

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.

Due to Covid-19 we are not accepting applications drop off in person. Please email or mail your application with all attachments to our housing department no later than January 14th, 2021 by 2:00pm (no exceptions). Please be sure that all of your attachments are clear and include all necessary information (months, name of the account holder, etc).

Please keep an eye on your email inbox, the housing department may be in communications with you if the application is missing information or if more information is needed.

Incomplete applications will not be accepted, you may email the per-application or drop it off in person during business hours.

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

HOUSING

Current Residence

Applicant			Co-Applicant		
Current Address			Current Address		
City	State	Zip	City	State	Zip
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: _____		

Previous Residence if less than 3 years in current address

Applicant			Co-Applicant		
Previous Address			Previous Address		
City	State	Zip	City	State	Zip
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: _____		
Have you ever owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you purchase your home? _____ Have you or your family ever owned a Habitat home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where was it located? _____ Do you currently own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you plan on selling your home if you are selected to purchase a Habitat home? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

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
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.**

<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Position / Title	Start date	End date	Avg. monthly income
Company	Supervisor's name	Supervisor's phone	Reason for leaving	

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
	Total		

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Co-Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or co-applicant declared bankruptcy in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or co-applicant ever had an account sent to collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or co-applicant have any accounts currently in collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or co-applicant have had any property foreclosed on in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or anyone in your household have any criminal history on record in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone in your household been arrested and/or charged with any crimes in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone in your household been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently involved with any lawsuit, criminal or civil legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a Habitat home in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

By checking this box, I am giving South Puget Sound Habitat for Humanity permission to share my contact information with the Thurston Housing Land Trust, in the event that the selection committee does not select my application but feels I am a good fit for Thurston Housing Land Trust homeownership program.

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.



Homeownership Pre-Application



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.

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, massage, 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 (teacher certification or otherwise) or 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.

Signature: _____ Date _____

Printed Name: _____

Signature of authorized guardian if form is for a minor _____