



Habitat for Humanity of Albany County, WY, Inc.  
 P.O. Box 688, Laramie, WY 82073  
 307-745-4130

# Homeownership Application

Please fill out this application as completely and accurate as possible so that Habitat can process your request to be selected for a Habitat for Humanity house. All information you include in this application will be kept confidential.

## 1. Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Soc. Sec. #: \_\_\_\_\_  Married  Separated  Unmarried (incl. single, divorced, widowed)  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Co-Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Soc. Sec. #: \_\_\_\_\_  Married  Separated  Unmarried (incl. single, divorced, widowed)  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. Dependents (List all persons who will be living with you.)

|             |                      |                               |                                 |
|-------------|----------------------|-------------------------------|---------------------------------|
| Name: _____ | Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Date of Birth: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

## 4. Current Housing Information

Applicant:  
 Current Residence: \_\_\_\_\_ # of years: \_\_\_\_\_  
 Landlord: \_\_\_\_\_ (name, address, phone)  
 Monthly Rent: \$\_\_\_\_\_ Subsidized:  Yes  No # of Bedrooms:  1  2  3  4  5  
 Describe the condition of your current residence. Why do you need a Habitat home? Please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Address: \_\_\_\_\_ # of years: \_\_\_\_\_

### Office Use Only – Do not write in this space

Date Received: \_\_\_\_\_  
 Method of Receipt:  Hand Delivered  Standard Mail  Received By: \_\_\_\_\_ (name, signature)  
 Mentor's Name: \_\_\_\_\_  
 More information requested:  Yes  No  
 Date application completed: \_\_\_\_\_  
 Application:  Accepted  Denied  
 Date Letter Sent: \_\_\_\_\_  
 Date of Home Visit: \_\_\_\_\_  
 Date Letter Sent: \_\_\_\_\_



Building Homes, Building Lives, Building Community

[Applicant's Last Name(s): \_\_\_\_\_]

**Co-Applicant:**

Current Residence: \_\_\_\_\_ # of years: \_\_\_\_\_

Landlord: \_\_\_\_\_ (name, address, phone)

Monthly Rent: \$ \_\_\_\_\_ Subsidized:  Yes  No # of Bedrooms:  1  2  3  4  5

Describe the condition of your current residence. Why do you need a Habitat home? Please provide details: \_\_\_\_\_

Previous Address: \_\_\_\_\_ # of years: \_\_\_\_\_

**5. Assets** (List all checking and savings accounts.)

Name & address of financial institution: \_\_\_\_\_

Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name & address of financial institution: \_\_\_\_\_

Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name & address of financial institution: \_\_\_\_\_

Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

List and state values of other assets (including real estate property, personal property of monetary value, and enforceable claims against others): \_\_\_\_\_

Do you own any of the following?  Stove  Refrigerator  Washer  Dryer

Do you own a car? (#1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

(#2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

(#3) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**6. Monthly Income**

| Gross Income:           | Applicant:      | Co-Applicant:   | Others in household: |
|-------------------------|-----------------|-----------------|----------------------|
| Base Employment Income* | \$ _____        | \$ _____        | \$ _____             |
| AFDC/TANF               | \$ _____        | \$ _____        | \$ _____             |
| Food Stamps             | \$ _____        | \$ _____        | \$ _____             |
| Social Security         | \$ _____        | \$ _____        | \$ _____             |
| SSI                     | \$ _____        | \$ _____        | \$ _____             |
| Disability              | \$ _____        | \$ _____        | \$ _____             |
| Alimony                 | \$ _____        | \$ _____        | \$ _____             |
| Child Support           | \$ _____        | \$ _____        | \$ _____             |
| Other                   | \$ _____        | \$ _____        | \$ _____             |
| <b>Subtotals</b>        | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b>      |

**Total Monthly Family Income** (add all subtotals): \$ \_\_\_\_\_

\*If you are self-employed, please provide documentation, such as tax returns and/or financial statements.

[Applicant's Last Name(s): \_\_\_\_\_]

**7. Monthly Expenses**

| <u>Monthly Housing Costs:</u>          | <u>Applicant:</u> | <u>Co-Applicant:</u> | <u>Subtotal:</u> |
|--|-------------------|----------------------|------------------|
| Rent                                   | \$ _____          | \$ _____             | \$ _____         |
| Electricity                            | \$ _____          | \$ _____             | \$ _____         |
| Natural Gas                            | \$ _____          | \$ _____             | \$ _____         |
| Water/Sewer/City Services              | \$ _____          | \$ _____             | \$ _____         |
| Telephone/Cell Phone                   | \$ _____          | \$ _____             | \$ _____         |
| Cable/Satellite Dish                   | \$ _____          | \$ _____             | \$ _____         |
| <b>Total Monthly Housing Expenses:</b> |                   |                      | <b>\$ _____</b>  |

Debt Expenses:

I/We have no debts.

I/We owe money (e.g., stores, credit cards, student loans, car loans, personal loans, medical debts, collection agencies, etc.) to the following. List all debts even though you may not know exactly to whom you owe the funds.

- Name and address: \_\_\_\_\_  
Unpaid balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Months left: \_\_\_\_\_ \$ \_\_\_\_\_ /month
- Name and address: \_\_\_\_\_  
Unpaid balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Months left: \_\_\_\_\_ \$ \_\_\_\_\_ /month
- Name and address: \_\_\_\_\_  
Unpaid balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Months left: \_\_\_\_\_ \$ \_\_\_\_\_ /month
- Name and address: \_\_\_\_\_  
Unpaid balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Months left: \_\_\_\_\_ \$ \_\_\_\_\_ /month
- Name and address: \_\_\_\_\_  
Unpaid balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Months left: \_\_\_\_\_ \$ \_\_\_\_\_ /month

Please attach extra sheet of paper if you have additional debtors. You may be asked to supply copies of last month's bills.

**Total Monthly Debt Expenses:** \$ \_\_\_\_\_

| <u>Other Monthly Expenses:</u>       | <u>Applicant:</u> | <u>Co-Applicant:</u> | <u>Subtotal:</u> |
|--------------------------------------|-------------------|----------------------|------------------|
| Alimony/Child Support                | \$ _____          | \$ _____             | \$ _____         |
| Insurance                            | \$ _____          | \$ _____             | \$ _____         |
| Job Related                          | \$ _____          | \$ _____             | \$ _____         |
| Child Care                           | \$ _____          | \$ _____             | \$ _____         |
| Storage                              | \$ _____          | \$ _____             | \$ _____         |
| Other: _____                         | \$ _____          | \$ _____             | \$ _____         |
| <b>Total Other Monthly Expenses:</b> |                   |                      | <b>\$ _____</b>  |

**Grand Total Monthly Expenses:** \$ \_\_\_\_\_  
(Sum monthly housing costs, debt expenses, & other monthly expenses, above)

[Applicant's Last Name(s): \_\_\_\_\_]

**8. Source of Down Payment & Closing Costs**

We require the selected family to pay approximately \$1000 (1% of the cost) at the time of closing as a down payment that helps cover closing costs. How will you obtain this money e.g. savings, parents, etc.? If you are borrowing the money to make this payment, specify from whom and how you intend to pay this person/these people back.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Employment Information**

Applicant:

a. Current Employer Information – Primary Employment

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

b. Current Employer Information – Secondary Employment (if applicable)

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

c. Previous Employer Information (provide if employed less than one year for either of the above)

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

Co-Applicant:

a. Current Employer Information – Primary Employment

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

b. Current Employer Information – Secondary Employment (if applicable)

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

c. Previous Employer Information (provide if employed less than one year for either of the above)

Name: \_\_\_\_\_ Years employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Monthly (gross) wages: \$ \_\_\_\_\_

**10. Willingness to Partner**

Sweat Equity: Successful applicants and their immediate family must complete 300 hours of work before moving in to their home. A minimum of 100 hours must be worked by the selected family on the construction site. A maximum of 50 hours may be donated by friends and extended family members while working alongside the selected family. As children under age 16 cannot typically participate in construction, they may contribute through excellence in their schoolwork; 5 hours will be recorded for every A and 3 hours for every B. Other non-construction activities may include landscaping, working in the Habitat office, preparing bulk mailings, and assisting committees.

Expectations: Applicants must fully participate in a series of homeowner workshops, exhibit a sincere desire for home ownership, be willing to accept responsibilities expected of a homeowner including home and yard care maintenance, and be understanding of the public nature of the organization.

Do you clearly understand what you are undertaking? Applicant Co-Applicant  
 Yes  No  Yes  No  Yes  No

**11. Declarations**

|  | <u>Applicant</u>   | <u>Co-Applicant</u>                                      |
|--|--|--|
| 1. Do you have any debt because of a court decision against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you been declared bankrupt within the past 7 years?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you had property foreclosed on in the last 7 years?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you currently involved in a lawsuit?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you paying alimony or child support?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you a U.S. citizen or a 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; however, please attach an explanation to this application.

**12. Required Documentation for Consideration** (Please attach.)

- Photocopies of your last three pay stubs for each employer (from the most recent 45 days).
- Evidence that you pay your bills on a regular basis (for example, photocopies of any of the following: monthly bills that show that previous months were paid, a statement from your landlord that you pay your rent on a regular basis, a statement from other people or businesses to whom you make regular payments).
- Photocopies of documents indicating your most recent payments received through AFDC, Food Stamps, Social Security, SSI, Disability, Alimony, Child Support, etc.
- Photocopies of Federal Income Tax Returns and W-2 Forms for the past two years.
- Photocopy of your Driver's License or other photo identification. If you are not a U.S. Citizen, photocopy of your Permanent Resident Card ("Green Card").
- Completed and signed Habitat for Humanity of Albany County, WY, Inc. Homeownership Application including all authorizations and releases.

**13. Additional Information**

You may attach additional sheets as necessary to better explain your answers to the questions contained within this application.



**16. Information for Government Monitoring Purposes**

Please read this statement before completing the information 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, nor on whether you choose to furnish it or not. However, if you choose not furnish it, under federal regulations this lender is required to note race and sex 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 for which the loan is applied)."

Applicant

I do not wish to furnish this information

Race/National Origin (mark all that apply)

- American Indian/Alaskan Native
  - AND Caucasian
  - AND Black/African American
- Native Hawaiian/Other Pacific Islander
- Black/African American
  - AND Caucasian
- Caucasian
- Asian
  - AND Caucasian
- Other: \_\_\_\_\_ (Specify)

Ethnicity

- Hispanic
- Non-Hispanic

Sex

- Female
- Male

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Marital Status

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)

Co-Applicant

I do not wish to furnish this information

Race/National Origin (mark all that apply)

- American Indian/Alaskan Native
  - AND Caucasian
  - AND Black/African American
- Native Hawaiian/Other Pacific Islander
- Black/African American
  - AND Caucasian
- Caucasian
- Asian
  - AND Caucasian
- Other: \_\_\_\_\_ (Specify)

Ethnicity

- Hispanic
- Non-Hispanic

Sex

- Female
- Male

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Marital Status

- Married
- Separated
- Unmarried (incl. single, divorced, widowed)



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, disability, familial status, or national origin.