



APPLICATION FOR HOME OWNERSHIP

HABITAT FOR HUMANITY Fredericton Area Inc.
PO Box 643, Fredericton, NB E3B 5A6
www.habitatfredericton.com

Dear Applicant:

Thank you for your interest in Habitat for Humanity and our housing program. We review all applications to verify the following Family Selection criteria.

1. Family is currently living in substandard housing, defined as one or more of:

- Poor structural conditions such as wiring, ventilation, heating or bathroom facilities.
- Medical disabilities and general health conditions are made worse by current housing.
- Location is not accessible to schools, shopping and transportation in a safe community.
- Overcrowding for the number of people living in the home.
- Percentage of income currently spent on housing is too high, over 35% of gross income.
- Currently living in subsidized housing.

2. You must have the ability to pay a mortgage.

Families must have a reliable source of income and demonstrate their ability to pay a fair market value mortgage. Sources of income considered in the review include employment income, spousal and child support, child care supplements, and pensions. We will ask for income verification of all working adults intending to live in the home. Each family member must be a Canadian citizen or a permanent resident of Canada.

Gross family income between \$25,000 - \$65,000 annually will be considered (based on family size).

Your long-term debt ratio is also considered to confirm that you can pay Habitat's no-interest mortgage:

- Families must not be eligible for a conventional mortgage (from a banking institution).
- Families must be able to pay for expenses associated with closing and moving.
- Monthly housing costs (mortgage + property taxes) are based on 25% of gross household income.
- The mortgage amortization period should be ideally within 15-25 years.
- Families are responsible for home insurance, which is not included in the 25% calculation.
- A satisfactory credit report is required with no bankruptcy within the last two years.

3. You must be willing to partner with us to advance the mission of Habitat.

- You will be asked to provide references and supporting statements for most of the criteria.
- We will look at your employment history and credit history.
- We will look at how you show determination to improve your family's current situation.
- The Family Partnering Committee may visit your current home to evaluate your needs.
- We will look at how you show willingness to participate in Habitat for Humanity activities.

The application process can take several months to complete. Thank you for your interest. We look forward to working with you.

Family Selection Committee

- **If you have any questions about how to fill out this form, please call the Habitat office and leave a message for the Family Selection Committee.**
- **Please allow 6-8 weeks for processing.**

1. APPLICANT(S) INFORMATION																									
APPLICANT	CO-APPLICANT (if applicable)																								
Applicant's Name _____ Home Telephone () _____ Date of Birth _____ YYYY MM DD Marital Status) <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Current household members (people who live with you <u>not</u> listed by the co-applicant) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 15%;">DOB</th> <th style="width: 25%;">Male/ Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	DOB	Male/ Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	Co-Applicant's Name _____ Home Telephone () _____ Date of Birth _____ YYYY MM DD Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Other household members (people who live with you <u>not</u> listed by the applicant) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 15%;">DOB</th> <th style="width: 25%;">Male/ Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	DOB	Male/ Female	_____	_____	_____	_____	_____	_____	_____	_____	_____
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2. CURRENT ADDRESS AND PROPERTY INFORMATION																									
Present Address _____ Civic (Street) Address or P.O. Box Apt. No. _____ City/Town Province Postal Code Number of years at this address _____ <b style="color: red;">If living at present address less than three years, please complete the following. Previous Address _____ Civic (Street) Address or P.O. Box Apt. No. _____ City/Town Province Postal Code Number of years at previous address _____	Present Address if different from the applicant _____ Civic (Street) Address or P.O. Box Apt. No. _____ City/Town Province Postal Code Number of years at this address _____ Previous Address _____ Civic (Street) Address or P.O. Box Apt. No. _____ City/Town Province Postal Code Number of years at previous address _____																								
If you own your residence, what is your monthly mortgage payment? \$ _____ /Month Unpaid Balance \$ _____ Do you own any other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe (include location) _____ Is there a mortgage on the real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, monthly payment? \$ _____ /Month Unpaid Balance \$ _____ If you rent, what is your monthly rent payment?* \$ _____ /Month * Please supply a copy of your lease OR recent rent receipt OR cancelled rent cheque Please fill out the following information about your current landlord. Landlord's Name _____ Telephone () _____ Address _____ Civic (Street) Address or P.O. Box Apt. No. City/Town Province Postal Code																									

4. EMPLOYMENT INFORMATION

- Please indicate your work history for the past three (3) years.
- Be sure to include a copy of your most recent pay stub.

APPLICANT	CO-APPLICANT
Name of current employer _____	Name of current employer _____
Address of current employer _____	Address of current employer _____
Civic (Street) Address or P.O. Box _____ Apt. No. _____	Civic (Street) Address or P.O. Box _____ Apt. No. _____
City/Town _____ Province _____ Postal Code _____	City/Town _____ Province _____ Postal Code _____
Telephone (____) _____	Telephone (____) _____
Your Position Title _____	Your Position Title _____
Part-time: _____ hours/week	Part-time: _____ hours/week
Full-time: _____ hours/week	Full-time: _____ Hours/week
Years at current job? _____	Years at current job? _____

APPLICANT	CO-APPLICANT
Name of previous employer _____	Name of previous employer _____
Address of previous employer _____	Address of previous employer _____
Civic (Street) Address or P.O. Box _____ Apt. No. _____	Civic (Street) Address or P.O. Box _____ Apt. No. _____
City/Town _____ Province _____ Postal Code _____	City/Town _____ Province _____ Postal Code _____
Telephone (____) _____	Telephone (____) _____
Your Position Title _____	Your Position Title _____
Part-time: _____ hours/week	Part-time: _____ hours/week
Full-time: _____ hours/week	Full-time: _____ Hours/week
Years at previous job? _____	Years at previous job? _____

For any other household member, over 18 years of age with an income and not attending school full-time, please complete the section below.

Name of household member _____	Name of household member _____
Name of current employer _____	Name of current employer _____
Address of current employer _____	Address of current employer _____
Civic (Street) Address or P.O. Box _____ Apt. No. _____	Civic (Street) Address or P.O. Box _____ Apt. No. _____
City/Town _____ Province _____ Postal Code _____	City/Town _____ Province _____ Postal Code _____
Telephone (____) _____	Telephone (____) _____
Your Position Title _____	Your Position Title _____
Part-time: _____ hours/week	Part-time: _____ hours/week
Full-time: _____ hours/week	Full-time: _____ Hours/week
Years at current job? _____	Years at current job? _____

5. MONTHLY INCOME AND TOTALS

- Please complete the table below with the total monthly income before taxes for each non-student household member, 18 years of age and over.
- All blanks on this page must be completed. If the blank does not apply to your situation, enter N/A (not applicable).

MONTHLY INCOME	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS (18 years of age and over)
Income before tax – current job	\$ _____	\$ _____	\$ _____
Income before tax – current job	\$ _____	\$ _____	\$ _____
Social Assistance	\$ _____	\$ _____	\$ _____
Old Age Security	\$ _____	\$ _____	\$ _____
Canada Pension	\$ _____	\$ _____	\$ _____
Disability Pension	\$ _____	\$ _____	\$ _____
Pension – Other	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Child Tax Benefit	\$ _____	\$ _____	\$ _____
Childcare Support	\$ _____	\$ _____	\$ _____
GST Rebate	\$ _____	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____	\$ _____
Other Income (include written explanation)	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____

6. MONTHLY EXPENSES AND TOTALS

Please complete the table below with your total monthly household expenses.

MONTHLY INCOME	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS (18 years of age and over)
Rent	\$ _____	\$ _____	\$ _____
Mortgage and Taxes, if applicable	\$ _____	\$ _____	\$ _____
Heating	\$ _____	\$ _____	\$ _____
Utilities (Telephone, Hydro, Cable)	\$ _____	\$ _____	\$ _____
House Insurance	\$ _____	\$ _____	\$ _____
Other Insurance: Life, Car, etc.	\$ _____	\$ _____	\$ _____
Childcare	\$ _____	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____	\$ _____
Personal Loan Payment	\$ _____	\$ _____	\$ _____
Student Loan Payments	\$ _____	\$ _____	\$ _____
Car Payments	\$ _____	\$ _____	\$ _____
Spousal/Child Support Payments	\$ _____	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____	\$ _____

7. ASSETS

List all chequing, savings and investment accounts, RRSPs, etc.

APPLICANT	CO-APPLICANT
Name of bank _____	Name of bank _____
Address of bank _____	Address of bank _____
Civic (Street) Address or P.O. Box _____ Apt. No. _____	Civic (Street) Address or P.O. Box _____ Apt. No. _____
City/Town _____ Province _____ Postal Code _____	City/Town _____ Province _____ Postal Code _____
Telephone (____) _____	Telephone (____) _____
Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> GIC <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other	Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> GIC <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other
Account Number _____	Account Number _____
Account Balance \$ _____	Account Balance \$ _____
Other RRSP, RESP, Investments _____	Other RRSP, RESP, Investments _____

Please attach a separate sheet for additional accounts.

Do you own a vehicle? Yes No
If Yes, please include details.

Vehicle # 1
Year _____ Make _____

Vehicle # 2
Year _____ Make _____

Do you own a vehicle? Yes No
If Yes, please include details.

Vehicle # 1
Year _____ Make _____

Vehicle # 2
Year _____ Make _____

8. LONG-TERM DEBT

- Please include all loans, credit cards, lines of credit and debts owing.
- Should you require additional space, please attach a separate sheet.

APPLICANT	CO-APPLICANT
Name of Lender / Credit Card _____	Name of Lender / Credit Card _____
Account Number _____	Account Number _____
Balance \$ _____ Monthly Payment \$ _____	Balance \$ _____ Monthly Payment \$ _____
Months left to pay _____	Months left to pay _____
Name of Lender / Credit Card _____	Name of Lender / Credit Card _____
Account Number _____	Account Number _____
Balance \$ _____ Monthly Payment \$ _____	Balance \$ _____ Monthly Payment \$ _____
Months left to pay _____	Months left to pay _____
Name of Lender / Credit Card _____	Name of Lender / Credit Card _____
Account Number _____	Account Number _____
Balance \$ _____ Monthly Payment \$ _____	Balance \$ _____ Monthly Payment \$ _____
Months left to pay _____	Months left to pay _____

TOTAL BALANCE OWING ON DEBT FROM ALL SOURCES (Please add above balances) = \$ _____

9. WILLINGNESS TO PARTNER

In order to be considered for a Habitat home, you and your family must be willing to complete a **minimum of 500 hours** of volunteer service to Habitat for Humanity Fredericton within two (2) years of being selected. Your help in building your home, and the homes of others, is called “Sweat Equity” and may include helping with construction, working in the office or the ReStore, or other approved activities. This is voluntary service that has no monetary compensation to you or any member of your family.

Please answer Yes or No

I am willing to complete the required “Sweat Equity” hours.

APPLICANT

Yes No

CO-APPLICANT

Yes No

10. DECLARATIONS

Please answer the following questions. Answering Yes to any of the four (4) questions below does not disqualify you.

- i. Do you have any debt because of a court decision against you?
- ii. Are you currently involved in a lawsuit?
- iii. If you have declared bankruptcy, have you been discharged from bankruptcy within the past three (3) years?
(If Yes, please include the date of release and documentation.)
- iv. Are you a Canadian citizen?

APPLICANT

Yes No

Yes No

Yes No

Yes No

CO-APPLICANT

Yes No

Yes No

Yes No

Yes No

If you have answered Yes to any of the questions in Section 10, please explain on a separate sheet of paper and attach it to this application.

11. REFERENCES

- **Please list three (3) people who have known you personally for at least two (2) years but are not related to you.**
- **Please seek reference’s permission before using their name.**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1.			
2.			
3.			

12. AUTHORIZATION AND RELEASE

The undersigned declare(s) that the statements made in this application are true and correct.

I/We, the applicant(s), consent to any inquiries by Habitat for Humanity Fredericton deemed necessary to reach a decision on this application, including contacting references. I/We consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom we have financial relations.

I/We understand the Habitat for Humanity Fredericton is using this information to assess my/our qualifications for a Habitat home and that the evaluation may also include personal visits, credit checks, financial review with budget analysis and employment verification.

I/We further certify that I/We have answered all the questions truthfully and to the best of my/our knowledge. I understand that if I have not answered the questions truthfully, my/our application may be denied, and that even if I/We have already been selected to receive a Habitat home, I/We may be disqualified from the program.

Applicant’s Signature

Co-Applicant’s Signature

Print Name

Print name

Date

Date

Please use the following sheet to ensure that you provide all supporting documentation.

THE FOLLOWING DOCUMENTS MUST BE INCLUDED FOR THE APPLICANT, CO-APPLICANT AND HOUSEHOLD MEMBERS.

Please provide photocopies – no originals.

CHECK LIST	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS
<ul style="list-style-type: none"> • Proof of eligibility to reside and work in Canada <i>Canadian citizenship OR Canadian birth certificate OR Landed Immigrant papers</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Rental information <i>Copy of your lease or cancelled rent cheque</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL INFORMATION			
<ul style="list-style-type: none"> • Your most recent Notice of Assessment from Canada Revenue Agency 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Most recent pay stub 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • If you have changed jobs this year, please provide a copy of your last pay stub from your previous employer(s) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Assessment Notice – Child Tax Benefit 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of provincial child care supplements 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of Disability Income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of Social Assistance income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of CPP income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of OAS income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statement of other pension income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • GST Rebate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Other income 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Statements of amounts owing on credit cards 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Loan statements 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Bankruptcy Discharge papers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copy of child support and/or spousal support income or payments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>