

Habitat for Humanity'



Homeownership Pre-Application

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.



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: <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (include single, divorced, widowed)	Marital Status: <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (include single, divorced, widowed)
Resident Status: <input type="radio"/> U.S. citizen <input type="radio"/> Permanent resident <input type="radio"/> Other (explain):	Resident Status: <input type="radio"/> U.S. citizen <input type="radio"/> Permanent resident <input type="radio"/> Other (explain):
	Relationship to Applicant

Contact Information

Applicant	Co-Applicant
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Mailing Address	Mailing Address
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

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OPPORTUNITYEQUAL HOUSING



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HOUSING

Current Residence

Applicant			Co-Applicant		
Current Address			Current Address		
City	State	Zip	City	State	Zip
Move-in month and year: _____			Move-in month and year: _____		
Number of bedrooms: _____			Number of bedrooms: _____		
Number of bathrooms: _____			Number of bathrooms: _____		
Housing Type: <input type="radio"/> Single family home <input type="checkbox"/> Mobile			Housing Type: <input type="radio"/> Single family home <input type="checkbox"/> Mobile		
<input type="radio"/> Homeless <input type="radio"/> Duplex <input type="radio"/> Other: _____			<input type="radio"/> Homeless <input type="radio"/> Duplex <input type="radio"/> Other: _____		
Rent payment: _____ <input type="checkbox"/> Apartment			Rent payment: _____ <input type="checkbox"/> Apartment		

Previous Residence if less than 3 years in current address

Applicant			Co-Applicant		
Previous Address			Previous Address		
City	State	Zip	City	State	Zip

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EQUAL HOUSING
OPPORTUNITY

Move-in month and year: _____ Number of bedrooms: _____ Number of bathrooms: _____ Housing Type: <input type="checkbox"/> Single family home <input type="checkbox"/> Mobile <input type="checkbox"/> Apartment <input type="checkbox"/> Homeless <input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____ Rent payment: _____	Move-in month and year: _____ Number of bedrooms: _____ Number of bathrooms: _____ Housing Type: <input type="checkbox"/> Single family home <input type="checkbox"/> Mobile <input type="checkbox"/> Apartment <input type="checkbox"/> Homeless <input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____ Rent payment: _____
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Have you ever owned a home? Yes No If yes, when did you purchase your home?
 Have you or your family ever owned a Habitat home? Yes No
 If yes, when and where was it located?

 Do you currently own your home? Yes No
 If yes, do you plan on selling your home if you are selected to purchase a Habitat home? Yes 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)
 Cottage (two-story, three-bedroom, one-bath home)
 House (two-story, four-bedroom, two-bath home)



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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.

Type	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.

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	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	
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	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	



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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.

Type	Company	Unpaid Balance	Monthly Payment

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	Total		

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Background Check Authorization Form

A background check is required for all applicant(s) or house hold members over the age of 10. If there are more than one person(s) over the age of 10, please make copies of this authorization form and complete and sign for each person. Please complete the following Disclosure Statement and attached Washington State Patrol Request for Criminal History Information.

I, _____ give South Puget Sound Habitat
for

Humanity 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? _____
(Exclude civil infractions, such as minor traffic citations.) If yes, include an explanation of the nature of the charge, place, date, and court.

2. Have you ever been convicted of a crime? (The term "convicted" means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations.) If yes, include an explanation of the nature of the crime, place, date, and court.

3. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adult as defined by Chapter 74.34 and adults of any age who lack the functional, mental, or physical ability to care for themselves.) 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. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? If yes, explain below.

5. 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.

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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.



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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, or other regulatory body or otherwise by your current or any previous employer. If 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