the box below.

The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Other (specify) _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)
Birthdate: ____/____/____	Birthdate: ____/____/____

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE INTERVIEW

This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type) _____ Interviewer's Signature _____ Date: _____ Telephone #: _____
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***STOP! PLEASE
READ
CAREFULLY***

THE FOLLOWING INFORMATION MUST BE SUBMITTED TO BE CONSIDERED FOR WEST PASCO HABITAT FOR HUMANITY PROGRAMS. PLEASE DO NOT SEND ORIGINAL DOCUMENTS. ORIGINAL DOCUMENTS WILL BE RETURNED TO YOU AND YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

APPLICATION SUBMISSION CHECKLIST	
INCOME	ASSETS
<ul style="list-style-type: none"> <input type="checkbox"/> Most recent tax return for applicant and co-applicant <input type="checkbox"/> Determination letters (if any) from Social Security, Disability, VA, Dept. of Children and Families <input type="checkbox"/> Child Support Orders (if any) <input type="checkbox"/> Alimony Support Orders (if any) <input type="checkbox"/> Most recent financial statements and tax forms for business (if any) <input type="checkbox"/> Any other proof of income 	<ul style="list-style-type: none"> <input type="checkbox"/> Most recent statements for all investment accounts <input type="checkbox"/> Detailed list of all property owned by applicant and co-applicant <input type="checkbox"/> Most recent bank account statement for all accounts: checking, savings and/or money market
DEBTS	GENERAL
<ul style="list-style-type: none"> <input type="checkbox"/> Most recent statements for all loans and lines of credit <input type="checkbox"/> Child Support Orders (if any) <input type="checkbox"/> Alimony Support Orders (if any) <input type="checkbox"/> Any other debts 	<ul style="list-style-type: none"> <input type="checkbox"/> Completed (in ink) Application <input type="checkbox"/> Application Fee \$50.00 (we will only accept a money order or cashier's check) <input type="checkbox"/> Copy (in color) of valid State Issued Id or Driver's License for all adult household members

THANK YOU FOR YOUR INTEREST IN THE WEST PASCO HABITAT FOR HUMANITY. PLEASE ALLOW UP TO THREE BUSINESS DAYS FOR A RESPONSE. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL US AT 727-859-9038 OR EMAIL US AT INFO@WPHABITAT.COM.