

**Rockbridge Area Habitat for Humanity**

114 Walker St / P.O. Box 1596

Lexington, VA 24450

540-463-3770 / [habitat@rockbridge.net](mailto:habitat@rockbridge.net)

**Application for Housing**

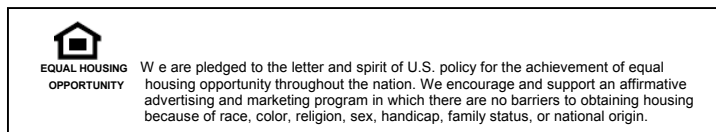
Dear Applicant: Please fill out the application as completely and accurately as possible. All information will be kept confidential.

**1. APPLICANT INFORMATION**

Applicant		Co-Applicant	
Applicant's Name	Social Security Number	Applicant's Name	Social Security Number
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced)	
Home Phone	Work Phone	Home Phone	Work Phone
Best time/place to reach you? _____		Best time/place to reach you? _____	
Date of Birth _____ Age _____		Date of Birth _____ Age _____	
Dependents (people who will live with you not listed by co-applicant)		Dependents (people who will live with you not listed by applicant)	
Name	Age	M/F	Social Security Number
			Moving With You?
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
Present Address (street, city, state, zip code)		Present Address (street, city, state, zip code)	
Number of Years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Number of Years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	

If Living at Present Address for Less Than Two Years Complete the Following

Previous Address (street, city, state, zip code)	Previous Address (street, city, state, zip code)
Number of Years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent



The Fair Housing Act makes it unlawful to discriminate against any person in the sale, rental, advertising or financing of housing, on the basis of race, color, religion, sex, handicap, familial status or national origin.



**6. GROSS MONTHLY INCOME (BEFORE TAXES)**

<b>Gross Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Others Moving With You</b>
Base Employment Income	\$ _____	\$ _____	\$ _____
TANF (Public Assistance) Date began receiving _____			
Food Stamps			
SSI			
Disability			
Alimony			
Child Support			
Other			
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

**7. ASSETS**

Applicant			Co-Applicant		
Name and Address of Bank, Savings & Loan, or Credit Union			Name and Address of Bank, Savings & Loan, or Credit Union		
Account Number:	Balance \$		Account Number	Balance \$	
Name and Address of Bank, Savings & Loan, or Credit Union			Name and Address of Bank, Savings & Loan, or Credit Union		
Account Number:	Balance \$		Account Number:	Balance \$	
Do you own a:	Yes	No	Do you own a:	Yes	No
Car	----	----	Car	----	----
Stove	----	----	Stove	----	----
Refrigerator	----	----	Refrigerator	----	----
Washer/Dryer	----	----	Washer/Dryer	----	----
Do you have any other savings?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other savings?	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Savings? \$ _____			Amount of Savings? \$ _____		

**8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS**

State where you will be getting the money to pay the down payment and closing costs (for example, savings, tax return). If you are borrowing the money to pay these costs, explain how and from whom you will receive the money.

**9. MONTHLY EXPENSES**

<b>1. DEBT</b>	APPLICANT	CO-APPLICANT
Student Loans	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Car Payments	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____

<b>2. EXPENSES</b>	APPLICANT	CO-APPLICANT
Rent	\$ _____	\$ _____
Utilities: Electric, Gas, Water, etc	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cable/TV	\$ _____	\$ _____

**10. DEBT**

To Whom Do You Owe Money?					
APPLICANT			CO-APPLICANT		
Name and Address of Company	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$ _____	\$ _____		\$ _____	\$ _____
	\$ _____	\$ _____		\$ _____	\$ _____
	\$ _____	\$ _____		\$ _____	\$ _____
	\$ _____	\$ _____		\$ _____	\$ _____
	\$ _____	\$ _____		\$ _____	\$ _____

### 11. DECLARATIONS

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

	APPLICANT	CO-APPLICANT
1. Do You have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been declared bankrupt within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you a U.S. citizen or a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any questions 1 through 5, please explain below. ( If you need more space use an extra sheet of paper)

### 12. LOCATION PREFERENCE

Please indicate your living preference with a rating of 1 (first preference) - 4 (last preference), or indicate No Preference  
Habitat plans to build houses in all locations in Rockbridge

Buena Vista \_\_\_\_\_ Lexington \_\_\_\_\_ Glasgow \_\_\_\_\_ Rockbridge County \_\_\_\_\_  
No Preference \_\_\_\_\_ Other Location(please specify) \_\_\_\_\_

### 13. AUTHORIZATION AND RELEASE

I understand that by filing this application I am authorizing Rockbridge Area 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 may include personal visits, a credit check, a title check and an employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the question 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 if it is found that I have falsified information. The original copy of this application will be retained for one year by Rockbridge Area Habitat for Humanity even if the application is not approved

Applicant Signature	Date	Co- Applicant Signature	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. Please mark your additional comments with **A** for Applicant or **CA** for Co-Applicant.

**14. RELEASE AND CONSENT**

1. I/We have applied for a mortgage loan from **Rockbridge Area Habitat for Humanity**. As part of the application process, **RAHfH**, its agents, successors, assigns or investors may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or after it is closed.
2. I/We authorize you to provide to **RAHfH**, its agents, successors, assigns or investors, any and all information and documentation requested. Such information includes, but is not limited to, employment and income history, bank, money market, and similar account balances, credit history and copies of income tax returns. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, landlords, federal records, state records or other sources as required.
3. **RAHfH**, its agents, successors, assigns or investors, may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply is appreciated.

Applicant Signature	Social Security Number	Date
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Co-Applicant Signature	Social Security Number	Date
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Co-Applicant Signature	Social Security Number	Date
------------------------	------------------------	------

Co-Applicant Signature	Social Security Number	Date
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Completed By: \_\_\_\_\_

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

**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 above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

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"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)  Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<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"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)  Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

# ROCKBRIDGE AREA HABITAT FOR HUMANITY

114 Walker Street ~ P.O. Box 1596 ~ Lexington, Virginia 24450

## Landlord Verification

**RE:** \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program and has given us written permission to contact you for a **landlord reference**.

We would appreciate your help in answering the following questions. All information will be kept confidential.

Please see the enclosed release authorization. Thank you for your assistance.

Sincerely,  
Tammy M. Dunn, Chair  
Family Partnership Committee

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Applicant's payment history (circle one)

Excellent - Satisfactory - Unsatisfactory

Rental period (give dates): From \_\_\_\_\_ To \_\_\_\_\_

Amount of monthly rent \$ \_\_\_\_\_

Any further comments: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO 114 WALKER STREET, LEXINGTON, VA 24450**

# ROCKBRIDGE AREA HABITAT FOR HUMANITY

114 Walker Street ~ P.O. Box 1596 ~ Lexington, Virginia 24450

## Employment Verification

**RE:** \_\_\_\_\_

To Whom It May Concern:

The above-named person has applied for housing through the Habitat for Humanity program and has given us written permission to contact you for an **employment verification and reference**.

We would appreciate your help in answering the following questions. All information will be kept confidential. Please see the enclosed release authorization. Thank you for your assistance.

Sincerely,  
Tammy M. Dunn, Chair  
Family Partnership Committee

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

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

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

Amount \$ \_\_\_\_\_ Hours worked per week

Circle One: Annual - Monthly - Weekly - Hourly - Other

4. Earnings: \$ \_\_\_\_\_ year to date \$ \_\_\_\_\_ past year

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

6. Probability of continuous employment. \_\_\_\_\_

7. Any further comments:

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

**PLEASE RETURN THIS FORM TO 114 WALKER STREET, LEXINGTON, VA 24450**