



Coles County Habitat for Humanity
 P.O. Box 226
 Charleston, IL. 61920
 217-348-7063
colescountyhabitat@consolidated.net

Application for Housing

Dear Applicant: Please complete this application as completely and accurately as possible in order for us to determine your qualifications for a Habitat for Humanity house. All information you supply will be kept confidential.

1. APPLICANT INFORMATION																																									
Applicant	Co-Applicant																																								
Applicant Name: Email:	Co-Applicant Name: Email:																																								
Social Security Number: Driver's License Number: Date of Birth: Age: Home Phone: Cell: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Social Security Number: Driver's License Number: Date of Birth: Age: Home Phone: Cell: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried																																								
Dependents and others who will live with you (not listed by co-applicant) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Male</th> <th style="text-align: left;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	Dependents and others who will live with you (not listed by applicant) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Male</th> <th style="text-align: left;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent 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 Number of Years _____	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																								

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

9. DEBT

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

COLUMN 1			COLUMN 2		
Car	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$	Cell Phone Contracts	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$
Furniture, Appliances and Televisions	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$	Other Money You Owe Name and Address of Company	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$
Credit Cards	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$	Alimony/Child Support	\$	/month
			Job-related Expenses	\$	/month
			Child Care, Union Dues, etc.	\$	/month
Medical	Monthly Payment \$ Mos. Left to pay:	Unpaid Balance \$	Column 2: Subtotal of Payments	\$	/month
			Column 1: Subtotal of Payments	\$	/month
Column 1: Subtotal of Payments			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
Please indicate "yes" or "no."		
a. Do you have any debt because of a court decision against you?	_____	_____
b. Have you been declared bankrupt within the past seven years?	_____	_____
c. Have you had property foreclosed in the past seven years?	_____	_____
d. Are you currently involved in a lawsuit?	_____	_____
e. Are you paying alimony or child support?	_____	_____
f. Are you a U.S. citizen or permanent resident?	_____	_____
If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.		

11. 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, not 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 gender on the basis of visual observation or surname. If you do not wish to furnish the information below, 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).

Applicant	Co-Applicant
<input type="checkbox"/> I choose not 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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> Amer. Indian or Alaskan Native and Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: (mm/dd/yyyy) _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, widowed)	<input type="checkbox"/> I choose not 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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> Amer. Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: (mm/dd/yyyy) _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, widowed)

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I authorize Coles County 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 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 the Habitat office even if the application is not approved.

I also understand that Coles County Habitat for Humanity screens all potential staff, board members and applicant families. By completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date
X _____	_____	X _____	_____