**EOH logo.tif**

**Application**

**FOR**

**FAMILY PARTNERSHIP PROGRAM**

**(Resale)**

**20 Mathewson Drive, Weymouth, MA 02189**

**Phone: 781-337-7744 x 10 / Fax: 781-337-3775**

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 to determine if you qualify for our Family Partnership Program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

**1. APPLICATION INFORMATION**

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| --- | --- | --- | --- |
| (This application must be completed by any person(s) whose name(s) will appear on the deed)  **Co-Applicant’s Name:** | | | |
| Social Security Number: | | | |
| Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) **circle one** | | | |
| Age & Date of Birth: | | | |
| Current Home Phone No. | | | |
| Work Phone No. | | | |
| Cell Phone No. | | | |
| E-mail Address | | | |
| Present Address (street, city, state, zip code) □ Own □ Rent  Years at this address: \_\_\_ \*If less than two years, complete the Last Address | | | |
| Last Address: (street, cit, state, Zip Code) □ Own □ Rent  Years at this address: \_\_\_\_\_ | | | |
| Are you a US Citizen or Permanent Resident? Yes No | | | |
| Have you ever served in the military? Yes No | | | |
| **Please list any Dependents (Individuals you claim as Dependents on your IRS tax returns) and any individuals who will be living with you. Please list the relationship of these individuals to you.** | | | |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |

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| (This application must be completed by any person(s) whose name(s) will appear on the deed)  **Applicant’s Name:** | | | |
| Social Security Number: | | | |
| Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) **circle one** | | | |
| Age & Date of Birth: | | | |
| Current Home Phone No. | | | |
| Work Phone No. | | | |
| Cell Phone No. | | | |
| E-mail Address | | | |
| Present Address (street, city, state, zip code) □ Own □ Rent  Years at this address: \_\_\_ \*If less than two years, complete the Last Address | | | |
| Last Address: (street, cit, state, Zip Code) □ Own □ Rent  Years at this address\_\_\_\_\_\_ | | | |
| Are you a US Citizen or Permanent Resident? Yes No | | | |
| Have you ever served in the military? Yes No | | | |
| **Please list any Dependents (Individuals you claim as Dependents on your IRS tax returns) and any individuals who will be living with you. Please list the relationship of these individuals to you.** | | | |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |
| Name(s): | Age | M | F |

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Home Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

More Information Requested? Yes No Accepted into Family Partner Program:  Yes  No

Date more information requested \_\_\_\_\_\_\_\_\_\_\_ Acceptance Letter Sent: \_\_\_\_\_\_\_\_ Denial Letter Sent \_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE**

Number of bedrooms where you currently live (please circle one). 1 2 3 4 5

**2. PRESENT HOUSING CONDITIONS**

Other rooms in the place where you currently reside (check all that apply)

Kitchen # Bathrooms Living Room Dining Room Other (describe)

Name of Current Landlord: Landlord Phone #

Mailing Address of Landlord:

If you rent, what is the monthly rent you are currently paying? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your rent include heat, hot water and/or utilities? Yes\_\_ No\_\_

List the utilities and amount due for those utilities not included in your Monthly Rent: $ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_ \_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your current residence year round or seasonal?

Do you own your residence? Monthly Mortgage Payment Unpaid Balance

Do you own land? Please describe on separate sheet of paper including the location of the land.

Do you or any of your household members have accessibility needs? Yes No

Briefly describe those needs:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. EMPLOYMENT/ INCOME INFORMATION | | | | | | | | |
| **Please include income from ALL household members over the age of 18 who receive income.**  **(please include 5 weekly paystubs or 3 biweekly pay stubs)** | | | | | | | | |
|  | Applicant | | | | | Co Applicant | | |
| To Calculate Gross Monthly Income use:  Annual Income divided by 12 | $ | | | | | $ | | |
| Hourly Rate | $ | | | | | $ | | |
| Full Time / Part Time |  | | | | |  | | |
| Overtime  Monthly Income | $ | | | | | $ | | |
| Employer Name |  | | | | |  | | |
| Employer Address |  | | | | |  | | |
| Employer Phone |  | | | | |  | | |
| Previous Employer Name |  | | | | |  | | |
| Previous Employer Address |  | | | | |  | | |
| Previous Employer Phone |  | | | | |  | | |
| AFDC/TANF  (Aid for Families w/Dependent Children & Temporary Assistance for Needy Families) | $ | | | | | $ | | |
| SNAP  (Supplemental Nutritional Assistance Program) | $ | | | | | $ | | |
| **3. EMPLOYMENT/ INCOME INFORMATION continued** | | | | | | | | |
| Social Security Income | Applicant  $ | | | | | Co Applicant  $ | | |
| Disability Income | $ | | | | | $ | | |
| Alimony | $ | | | | | $ | | |
| Child Support | $ | | | | | $ | | |
| Housing Subsidy (Section 8 Voucher) | $ | | | | | $ | | |
| Fuel Assistance | $ | | | | | $ | | |
| Additional Income  Please list Amounts | Amount   1. $ 2. $ 3. $ 4. $ | | | | | Income Source  1.  2.  3.  4. | | |
| **List all assets and approximate values (Cars, Homes, Land, Boats, Stocks, Bonds, etc.)** | | |  | | |  | |  |
| **Item** | | | **$ Value** | | | **Item** | | **$ Value** |
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| **Do you have a 401K/403B Retirement account? \_\_\_Yes \_\_\_No** | | | **$ Value** | | |  | |  |
| 4. EXPENSES | | | | | | | | |
| **Expense** | | Cost Per  Month | | | Expense | | Cost Per  Month | |
| Gas | | $ | | | Child Support (you pay) | | $ | |
| Oil | | $ | | | Alimony (you pay) | | $ | |
| Electric | | $ | | | Education/Student Loans | | $ | |
| Telephone | | $ | | | Medical | | $ | |
| Cell Phone | | $ | | | Health Insurance | | $ | |
| Public Transportation | | $ | | | Life Insurance | | $ | |
| Car Payment | | $ | | | Property Insurance | | $ | |
| Auto Insurance | | $ | | | Internet | | $ | |
| Cable/Direct TV | | $ | | | Storage | | $ | |
| Child Care | | $ | | | Other (specific) | | $ | |
| Dependent Care | | $ | | | Other (specific) | | $ | |
| Job Related Expenses | | $ | | | Other (specific) | | $ | |
| School Lunch | | $ | | | Other (specific) | | $ | |
| Comments: | | | | | | | | |
| **5. DEBT**  **(Credit Card Debt, Medical Debit, Car Loans, Unpaid Taxes, Student Loans,**  **Court Ordered Payments, Utility Liens, etc**.) | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name of Creditor** | | **Creditor Address** | **Monthly Payment** | | **Unpaid Balance** | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | |  | |  | $ | | $ | | A | Do you have any debt because of a court decision against you? | | Yes | No | | | | B | Have you been declared bankrupt within the last 7 years? | | Yes | No | | | | C | Have you had any property foreclosed on in the last 7 years? | | Yes | No | | | | D | Are you currently involved in a lawsuit or tax lien? | | Yes | No | | | | E | Are you paying alimony or child support? | | Yes | No | | | | F | Have you ever owned a home? | | Yes | No | | | | **Answering “yes” to these questions DOES NOT automatically disqualify you. If you answered “yes” to any question A through F, however, please explain on a separate sheet of paper.** | | | | | | |   **PERSONAL STATEMENT: (REQUIRED)**  On a separate sheet of paper, clearly state why you and your family need a Habitat home. Describe any circumstance about your current housing situation that relates to your need for an affordable home; such as, poor condition of current residence, overcrowded living conditions, high rent compared to income, being homeless or at risk of being homeless, and any other circumstance that you feel is appropriate for you to include. Please advise if you need assistance due to physical disability or language barrier.  Please be specific.   |  | | --- | | **WILLINGNESS TO PARTNER**  To be considered for a Habitat home you and your family must be willing to complete a certain number of “sweat-equity hours.” Your help in building your home and the homes of others is called “sweat equity” and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending home ownership classes, special events or other approved activities.  Sweat Equity Hours for a Single Parent Family = 100 Hours Total with a Minimum Monthly Requirement: 21 Hours  Sweat Equity Hours for a Dual Parent Family = 200 Hours Total with a Minimum Monthly Requirement: 42 Hours  **I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:**  **I AM WILLING TO COMPLETE THE REQUIRED 22 HOURS OF FINANCIAL TRAINING:**  **Note: Dual Partner Family will be credited 44 hours if both applicants attend the Financial Training.**  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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| **AUTHORIZATION AND RELEASE**  I understand that, by submitting this application to the Family Partnership Program, I am authorizing South Shore Habitat for Humanity to evaluate my actual need for a Habitat home and my willingness to be a Family Partner. I understand that the evaluation may include a review of credit history, landlord reference, and employment/income verification**. I also understand that if chosen as a potential Family Partner, the evaluation will involve at least one personal home visit**.  I authorize South Shore Habitat for Humanity to conduct a check on my credit history as well as contacting landlord and employment references. If selected in to the Family Partnership Program, I understand that I will need to qualify for a mortgage to purchase a Habitat home. 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.  The original or a copy of this application will be held strictly confidential and retained by South Shore Habitat for Humanity for **one** year even if the application is not approved. | | | | | | | | |
| **Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Applicant Name: (please print):** | | | | **Co Applicant Name: (please print):** | | | | |
| **YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION**  Be sure to:   * Submit this completed and signed application by due date given * Include copies of your most recent paystubs – 5 weekly or 3 bi-weekly * Include copies of your bank statements for all accounts for the past 3 months * Copy of signed Federal Tax Returns for the past 3 years * Include a personal statement that describes your present housing circumstances, why you have a serious need for a safe, decent, and affordable Habitat home * Include Government Monitoring Sheet   **PLEASE NOTE THE ADDRESS OF THE HOME YOU ARE APPLYING FOR:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Application and supporting documentation should be mailed or delivered to:**  **South Shore Habitat for Humanity**  **20 Mathewson Drive, Weymouth, MA 02189**  **DO NOT SEND ORIGINALS. PLEASE MAKE COPIES** | | | | | | | | |
| **If you have questions or if you need help with this form,**  **please call South Shore Habitat for Humanity**  **at 781-337-7744 x10** | | | | | | | | |