



## APPLICATION

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. If you have questions or would like more information please contact Shirley Diaz, head of the family selection committee, at (970) 728-3034 ext. 5, or email [familyselection@habitatellurideregion.org](mailto:familyselection@habitatellurideregion.org). All information you include on this application will be kept confidential.

Please mail your completed application to:  
 Habitat for Humanity of Telluride Region  
 PO Box 3852  
 Telluride, CO 81435

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with an “A” for Applicant or “C” for Co-Applicant.

1. APPLICATION INFORMATION											
Applicant						Co-Applicant					
<b>Applicant Name</b>						<b>Co-Applicant Name</b>					
Social Security Number		Home Phone		Age		Social Security Number		Home Phone		Age	
Married Separated Unmarried (incl. single, divorced, widowed)						Married Separated Unmarried (incl. single, divorced, widowed)					
<b>Dependents</b> and others who will live with you (not listed by co-applicant)						<b>Dependents</b> and others who will live with you (not listed by applicant)					
Name		Age		Male Female		Name		Age		Male Female	
_____		_____		M F		_____		_____		M F	
_____		_____		M F		_____		_____		M F	
_____		_____		M F		_____		_____		M F	
_____		_____		M F		_____		_____		M F	
_____		_____		M F		_____		_____		M F	
Present Address (Street, City, State, Zip Code)						Present Address (Street, City, State, Zip Code)					
				Own Rent						Own Rent	
Number of Years _____						Number of Years _____					
If Living at Present Address for Less than Two Years Complete the Following											
Previous Address (Street, City, State, Zip Code)						Previous Address (Street, City, State, Zip Code)					
				Own Rent						Own Rent	
Number of Years _____						Number of Years _____					
2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE											
Date Received: _____						Date Letter Sent: _____					
More Information Requested? Yes No						Date of Home Visit: _____					
Date Application Completed: _____						Date Letter Sent: _____					
Accepted Denied											

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

Applicant:	Yes	No
Co-Applicant:	Yes	No

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle)    1    2    3    4    5

Other rooms in the place where you are currently living:

Kitchen      Bathroom      Living Room      Dining Room      Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month

(Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check)

Name, address and phone number of current landlord: \_\_\_\_\_

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_/month      Unpaid Balance \$ \_\_\_\_\_

Do you own land?    No    Yes    (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?    No    Yes    If yes:    Monthly Payment \$ \_\_\_\_\_    Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?  
\_\_\_\_\_

### 6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Monthly (Gross) Income		Monthly (Gross) Income
Type of Business	Business Phone	Type of Business	Business Phone
<b>If Working at Current Job Less Than One Year, Complete the Following Information for up to the past 3 years</b>			
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Monthly (Gross) Income		Monthly (Gross) Income
Type of Business	Business Phone	Type of Business	Business Phone
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Monthly (Gross) Income		Monthly (Gross) Income
Type of Business	Business Phone	Type of Business	Business Phone

<b>Do you own a:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Stove</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Refrigerator</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Washer</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Dryer</td> <td>Y</td> <td>N</td> </tr> </table>	Stove	Yes	No	Refrigerator	Y	N	Washer	Y	N	Dryer	Y	N	<b>Do you own a:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Car (#1)</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Make and Year _____</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Car (#2)</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Make and Year _____</td> <td></td> <td></td> </tr> </table>	Car (#1)	Yes	No	Make and Year _____	Y	N	Car (#2)	Y	N	Make and Year _____		
Stove	Yes	No																							
Refrigerator	Y	N																							
Washer	Y	N																							
Dryer	Y	N																							
Car (#1)	Yes	No																							
Make and Year _____	Y	N																							
Car (#2)	Y	N																							
Make and Year _____																									

**In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat Home?**

**7. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income	Applicant	Co-applicant	(2) Others in Household	(3) Monthly Bills	Monthly Amount
*Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

\*Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

(3) Please attach copies of last month's bills.

(2) List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS**

If selected, you must provide a \$1,000 contribution toward down payment and closing costs for the purchase price of the home. Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

**9. ASSETS**

**List Checking and Savings Accounts Below**

Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____

### 10. DEBT

#### To Whom Do You and the Co-Applicant Owe Money?

	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
Car	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. Left to pay: _____			Mos. Left to pay: _____	
Furniture	\$ _____	\$ _____		\$ _____	\$ _____
	Mos. Left to pay: _____			Mos. Left to pay: _____	
Credit Card	\$ _____	\$ _____	<u>Alimony/Child Support</u>	\$ _____ /month	
			<u>Job-Related Expenses</u>	\$ _____ /month	
			Child Care, Union Dues, Etc.	\$ _____ /month	
Medical	\$ _____	\$ _____		\$ _____ /month	
			<b>Column 2: Subtotal of Payments</b>	\$ _____ /month	
			<b>Column 1: Subtotal of Payments</b>	\$ _____ /month	
<b>Column 1: Subtotal of Payments</b>	\$ _____ /month		<b>Total Monthly Expenses</b>	\$ _____ /month	

### 11. DECLARATIONS

Please Circle the Answer That Best Answers the Following Questions For You and the Co-Applicant.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past 7 years?				
c. Have you had property foreclosed on the past 7 years?				
d. Are you currently involved in a lawsuit?				
e. Are you paying alimony or child support?				
f. Are you a U.S. citizen or permanent resident?				

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question a through e, however, please explain on a separate sheet of paper.

### 12. AUTHORIZATION

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 loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, a criminal background check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with an "A" for Applicant or "C" for Co-Applicant.

### 13. REFERENCES

Please provide a minimum of three personal references:

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## 14. 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 purchase of homes in order to monitor the lenders 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 to 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 the loan applied for.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
<b>RACE/NATIONAL ORIGIN:</b>	<b>RACE/NATIONAL ORIGIN:</b>
<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> American Indian or Alaskan native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian	<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/> Asian AND Caucasian	<input type="checkbox"/> Asian AND Caucasian
<input type="checkbox"/> Black/African American AND Caucasian	<input type="checkbox"/> Black/African American AND Caucasian
<input type="checkbox"/> American Indian or Alaskan Native AND Black/African	<input type="checkbox"/> American Indian or Alaskan Native AND Black/African
<input type="checkbox"/> American	<input type="checkbox"/> American
<input type="checkbox"/> Other (specify _____)	<input type="checkbox"/> Other (specify _____)
<b>ETHNICITY:</b>	<b>ETHNICITY:</b>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Non Hispanic
<b>SEX</b>	<b>SEX</b>
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Male
<b>Birthdate:</b> ____/____/____	<b>Birthdate:</b> ____/____/____
<b>Marital Status</b>	<b>Marital Status</b>
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

### To Be Completed Only By the Person Conducting the Interview

This application was taken by (Circle One)  <input type="checkbox"/> Face-to-Face Interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	Interviewers Name (print or type)  Interviewer's Signature _____ Date: _____  Interviewer's Phone Number: _____
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