

#### **Homeownership Pre-Application**

OPPORTUNITYHOUSING



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#### **Instructions**

Read all instructions carefully and complete the entire application. If you need assistance, please ask by contacting the Housing Coordinator;

#### **Housing Coordinator**

Eileen Dalton Housing Coordinator eileen@spshabitat.org 360-956-3456 x4

### Submitting your application

You may only submit an application during an open application phase. Habitat will contact you when we begin accepting applications.

Incomplete applications will not be accepted, you may email the pre-application or contact the office during business hours for further information.

#### Completing your application

To complete this application, every section must be filled in if applicable, if it is not, please write "N/A" in place. Application must be filled out in black or blue ink only.

Background authorization forms must be completed and signed by any household member that is over the age of 10, no exceptions.

### Homeownership Pre-Application

EQUAL HOUSING
OPPORTUNITY







#### APPLICANT INFORMATION

Applicant	Co-Applicant
Full Legal Name	Full Legal Name
Other Names Used	Other Names Used
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Marital Status: O Married O Separated O Unmarried (include single, divorced, widowed)	Marital Status: C] Married O Separated O Unmarried (include single, divorced, widowed)
Resident Status: O U.S. citizen O Permanent resident O Other (explain):	Resident Status: O U.S. citizen O Permanent resident O Other (explain):
	Relationship to Applicant

#### Contact Information

Applicant			Co-Applicant			
Home Phone			Home Phone	Home Phone		
Cell Phone			Cell Phone			
Email Address			Email Address			
Mailing Address		Mailing Addres	SS			
City	State	Zip	City	State	Zip	

Dependents / Other List the name of anyone who is part of your household. If you need more space, attach a separate page.

Full Legal Name	Sex	Date of Birth	Relationship to Applicant

## Homeownership Pre-Application

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Ha for	bitat	Homeowne	ership Pre-Appli	cation	ſ=
for	Humanity®				EQUAL HO
			<u>HOUSING</u>		
Current Residence					
	Applicant			Co-Applicant	
Current Address			Current Addi	ress	
City	State	Zip	City	State	Zip
Move-in month	and year:		Move-in m	onth and year:	
Number of bedroom			Number of b		
Number of bathroo	oms:		Number of b	athrooms:	
Housing Type: O S	ingle family home C	] Mobile	Housing Typ	e: O Single family home O	Mobile
O Homeless O Du				O Duplex C] Other:	
Rent payment:		O Apartme	nt Rent paymer	nt:	C] Apartmen
Previous Residence	if less than 3 years in	n current address	T		
	Applicant			Co-Applicant	
Previous Address			Previous Add	ress	
ity	State	Zip	City	State	Zip

#### Homeownership Pre-Application

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Move-in month and year:	Move-in month and year:
Number of bedrooms:	Number of bedrooms:
Number of bathrooms:	Number of bathrooms:
Housing Type: ☐ Single family home O Mobile O Apartment O	Housing Type: ☐ Single family home O Mobile O Apartment O
	- ''
Homeless O Duplex O Other: Rent payment:	Homeless Duplex O Other:Rent payment:
Have you ever owned a home? O Yes O No If yes, when	
did you purchase your home?	
Have you or your family ever owned a Habitat home? O Yes O No	
If yes, when and where was it located?	
Do you currently own your home? O Yes O No.	
Do you currently own your home? O Yes O No	
If yes, do you plan on selling your home if you are selected to pur	chase a Habitat home? O Yes O No
Habitat Home	

If selected to purchase a home from Habitat, which style of home would you prefer? If you would like to be considered for more than one style of home, please indicate the order of your preference (i.e. which do you prefer first, second, etc.)

Please also note: not all styles are available each application phase. Ask staff for more information.

Bungalow (single-story, two-bedroom, one-bath home)
O Cottage (two-story, three-bedroom, one-bath home)
O House (two-story, four-bedroom, two-bath home)



#### **Homeownership Pre-Application**



#### **INCOME**

List all income received by members of your household. You must include all household income. This may include income from work, public assistance like Social Security, retirement or pension funds, or any other source of income. All income requires documentation. If you need more space, attach a separate page.

	Туре	Company / Agency	Whose Income?	Average Monthly Amount
-				
-				

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		Total	

If you receive income from employment, complete the following for the most recent three years of employment. If you need more space, attach a separate page. If you have a gap in employment, please attach a separate written statement explaining your gap in employment.

	employment.				
O Applicant O Co-Applicant Position / Title		Start date	End date	Avg. monthly income	
Company		Supervisor's name	Supervisor's phone	Reason for leaving	
O Applicant O Co-Applicant	Pos	ition / Title	Start date	End date	Avg. monthly income
Company		Supervisor's name	Supervisor's phone	Reason for leaving	
O Applicant Pos O Co-Applicant		ition / Title	Start date	End date	Avg. monthly income
Company		Supervisor's name	Supervisor's phone	Reason for leaving	
O Applicant Pos O Co-Applicant		ition / Title	Start date	End date	Avg. monthly income
Company		Supervisor's name	Supervisor's phone	Reason for leaving	



### **Homeownership Pre-Application**



#### **DEBT**

List all debt you (and co-applicant) currently owe. Debt includes any loan, credit account, accounts in collections, liens, or civil judgments. If you need more space, attach a separate page.

Туре	Company	Unpaid Balance	Monthly Payment

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		OPPORTUNITY		
	Total			

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#### WILLINGNESS TO PARTNER

To be considered for the program, you and your household must be willing to partner. Each adult in your household is considered a program participant who is required to complete program requirements. This includes applicants and any person over the age of 18 at the time of the application. Program requirements include involvement in the construction of Habitat homes, pre-purchase education, and community engagement activities such as attending Habitat events. This is what is called "sweat equity", each applicant must complete a total of 500 hours by the end of the program. Applicants are also required to contribute \$1,000.00 for closing costs.

Are you willing to partner?

Applicant Co-Applicant O Yes C] No O Yes O No

#### **DECLARATIONS**

If you mark yes to any of the following questions, attach a separate written explanation for each. We may require additional documentation. For instance, if you have filed bankruptcy, we may require your bankruptcy filing and discharge order.

Have you or co-applicant declared bankruptcy in the last seven years?	O Yes
Have you or co-applicant declared bankruptcy in the last two years?	O Yes
Have you or co-applicant ever had an account sent to collection?	O Yes
Do you or co-applicant have any accounts currently in collection?	O Yes
Have you or co-applicant have had any property foreclosed on in the last 10 years?	O Yes
Do you or anyone in your household have any criminal history on record in the last 10 years?	O Yes
Have you or anyone in your household been arrested and/or charged with any crimes in the last two years?	O Yes
Have you or anyone in your household been convicted of a felony?	Yes
Are you currently involved with any lawsuit, criminal or civil legal action?	O Yes

The following questions do not require additional explanation or documentation at this time.

Has anyone in your household ever served in the U.S. military? This includes any service in the Army, Navy, Air Force, National Guard, Coast Guard, or other branch of the U.S. military. This includes short and long enlistments, reserves, and includes all related service, not just deployments or combat.	O Yes o
Have you applied for a Habitat home in the past?	O Yes
If you have applied in the past, when did you apply (month and year)?	
If you receive income from child support, alimony, or separate maintenance income, would you like us to exclude it from our underwriting analysis? If this doesn't apply to you, just say no.	O Yes



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### **Background Check Authorization Form**

	ninal History Information.
l, _	give South Puget Sound Habitat
	for
Hur —	manity permission to run a State Patrol Request for Criminal History for myself or my minor child, named:
1.	Are you presently charged with, but not convicted of, a crime?
(Excl	ude civil infractions, such as minor traffic citations.) If yes, inc u e an exp anation o t e nature o t ec arge, p ace, ate, an court.
prose	Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred ecution. Exclude civil infractions, such as minor traffic citations.) If yes, include an explanation of the nature of the crime, place, and court.
mear	Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially lited vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult as adult as defined by Chapter 74.34 and adults of any age who lack the functional, mental, or physical ability to care for selves.) If yes, explain below.  • First, second, or third degree extortion  • Forgery  • First second or third degree theft  • Any of the foregoing crimes as they may have been renamed  • First or second degree robbery
4. deliv	Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or er a controlled substance? If yes, explain below.

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor

or to have physically abused any minor? If yes, explain below.

5.

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6. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor? If yes, explain below.



#### Homeownership Pre-Application



- 7. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision issued by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision issued by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, message, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology. If yes, explain below.
- 8. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, oro er regu a ory o y eac er ce I lca lon or ot erwse or y your current or any previous emp oyer. you answer yes, you must provide the name, address and telephone number of the employer or licensing body and statement of the accusation against you. If yes, explain below.
- 9. Have you ever been a party to, or are you currently a party in, or do you anticipate becoming a party in, litigation? If yes, explain below.
- 11. Have you ever been named by an aggrieved employee as someone responsible for the action grieved? If yes, explain below.
- 12. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions described above?
- 13. Please list all other names or alias (maiden names) that you have used in the past.

An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

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Signature:	Date
Printed Name:	
Signature of authorized guardian if form is for a minor	