



**MURRAY-CALLOWAY COUNTY
HABITAT FOR HUMANITY
P.O. BOX 1139
MURRAY, KY 42071**



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: Please complete this application with accurate and complete information. The information you provide is considered private and will be kept confidential.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
APPLICANT'S COMPLETE NAME	CO-APPLICANT'S COMPLETE NAME																																																
Social Security Number: _____	Social Security Number: _____																																																
Age: _____	Age: _____																																																
Home Phone: _____	Home Phone: _____																																																
Cell Phone: _____	Cell Phone: _____																																																
E-mail Address: _____	E-mail Address: _____																																																
Marital Status: ____ Married ____ Separated Unmarried ____ (Includes single, divorced or widowed)	Marital Status: ____ Married ____ Separated Unmarried ____ (Includes single, divorced or widowed)																																																
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
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Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of Years _____	Number of Years _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of Years _____	Number of Years _____																																																

2. SPECIAL FACILITIES

Does anyone in your household, including applicant, require special facilities? YES NO. If yes, please indicate the nature of the special need.

3. WILLINGNESS TO PARTNER

Your help in building your home and the homes of others is called "SWEAT EQUITY". To be considered for a Habitat home, you and every adult member living in your household (18 years and older) are required to complete a minimum of 250 hours each. Tasks may include clearing/cleaning the lot, painting, helping and construction, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

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

(Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check.)

Name, address and phone number of current landlord: _____

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

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ / month Unpaid Balance \$ _____

Do you own land? ☐ No ☐ Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? ☐ No ☐ Yes Monthly Payment \$ _____ / month Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer	Years on This Job	Name and 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 and address of Last Employer	Years on This Job	Name and address of Last Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	² Others in Household	³ Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³ Please attach copies of last month's bills.

² List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. REFERENCES

Please give the name, address and phone number of three non-family references.

9. ASSETS**List Checking and Savings Accounts Below**

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

Do you own a: Yes No Stove <input type="checkbox"/> <input type="checkbox"/> Refrigerator <input type="checkbox"/> <input type="checkbox"/> Washer <input type="checkbox"/> <input type="checkbox"/> Dryer <input type="checkbox"/> <input type="checkbox"/>	Do you own a: Yes No Car (#1) <input type="checkbox"/> <input type="checkbox"/> Make and Year _____ <input type="checkbox"/> <input type="checkbox"/> Car (#2) <input type="checkbox"/> <input type="checkbox"/> Make and Year _____
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10. 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	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/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:				
Column 1: Subtotal of Payments	\$	/month	Total Monthly Expenses	\$	/month

11. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

12. 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 background check, 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.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

X _____ X _____

PLEASE NOTE: Upon completion of this application, please mail to MCC Habitat For Humanity, P. O. Box 1139, Murray, KY 42071. 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 "C" for Co-Applicant.