



Brown County Habitat for Humanity
 P.O. Box 260 Nashville, IN 47448
 (812) 988-4926
 www.bc-habitat.com

Application FOR REHAB



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 Rehabilitation Program. 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
Home Phone Age	Home Phone Age
<input type="checkbox"/> 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)
Dependants and others who will live with you (not listed by co-applicant)	Dependants and others who will live with you (not listed by applicant)
Name Age Male Female	Name Age Male Female
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
_____ _____ <input type="checkbox"/> <input type="checkbox"/>	_____ _____ <input type="checkbox"/> <input type="checkbox"/>
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. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____ Date Letter Sent: _____
 More Information Requested? Yes No Date of Home Visit: _____
 Date Application Completed: _____ Date Letter Sent: _____
 Accepted Denied

3. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms your home:

Kitchen Bathroom Living Room Dining Room Other (please describe) _____

In the space below, describe the condition of your house. Why do you need Habitat Rehab?

4. PROPERTY INFORMATION

Do you own your residence? Yes No What is your monthly mortgage payment? \$_____ /month Unpaid balance \$_____

If you are approved for the Habitat Rehab, how should your names appear on the legal documents?

5. 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

6. 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. 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 \$	Account Number: Balance \$

9. DEBT

To Whom Do You and the Co-applicant Owe Money?

	Monthly Payment	Unpaid Balance		Monthly Payment	Unpaid Balance
Car	\$	\$	Cell Phone Contracts	\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	\$	\$	Name and Address of Company	\$	\$
	Mos. left to pay:			Mos. left to pay:	
Credit Card	\$	\$	Alimony/Child Support	\$	/month
	Mos. left to pay:		Job-related Expenses	\$	/month
			(Child Care, Union Dues, etc.)	\$	/month
Medical	\$	\$	Column 2: Subtotal of Payments	\$	/month
	Mos. left to pay:		Column 1: Subtotal of Payments	\$	/month
			Column 1: Subtotal of Payments	\$	/month
Column 1: Subtotal of Payments	\$ /month		Total Monthly Expenses	\$	/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?	<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 questions a through e 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 rehab and my ability to repay the no-interest loan. I understand that the evaluation will include personal visits 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 Habitat help, 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: 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.

13. INTERVIEW

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

- Face-to-face Interview
- By Mail
- By Telephone

Interviewer's Name (print or type)

Interviewer's Signature Date

Interviewer's Phone Number