

building strength, stability, and self-reliance through shelter

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 x104

Submitting your application

You may only submit a pre-application during an open application phase. South Puget Sound Habitat for Humanity (SPS Habitat) will contact you when we begin accepting full applications with further instructions.

Partial pre-applications will be considered incomplete and will not move forward, you may email the pre-application to the Housing Coordinator or mail it to:

PO Box 2225
Olympia, WA 98507

Completing your pre-application

- To complete this pre-application, every section must be filled in if applicable, if it is not applicable, please write "N/A" in its place.
- Pre-applications must be filled out in black or blue ink only or electronically filled in.
- Background authorization forms must be completed and signed by any household member that is over the age of 10, with no exceptions.

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Applicant Information

Applicant	Co-Applicant
Full Legal Name:	Full Legal Name:
Other Names Used/Pronouns:	Other Names Used/Pronouns:
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"/> Single (includes, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (includes, 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:
Current Address:	Current Address:
City: State: Zip:	City: State: Zip:
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail	

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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	Date of Birth	Relationship to Applicant

Housing

Current Residence Information:

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

Previous Residence, if the current residence is less than 3 years:

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"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Apartment <input type="checkbox"/> Unhoused <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"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Apartment <input type="checkbox"/> Unhoused <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 SPS 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 in each application phase. Ask staff for more information.

- 3-bedrooms with 2-bathrooms
- 4-bedrooms with 2-bathrooms (ADA compliant)

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 (Uber Driver, Instacart, side jobs). **All income requires documentation.** If you need more space, attach a separate page.

Type	Company/Agency	Whose Income?	Monthly Amount
Total			

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Background Check Authorization Form

A background check is required for all applicant(s) or household members over the age of 10 (ten). If there is more than one person(s) over the age of 10(ten), 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.

6. Have you ever been found by a court in a domestic relation 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, 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 the 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 _____