



**PO Box 784
Starkville, MS 39760
662-324-7008**



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

Application for Partnership

Dear Applicant: Please complete this application to determine if you are a good candidate for Starkville Area Habitat for Humanity's Partnership Program. All information will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. Applicant Information

>>>PLEASE PRINT CLEARLY<<<

It is important to notify the office if your phone number or address change.

Applicant's Name	Co-Applicant's Name
Phone	Phone
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Email	Email
Legal status: Married Separated Unmarried	Legal status: Married Separated Unmarried
Present address	Present address
How long have you lived here?	How long have you lived here?
Last address (if within the last 2 years)	Last address (if within the last 2 years)
How long did you live there?	How long did you live there?
Name, age, relationship of all who plan to live in the house .	
1	4
2	5
3	6

2. Willingness to Partner

As a Habitat Partner, you and your family would be required to donate 300 hours of "sweat equity". You may be asked to help build your home and the home of others, work in the Habitat office or ReSale Store, attend classes and other approved activities to fulfill your "sweat equity".

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS.

APPLICANT ____ YES ____ NO

CO-APPLICANT ____ YES ____ NO

Please put your initials on the line that is next to your response

3. Present Housing Conditions

Have you lived in Oktibbeha County for the past Year? _____ YES _____ NO

Do you receive a Section 8 Voucher? _____ YES _____ NO

Do you own Land? _____ YES _____ NO

Number of Bedrooms you now have: _____

4. Employment Information

Applicant	Co-Applicant
Current Employer #1	Current Employer #1
Job title:	Job title:
Starting Date	Starting Date
Gross Monthly Pay	Gross Monthly Pay
Current Employer #2	Current Employer #2
Job title:	Job title:
Starting Date	Starting Date
Gross Monthly Pay	Gross Monthly Pay
Past Employer (if less than two years ago)	Past Employer (if less than two years ago)
Job title:	Job title:
Starting / Ending Dates	Starting / Ending Dates

5. Monthly Income

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered. **This application must include income for all people over 18 years old who plan to live in the house.**

Income Sources	Applicant: (name)	*	Co-Applicant: (name)	*	Other Adult: (name)	*
Wages: (Please include if paid every week, every two weeks, every month, twice each month)	Employer #1	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
	Employer #2	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
TANF	\$ _____		\$ _____		\$ _____	
Alimony (paid to you)	\$ _____		\$ _____		\$ _____	
Child Support (paid to you)	\$ _____		\$ _____		\$ _____	
Social Security	\$ _____		\$ _____		\$ _____	
SSI	\$ _____		\$ _____		\$ _____	
SSD	\$ _____		\$ _____		\$ _____	
SNAP-Food Stamps	\$ _____		\$ _____		\$ _____	
Section 8 (portion they pay)	\$ _____		\$ _____		\$ _____	
Other income: (explain)	\$ _____		\$ _____		\$ _____	
Total	\$ _____		\$ _____		\$ _____	
*VERIFIED TOTALS						

If any of this income is for a dependent, please write their name and age next to the amount. For example: SSD: \$150 Jane 8 years old

6. Assets (what you own)

Bank/Credit Union (savings and checking)	Name on account	Account Number	Current balance

Other assets:	Description / Estimated value	Fully paid?
Car		
Land		
Boat		
Recreation vehicle		
Home / Mobile home		
Other		

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements

7. Monthly Expenses

	Applicant	Co-Applicant	Other Adult
<i>Amounts that you pay:</i>	MONTHLY PAYMENT	MONTHLY PAYMENT	MONTHLY PAYMENT
Rent			
Utilities + water + trash			
Cable/internet			
Phone			
Food/ Groceries			
Clothing/Hair/Nails/etc.			
Eating out/Entertainment			
Gasoline			
Child care			
School lunches/fees			
Alimony (that you pay)			
Child Support (that you pay)			
Insurance			
Credit cards			
Medical bills			
Furniture			
Car payment			
Other			
Totals			

8. Loans / Debts

(Who do you owe money?)

Name and Address of Company	Monthly payment	Unpaid Balance	# of payments remaining	

9. Declarations

	Applicant	Co-Applicant
1. Do you have any outstanding financial judgements?	YES NO	YES NO
2. Have you ever declared bankruptcy?	YES NO	YES NO
3. Have you had property foreclosed?	YES NO	YES NO
4. Are you currently involved in a lawsuit?	YES NO	YES NO
5. Are you a US Citizen or permanent resident?	YES NO	YES NO

If you answered "yes" to any of the first five questions or "no" to the last question, please explain below, or on a separate piece of paper.

10. Essay

Please write a short essay telling us why you should be considered for becoming a Habitat Partner. You can use a separate piece of paper if you want to.

1. Tell us about your family and friends and what you do.
2. Tell us why you need a new place to live?
3. How would being a Habitat homeowner affect you and your family?
4. What are your long term goals for you and your family?
5. Is there anything else you would like us to know in considering your application?

11. References

Please list the names and phone numbers of at least three people that know the Applicant and/or Co-Applicant and can vouch for your good character. (EX: Pastor, Employer, Landlord, Teacher)

Name	Phone Number	Relationship

12. Authorization and Release

I understand that by filing this application, I am authorizing Starkville Area Habitat for Humanity to evaluate my need for the Habitat Partnership Program, my ability to consistently make house payments and meet other responsibilities of homeownership and my willingness to become a Partner with Starkville Habitat through “sweat equity”.

I understand that the evaluation may include interviews, home visits, a credit check, a criminal background check, the sex offender registry and employment and asset verification.

I have answered all the questions on this application truthfully. If I have not been truthful, my application will be denied and I may be disqualified from the program with no compensation for my efforts, even though I may have already been selected to become a Partner and completed my “sweat equity” hours.

The original or a copy of this application will be retained for one year by Starkville Habitat even if the application is not approved.

Applicant Signature

Co-Applicant Signature

Date _____

Date _____

Please tell us what encouraged you to apply. Check/write your answers.

Employer ___ Another Habitat Homeowner ___ Friend/Co-worker ___ Advertising Flier ___ Church ___ Other _____

Information for Government Monitoring Purposes

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purpose of homes. *It monitors whether lenders are compliant 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, even if you choose not to furnish it, under federal regulations this lender is required to report ethnicity, race and sex on the basis of visual observation or surname.

If you do not wish to furnish this information, please check the box below.

Applicant

I do not wish to furnish this information.

Race: Applicant may select more than one racial designation

____ American Indian or Alaska Native

____ Native Hawaiian or other Pacific Islander

____ Black/African-American

____ White

____ Asian

Ethnicity:

____ Hispanic or Latino ____ Non-Hispanic or Latino

Sex:

____ Female ____ Male

Birthdate: ____/____/____

Marital Status

____ Married ____ Separated

____ Unmarried (single, divorced, widowed)

Co-Applicant

I do not wish to furnish this information.

Race: Applicant may select more than one racial designation

____ American Indian or Alaska Native

____ Native Hawaiian or other Pacific Islander

____ Black/African-American

____ White

____ Asian

Ethnicity:

____ Hispanic or Latino ____ Non-Hispanic or Latino

Sex:

____ Female ____ Male

Birthdate: ____/____/____

Marital Status

____ Married ____ Separated

____ Unmarried (single, divorced, widowed)

To be completed only by the person conducting this interview

This application was taken by:

____ *Face to Face Interview*

____ *By Mail*

____ *By Telephone*

Interviewer's name: Joel Downey

Interviewer's Signature

Date

Interviewer's Phone Number 662-324-7008