

**APPLICATION FOR HOUSING**  
 532 Barber Street, Athens, Georgia 30601  
 (706) 208-1001 fax (706) 369-1210

Date Received in Office  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. APPLICANT INFORMATION**

Applicant's Name (include Jr. or Sr. if applicable): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Marital Status (check one):  Married  Unmarried (includes single, divorced, widowed)  Separated  
 Present Address (include apt. #): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone Number(s): Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 How long have you lived at the above address? \_\_\_\_\_ Do you Rent or Own?  Rent  Own  
 Have you or any member of your family ever been convicted of a felony?  Yes  No (If yes, explain on additional page.)  
 Do you own land?  Yes  No If so, What county? \_\_\_\_\_ Is there a mortgage on the land?  Yes  No  
 Monthly payment \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

CURRENT LANDLORD INFORMATION	IF LIVING AT CURRENT ADDRESS FOR LESS THAN TWO YEARS PROVIDE SAME INFORMATION FOR FORMER LANDLORD
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:

**2. CO-APPLICANT INFORMATION**

Applicant's Name (include Jr. or Sr. if applicable): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Marital Status (check one):  Married  Unmarried (includes single, divorced, widowed)  Separated  
 Present Address (include apt. #): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone Number(s): Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 How long have you lived at the above address? \_\_\_\_\_ Do you Rent or Own?  Rent  Own  
 Have you or any member of your family ever been convicted of a felony?  Yes  No (If yes, explain on additional page.)  
 Do you own land?  Yes  No If so, What county? \_\_\_\_\_ Is there a mortgage on the land?  Yes  No  
 Monthly payment \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

CURRENT LANDLORD INFORMATION <input type="checkbox"/> Check box if same as applicant	IF LIVING AT CURRENT ADDRESS FOR LESS THAN TWO YEARS PROVIDE SAME INFORMATION FOR FORMER LANDLORD
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:

**3. LIST BELOW THE NAMES OF ALL THE PEOPLE WHO LIVE IN YOUR HOME. LIST YOURSELF FIRST:**

Name	Social Security Number	Age	(M)ale (F)emale	Relationship to applicant	Will he/she live with you in your new home?	
					Yes	No
				<b>APPLICANT</b>		

#### 4. PRESENT HOUSING CONDITIONS

Which type of housing do you live in? (please check)  House  Apartment  Mobile Home  Other: \_\_\_\_\_

Number of bedrooms? (please check)  1  2  3  4  5  Other: \_\_\_\_\_

Other rooms? (please check)  Kitchen  Bathroom  Living Room  Dining Room  Other (please describe): \_\_\_\_\_

**Describe the condition of the housing in which you live. Why do you need a Habitat home?** \_\_\_\_\_

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#### 5. EMPLOYMENT INFORMATION

##### CURRENT EMPLOYMENT

APPLICANT		CO-APPLICANT	
Name of Employer <input type="checkbox"/> Self Employed	Address of Employer	Name of Employer <input type="checkbox"/> Self Employed	Address of Employer
Type of Business	Years on This Job	Type of Business	Years on This Job
Monthly Income (Before Taxes) \$	Title or Position	Monthly Income (Before Taxes) \$	Title or Position
Business Phone Number	Supervisor Name and Title	Business Phone Number	Supervisor Name and Title

##### SECOND JOB

APPLICANT		CO-APPLICANT	
Name of Employer <input type="checkbox"/> Self Employed	Address of Employer	Name of Employer <input type="checkbox"/> Self Employed	Address of Employer
Type of Business	Years on This Job	Type of Business	Years on This Job
Monthly Income (Before Taxes) \$	Title or Position	Monthly Income (Before Taxes) \$	Title or Position
Business Phone Number	Supervisor Name and Title	Business Phone Number	Supervisor Name and Title

##### PREVIOUS OR PAST EMPLOYMENT

APPLICANT	CO-APPLICANT
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Name of Employer <input type="checkbox"/> Self Employed	Address of Employer	Name of Employer <input type="checkbox"/> Self Employed	Address of Employer
Type of Business	Years on This Job	Type of Business	Years on This Job
Monthly Income (Before Taxes) \$	Title or Position	Monthly Income (Before Taxes) \$	Title or Position
Business Phone Number	Supervisor Name and Title	Business Phone Number	Supervisor Name and Title

### FINANCIAL INFORMATION

6. GROSS MONTHLY INCOME	Applicant	Co-Applicant	Others in household
Applicant's Work Income (before taxes):	\$	\$	\$
Co-Applicant's Work Income (before taxes):	\$	\$	\$
Social Security:	\$	\$	\$
SSI:	\$	\$	\$
Disability:	\$	\$	\$
TANF	\$	\$	\$
Food Stamps:	\$	\$	\$
Child Support:	\$	\$	\$
Alimony:	\$	\$	\$
Veteran's Benefits:	\$	\$	\$
Other:	\$	\$	\$
<b>Total</b>	\$	\$	\$

Have you applied for a home loan before?  Yes  No If yes, when? \_\_\_\_\_

Have you applied for a Habitat house before?  Yes  No If yes, when? \_\_\_\_\_

### 7. MONTHLY EXPENSES

Rent:	\$	Cable:	\$	Credit Cards:	\$
Electric:	\$	Child Care:	\$	Department Stores:	\$
Gas:	\$	Life Insurance:	\$	Furniture Stores:	\$
Water:	\$	Health Insurance:	\$	Student Loans:	\$
Telephone:	\$	Car Payment(s):	\$	Groceries:	\$
Cell Phone:	\$	Car Insurance:	\$	Other:	\$
Beeper/Pager:	\$	Gas for Car(s):	\$	Other:	\$
Internet:	\$	Car Maintenance:	\$	<b>Total</b>	\$

### 8. DEBT AND PLEDGED ASSETS –List ALL outstanding debts

COMPANY NAME	MONTHLY PAYMENT	UNPAID BALANCE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Alimony/Child Support/ Separate Maintenance Payments Owed:	\$	\$
<b>TOTAL MONTHLY PAYMENTS:</b>	<b>\$</b>	

### 9. AUTOMOBILE INFORMATION

Do you have reliable transportation?  Yes  No Do you rely on public transportation (The Bus) for transportation?  Yes  No



**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, nor 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 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 may review the material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic Origin</p> <p><input type="checkbox"/> Black, not of Hispanic Origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____/_____/_____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic Origin</p> <p><input type="checkbox"/> Black, not of Hispanic Origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> _____/_____/_____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

TO BE COMPLETED ONLY BY THE ATHENS AREA HABITAT FOR HUMANITY STAFF PERSON ACCEPTING THE APPLICATION	
<p>This application was taken :</p> <p><input type="checkbox"/> Face -to-Face</p> <p><input type="checkbox"/> By Mail</p>	<p>Employee's Name: _____</p> <hr/> <p>Date: _____</p>

## AUTHORIZATION AND RELEASE

The applicants understand and authorize **ATHENS AREA HABITAT FOR HUMANITY** to perform an in-depth study to determine the applicant's need for housing and ability to pay homeowner expenses. The investigation will include personal visits to the applicant's residence, a credit check, verification of public assistance, employment verification and landlord verification. All anticipated owners of the home must sign. Failure to be honest on the application or in the interview will result in disqualification.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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.