



We build strength, stability, and self-reliance through shelter.

Dear Applicant,

Enclosed you will find a Homeownership Application for the opportunity to become a Partner Family with Monroe County Habitat for Humanity (MCHFH). To qualify for MCHFH's Homeownership program, you must have lived in Monroe County for the last 12 months. You must be able to afford a mortgage payment of about \$900. Your family must also fall within the following income guidelines:

Income	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Minimum	\$28,040	\$33,040	\$37,040	\$41,040	\$45,040	\$49,040	\$54,040	\$58,040
Maximum	\$42,060	\$47,060	\$52,060	\$57,060	\$62,060	\$67,060	\$72,060	\$77,060

As part of the application process, you must be willing to partner with MCHFH. Your partnership will include each adult in your household completing 25 hours of "sweat equity" before an initial decision is made, and a total of 250 hours each before a final decision is made.

Sweat Equity is a vital element of the Habitat for Humanity ministry. Sweat equity refers to the actual "hands-on" involvement of applicants in the work of building their home, in certain cases, renovations and rehabilitation of their home. Homeowners invest equity into their home as they labor, clean, paint or empower others by doing fundraising or office work at the Habitat office. A chart is enclosed for your use in tracking your hours.

Contact the MCHFH office to schedule your sweat equity hours as soon as possible. Bring your sweat equity chart with you each time you volunteer.

Complete, sign and return the Homeownership Application to the MCHFH office at the address below along with the following items:

1. Two forms of identification for each adult in the household
2. Proof of income for the current month, such as pay stubs, direct deposit statements, award letters for SS, SSI, child support, unemployment compensation, etc.
3. W2's and tax returns for the past two years
4. A current copy of your credit report with credit score from Transunion, Equifax or Experian credit score(s) for each credit reporting agency
5. Include a PA State criminal background check for each applicant:  
<https://www.pa.gov/en/services/psp/request-a-criminal-history-background-check.html>
6. Signed Sex Offender policy
7. Once you have gathered your information and completed your application, the Family Selection committee will contact you

Thank you for your interest in partnering with MCHFH,

Scott Fabian  
Executive Director



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### **Applicant Identification:**

Applicant(s) must present two forms of identification, at least one must be a primary form of identification.

Primary Forms of Acceptable Identification:

- Valid, unexpired driver's license with photo (preferably Pennsylvania issued)
- Valid, unexpired non-driver's ID card with photo (preferably Pennsylvania issued)
- Valid, unexpired US Passport with photo
- Valid US Military ID with photo

Secondary Forms of Acceptable Identification

(applicant must present Social Security Card with at least one item listed below):

- Social Security Card (required)
- Current Employee ID card with photo
- Current Student ID card with photo
- Medicare Card
- Photo credit card
- Organizational membership card with photo.



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**Application for Housing:**

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. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION																																																	
Applicant	Co-Applicant																																																
Applicant's Name	Co-applicant's Name																																																
Social Security Number	Social Security Number																																																
Home Phone	Home Phone																																																
Age	Age																																																
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Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
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Number of Years _____	Number of Years _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
Last Address <input type="checkbox"/> Own <input type="checkbox"/> Rent (street, city, state, Zip code)	Last Address <input type="checkbox"/> Own <input type="checkbox"/> Rent (street, city, state, Zip code)																																																
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2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE																																																	
Date Received: _____																																																	
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent: _____																																																
Date Application Completed: _____	Date of Home Visit: _____																																																
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Sent: _____																																																



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**1. 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, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Co-applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**2. 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 canceled rent check.)

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

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

**3. PROPERTY INFORMATION**

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

Unpaid Balance \$ \_\_\_\_\_

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

Is there a mortgage on the land?  No  Yes \$ \_\_\_\_\_/month

Unpaid Balance \$ \_\_\_\_\_

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

**4. EMPLOYMENT INFORMATION**

Applicant		Co-applicant	
Name and Address of <b>Current</b> Employer	Years on This Job	Name and Address of <b>Current</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business		Type of Business	
Business Phone		Business Phone	



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If Working at Current Job Less Than One Year, Complete the Following Section			
Name and Address of <b>Last</b> Employer	Years on This Job	Name and Address of <b>Last</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business		Type of Business	
Business Phone		Business Phone	

**1. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income (1)	Applicant	Co-applicant	Others in Household (2)	Monthly Bills (3)	Monthly Amount
Base Employment Income	\$	\$	\$	Rent	\$
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	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

(1) Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

Please attach copies of last month's bills.

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

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



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1. SOURCE OF DOWN PAYMENT AND CLOSING COSTS			
Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?			
2. 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	Account Number		
Balance \$	Balance \$		
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union		
Account Number	Account Number		
Balance \$	Balance \$		
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union		
Account Number	Account Number		
Balance \$	Balance \$		
Do you own a:	Yes	No	Do you own a:
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____
Washer	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)
			Make and Year _____
			Yes    No
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>



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3. DEBT					
To Whom Do You and the Co-applicant Owe Money?					
COLUMN 1			COLUMN 2		
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts	Monthly Payment	Unpaid Balance
	\$ _____	\$ _____		\$ _____	\$ _____
	Months left to pay			Months left to pay	

			Other Money You Owe		
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$ _____	\$ _____		\$ _____	\$ _____
	Months left to pay			Months left to pay	
Credit Card	Monthly Payment	Unpaid Balance	Alimony/Child Support		\$ _____ / month
	\$ _____	\$ _____	Job-related Expenses		\$ _____ / Month
Medical	Monthly Payment	Unpaid Balance	(Child Care, Union Dues, etc.)		\$ _____ / 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

4. DECLARATIONS				
Please Circle the "Yes" or "No" That Best Answers the Following Questions for You and the Co-applicant				
	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past seven years?	Yes	No	Yes	No
c. Have you had property foreclosed on in the past seven years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No
If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.				







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Applicant Name \_\_\_\_\_ Co-applicant Name \_\_\_\_\_

**1. 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 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 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
Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____	Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate (Month/Date/Year) _____	Birthdate (Month/Date/Year) _____
Marial Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)	Marial Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview	
This application was taken by: <input type="checkbox"/> Face-to-Face Interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	Interviewer's Name _____  Interviewer's Signature _____ Date _____  Interviewer's Phone Number _____



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### Sex Offender Registry Check Policy

As a ministry, Monroe County Habitat for Humanity (MCHFH) values the safety of children, our Employees, volunteers and the families we serve. We want to take prudent measures to protect our human and material resources.

Monroe County Habitat for Humanity requires that sex offender registry checks be conducted for all potential partner families, prior to approval. Habitat for Humanity of Monroe County requires board members, employees and key volunteers to have a sex offender registry check.

Any person who does not consent to a sex offender registry check will not be permitted to become a partner family, work and/or volunteer with Habitat for Humanity of Monroe County.

Monroe County reserves the right to recheck sex offender status at anytime during the homebuilding process, course of employment and/or service.

I consent to MCHFH checking my name against the national sex offender registry.

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Signature

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Print Name

---

Date



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**Sweat Equity Hours:**

<b>Family</b>	<b>Affiliate Mentor</b>
<b>Phone</b>	<b>Phone</b>

Family Member Names

1.	4.
2.	5.
3.	6.

Family Member #	Date	Job Site	Site Hours	Other Hours	Activity	Hours Subtotal	Signature



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<b>Phone</b>	<b>Phone</b>

Family Member Names

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