



Allegheny Valley Habitat for Humanity
 225 Freeport Street
 New Kensington, PA 15068

Phone: 724.594.1051
 www.habitatav.org | info@habitatav.org



Have you Applied Before? Yes No

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant's Full Name	Co-Applicant's Full Name
Social Security Number: _____ Home Phone () _____ Cell Phone () _____ Email Address: _____ Age: _____	Social Security Number: _____ Home Phone () _____ Cell Phone () _____ Email Address: _____ Age: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when will you graduate?	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when will you graduate?
Current Address (street, city, state, ZIP code) _____ _____ _____	Current Address (street, city, state, ZIP code) _____ _____ _____
Number of years at this address: _____ Do you own this residence? <input type="checkbox"/> yes <input type="checkbox"/> no Are you paying rent? <input type="checkbox"/> yes <input type="checkbox"/> no Are you living in Section 8 housing? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of years at this address: _____ Do you own this residence? <input type="checkbox"/> yes <input type="checkbox"/> no Are you paying rent? <input type="checkbox"/> yes <input type="checkbox"/> no Are you living in Section 8 housing? <input type="checkbox"/> yes <input type="checkbox"/> no
Previous Address (street, city, state, ZIP code) _____ _____ _____	Previous Address (street, city, state, ZIP code) _____ _____ _____
Number of years at this address: _____ Did you own this residence? <input type="checkbox"/> yes <input type="checkbox"/> no Were you living in Section 8 housing? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of years at this address: _____ Did you own this residence? <input type="checkbox"/> yes <input type="checkbox"/> no Were you living in Section 8 housing? <input type="checkbox"/> yes <input type="checkbox"/> no

Please list all dependents/other people who will be living with you.

Name	Social Security #	Age	Gender	Relationship to Applicant	Employed?
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> yes <input type="checkbox"/> no

FOR OFFICE USE ONLY - Do Not Write in This Space

Date Received:	Application Received By:
----------------	--------------------------

Applicant's Employment Information

Name of Company _____

Job Title/Job Description _____

Address _____

Date Started _____

Supervisor's Name _____ Phone Number (_____) _____

How are you paid? Hourly Salary Other (please explain) _____

Base Pay: \$ _____

How often do you get paid? Weekly Every 2 Weeks Twice a Month Monthly
 Other (please explain) _____

Please specify any additional income you earn above your base pay _____

How many hours a week do you work? _____

Do you work year-round? yes no (please explain) _____

Please list any other jobs you have held in the past 12 months.

Employer	Position	# of Years Worked	Reason for Leaving (if no longer working there)	Monthly Pre-Tax Pay
				\$
				\$
				\$
				\$
				\$

Co-Applicant's Employment Information

Name of Company _____

Job Title/Job Description _____

Address _____

Date Started _____

Supervisor's Name _____ Phone Number (_____) _____

How are you paid? Hourly Salary Other (please explain) _____

Base Pay: \$ _____

How often do you get paid? Weekly Every 2 Weeks Twice a Month Monthly
 Other (please explain) _____

Please specify any additional income you earn above your base pay _____

How many hours a week do you work? _____

Do you work year-round? yes no (please explain) _____

Please list any other jobs you have held in the past 12 months.

Employer	Position	# of Years Worked	Reason for Leaving (if no longer working there)	Monthly Pre-Tax Pay
				\$
				\$
				\$
				\$
				\$

Debt

Please list ALL your debt, including car payments, credit cards, mortgages, loans, hospital/medical bills, child support, student loans and any business or store accounts (Macy's, JC Penny, Best Buy, etc.). Include debt you are not making payments on. Be as honest as possible; All past and present debt will be listed on your credit report, which we will have for each application. If you are unsure of your outstanding balance, please contact the lender for your total outstanding debt.

Company Name	Type of Debt	Min. Monthly Payment	Balance Owed	Months Left to Pay
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Have you ever worked with a credit counseling agency? yes no
 If yes, what organization did you work with? _____ What year(s) did you work with them? _____

7. HOUSING EXPENSE INFORMATION

below list will help to identify your spending habits and help us understand how much of a mortgage you can afford.

Expense	Monthly Payment	Comments (if needed)
Rent or Mortgage:	\$	
Gas/Heating	\$	
Electricity	\$	
Water and Sewage	\$	
Groceries	\$	
Cable	\$	
Internet	\$	
Telephone (land line)	\$	
Cellular Phone(s)	\$	
Clothing	\$	
School Expenses	\$	
Eating out	\$	
Entertainment	\$	
Child Care	\$	
Personal Care (Hair, Nails, etc)	\$	
Health Insurance	\$	
Medical (copay, medicine, etc)	\$	
Pet Care	\$	
Laundry	\$	
Car maintenance/gasoline	\$	
Auto Insurance	\$	
Life Insurance	\$	
Other:	\$	
Other:	\$	

Total Monthly Expenses: \$ _____

	Applicant	Co-Applicant
1. Have you ever owned a home before, in the US or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you declared bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had a loan foreclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the past 12 months, have you had any loans or credit cards over 60 days past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a car, furniture or home repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been evicted from a rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you a co-signer on a loan for a person not listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have to pay alimony, child support or spousal support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you a United States Citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question 1 through 11 however, please use the below space to explain. Attach a separate piece of paper if necessary.

I understand that by filing this application, I am authorizing 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, without limitation, personal visits, a credit check, criminal background and sexual offender checks and employer & personal verification. I have answered all the questions on this application truthfully. I understand that if I have not answered all the questions truthfully, my application may be denied and that even if I have already been selected to purchase a Habitat home, I may be disqualified from the program at Habitat for Humanity's sole discretion. The original copy of this application will be retained by Habitat for Humanity, even if the application is not approved.

Signature _____ Date _____

Co-Signer _____ Date _____