



**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  How long have you lived here?	Present address  How long have you lived here?
Last address (if within the last 2 years)  How long did you live there?_____	Last address (if within the last 2 years)  How long did you live there?_____
Name, age, relationship of all who plan to live in the house .	
1	5
2	6
3	7
4	8

## 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
<b>Current Employer #1</b>	<b>Current Employer #1</b>
Job title:	Job title:
Starting Date	Starting Date
Gross Monthly Pay	Gross Monthly Pay
<b>Current Employer #2</b>	<b>Current Employer #2</b>
Job title:	Job title:
Starting Date	Starting Date
Gross Monthly Pay	Gross Monthly Pay
<b>Past Employer (if less than two years ago)</b>	<b>Past Employer (if less than two years ago)</b>
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)	*
<b>Wages:</b> (Please include if paid every week, every two weeks, every month, Employer #1 twice each month Employer #2)	<u>Pre-deductions check amount /</u> <u>how often</u>		<u>Pre-deductions check amount /</u> <u>how often</u>		<u>Pre-deductions check amount /</u> <u>how often</u>	
	\$ _____ / _____		\$ _____ / _____		\$ _____ / _____	
	\$ _____ / _____		\$ _____ / _____		\$ _____ / _____	
<b>TANF</b>	\$ _____		\$ _____		\$ _____	
<b>Alimony</b> (paid to you)	\$ _____		\$ _____		\$ _____	
<b>Child Support</b> (paid to you)	\$ _____		\$ _____		\$ _____	
<b>Social Security</b>	\$ _____		\$ _____		\$ _____	
<b>SSI</b>	\$ _____		\$ _____		\$ _____	
<b>SSD</b>	\$ _____		\$ _____		\$ _____	
<b>SNAP-Food Stamps</b>	\$ _____		\$ _____		\$ _____	
<b>Section 8 (portion they pay)</b>	\$ _____		\$ _____		\$ _____	
<b>Other income:</b> (explain)	\$ _____		\$ _____		\$ _____	
<b>Total</b>	\$ _____		\$ _____		\$ _____	
<b>*VERIFIED TOTALS</b>						

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
<b><i>Amounts that you pay:</i></b>	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 who you owe. Include all debts, even if you are currently not making payments. (Ex: education, medical...)	Monthly Payment	Balance Remaining	Expected time to be paid in full

## 9. Declarations

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

*\*If you answered "yes" to any of the first four 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*