



225 Freeport St., New Kensington, PA 15068

Home Ownership Program

Application Form



Please complete and return to:
Habitat for Humanity Allegheny Valley, 225 Freeport St., New Kensington, PA 15068
Or email Michael McElhaney, Executive Director at Mike@ArmstrongHabitat.org
For questions call: (724)594-1051 or Mike at (724)467-2771

Applicant Information

Date of Application _____

Applicant: _____

DOB: _____ SSN: _____

Maiden Name: _____

Married: _____

Co-Applicant: _____

DOB: _____ SSN: _____

Maiden Name: _____

Street: _____ City: _____ St. ___ Zip: _____

Phone: _____ E-mail: _____

Have you ever been convicted of a crime? _____

If yes, for what? _____

Children Living At Home

Name: _____ Age: ___ Gender: ___

Name: _____ Age: ___ Gender: ___

Name: _____ Age: ___ Gender: ___

Name: _____ Age: ___ Gender: ___

Name: _____ Age: ___ Gender: ___

Others Living With You

Name: _____ Age: ___ Gender: ___ Relationship: ___

Name: _____ Age: ___ Gender: ___ Relationship: ___

Housing Status

How long have you lived at this address? _____

Own: ___ Rent: ___ If renting, how much is your monthly rent? _____

Landlord: _____ Address: _____ Phone: _____

Number of Bedrooms: _____ Other Rooms in the house: Living _____ Kitchen _____ Dining _____

Bath _____ Other _____

What is the condition of the house you are in now? _____

Financial Information

Please provide the following information for each member of your household

Name: _____

Employer: _____

Weekly Income: _____

Length of Employment: _____

Name: _____

Employer: _____

Weekly Income: _____

Length of Employment: _____

Name: _____

Employer: _____

Weekly Income: _____

Length of Employment: _____

Other Income

(Include food stamps, AFDC, SSI, disability, etc.)

Name: _____

Type: _____

Amount per month: _____

Name: _____

Type: _____

Amount per month: _____

Name: _____

Type: _____

Amount per month: _____

Other Assets

Type: _____

Value: _____

Type: _____

Value: _____

Debts

Company: _____

For what? _____

Monthly Payment: _____

Balance: _____

Company: _____

For what? _____

Monthly Payment: _____

Balance: _____

Company: _____

For what? _____

Monthly Payment: _____

Balance: _____

Other Information

What can you and your family do to help build your house and other Habitat houses? _____

Please list two people who are NOT related that know about your situation.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Release Statement

The applicant(s) understands and authorizes Armstrong Habitat for Humanity (AHFH) to perform an in-depth study to determine applicant's actual need, ability to pay homeowner expenses, criminal background, and character/reputation. The investigation will include personal visits, a credit check, and contacting references.

Applicant(s) also understands that any false information or statements provided by the applicant(s) to HFHAV will result in an automatic disqualification.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

