



Application for a Habitat for Humanity

Huron County Home

PO Box 453, Goderich, ON N7A 4C7

www.habitathuroncounty.ca

This document is confidential when completed.

What is Habitat for Humanity?

Habitat for Humanity Huron County (HFHHC) is one of over 70 affiliates of Habitat for Humanity (HFH) Canada and part of Habitat for Humanity International. HFH is an independent, non-profit faith based housing program dedicated to eliminating poverty housing by building homes in partnership with families in need. Home-owners contribute 500 hours of 'sweat equity' to the construction of their own homes and then repay a long-term, no-interest mortgage. Mortgage costs are kept low by the use of volunteer labour and generous donations of funds and building materials. This "sweat equity" increases pride of ownership and reduces Habitat's costs. "Sweat Equity" hours can include hours of physical labour on their home or participating in other Habitat activities such as fund raising, publicity, events planning and office duties.

Home-owners are chosen based on:

- their need for affordable housing,
- their willingness to partner with HFH
- their ability to pay back a no-interest mortgage

What happens after I apply?

1. After you apply, the Habitat Family Selection Committee will contact you. If you qualify, they will set a date and time to interview you.
2. After this first meeting, the Committee will discuss your application.
3. If your application moves beyond the first interview, you will be placed on a short list of applicants. The Committee will contact you to set up further interviews.
4. We will contact you if you are accepted as a possible Habitat homeowner once this decision is made.
5. The interview and decision making process usually takes 4 – 6 months to complete.
6. We will call or write you if your application is denied.

If your application is **NOT** accepted, this document will be destroyed at the end of the selection process. You are encouraged to re-apply each time Habitat for Humanity Huron County is sponsoring a house to be built.

If you have questions about how to complete this form, please call the Habitat for Humanity Huron County office at 519-612-1612 and leave a message for the Family Selection Committee. Someone will return your call and assist you.

Date of Application: _____

Photocopies of the following documents **MUST BE INCLUDED**
 For both **APPLICANT** and **CO-APPLICANT** as part of the application

CHECKLIST

	Applicant	Co-Applicant	For Office Use
1. Proof of eligibility to work and reside in Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Canadian Citizenship or birth certificate if born in Canada OR permanent resident's card or landed immigrant papers or temporary work visa</i>			
2. Rental information			
<i>Cancelled cheque, receipt or bank statement showing the current rent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employment Information - a confirmation letter from each applicant's current employer (Salary or hourly rate and hours worked) stating:			
<i>a) Current Earnings</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b) Length of employment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c) Whether employment is full time, part time, permanent or seasonal contract</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial Information			
If an item does not apply please mark NA (Not Applicable)			
<i>a) Your most recent Notice of Assessment from Revenue Canada</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b) Your most recent T-4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c) Current pay stub</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>d) Proof of child support</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e) Assessment of Child Tax Benefit from Revenue Canada</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>f) Statement of provincial child care supplements</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>g) Statement of disability income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>h) Statement of Employment Insurance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>i) Monthly Pension</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>j) Spousal Support</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>k) Statement of Social Assistance income</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>l) Information about income from any other member of your household</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>m) Current statements of every credit card and loans, showing amounts owing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>n) Discharge papers if you declared bankruptcy within the last 10 years</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reference named and mailing addresses included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Consent for Authorization and Release signed for each applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

Date Application received _____ Family ID Number _____

APPLICATION FOR A HABITAT HOME

1. Applicant Information

Applicant		Co-Applicant	
Applicant Name:	Date of Birth:	Applicant Name:	Date of Birth:
		Relationship to Applicant:	
Present Address in Full	<input type="checkbox"/> Own	Present Address in Full	<input type="checkbox"/> Own
	<input type="checkbox"/> Rent		<input type="checkbox"/> Rent
Number of Years There		Number of Years There	
Previous Address in Full	<input type="checkbox"/> Own	Previous Address in Full	<input type="checkbox"/> Own
	<input type="checkbox"/> Rent		<input type="checkbox"/> Rent
Number of Years There Rent \$		Number of Years There Rent \$	
Previous Address in Full	<input type="checkbox"/> Own	Previous Address in Full	<input type="checkbox"/> Own
	<input type="checkbox"/> Rent		<input type="checkbox"/> Rent
Number of Years There Rent \$		Number of Years There Rent \$	
Current Landlord Name		Current Landlord Name	
Home Phone	Work Phone	Home Phone	Work Phone
Previous Landlord Name		Previous Landlord Name	
Home Phone	Work Phone	Home Phone	Work Phone
Previous Landlord Name		Previous Landlord Name	
Home Phone	Work Phone	Home Phone	Work Phone

Applicant	Co-Applicant
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other
Documentation attached? YES / NO Please Circle	Documentation attached? YES / NO Please Circle
<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Dependants

(people who live with you other than the co-applicant)

1. Name:	4. Name:
State Relationship:	State Relationship:
Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?	Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other
Documentation attached? YES / NO Please circle	Documentation attached? YES / NO Please circle
Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?	Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?
2. Name:	5. Name:
State Relationship:	State Relationship:
Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?	Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other
Documentation attached? YES / NO Please circle	Documentation attached? YES / NO Please circle
Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?	Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?
3. Name:	6. Name:
State Relationship:	State Relationship:
Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?	Is this relationship to: <input type="checkbox"/> Applicant? <input type="checkbox"/> Co-Applicant?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other
Documentation attached? YES / NO Please circle	Documentation attached? YES / NO Please circle
Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?	Birth Date _____ <input type="checkbox"/> M or <input type="checkbox"/> F?

For additional household members, please include a list with names, relationship to the applicant(s), and status to work and reside in Canada. For additional comments please use back of sheets.

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 500 hours of volunteer service with Habitat for Humanity in Huron County. 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 a Habitat office, a Re-Store, or with other approved groups, or activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS YES NO

Do you see any challenges completing the 500 hours of sweat equity? Please explain the nature of these challenges.

You must participate in the Habitat for Humanity Partnering Program. You will be assigned a "Family Support Partner" who will assist you with budget counselling, household maintenance education and other related homeowner information.

I AM WILLING TO PARTICIPATE IN THE FAMILY PARTNER SUPPORT PROGRAM YES NO

Household maintenance and upkeep are your responsibility.

I AM WILLING TO COMMIT TO MAINTAINING A HABITAT PARTNER HOME YES NO

Habitat builds houses wherever suitable land is available in Huron County. Please explain any challenges that this may present to you and your family.

Print Applicant Name

Print Co-Applicant Name

Applicant Signature

Co-Applicant Signature

3. NEED FOR ADEQUATE SHELTER - HOUSING CONDITIONS

Number of bedrooms in your **current house**. (Please circle) 1 2 3 4 5

What other rooms are in the place where you live now? (Please check)

Kitchen Bathroom Living Room Dining Room Other (please describe)

Describe the condition of your current home and the neighbourhood you live in.

Why do you need a Habitat home?

How is your current housing situation not meeting your needs?

Are there special needs to consider in choosing or building a house (disabled accessibility, rooms for parents/grandparents, etc.)?

Do you anticipate a change in your family size in the near future? YES NO
If yes, please explain.

Do all family members live in the same house? YES NO If no, please explain

4. ABILITY TO PAY FOR A HABITAT HOUSE

4A EMPLOYMENT INFORMATION

*Please supply work history for the past year and **a letter from each applicant's employer.**
Refer to item 3 on page 2.*

Applicant Current Job		Co-Applicant Current Job	
Name & mailing address of primary employer		Name & mailing address of primary employer	
Position Held:		Position Held:	
Work Phone	Start Date	Work Phone	Start Date

Any Other Household Members With Income

*PLEASE NOTE * For permanent household members who are not co-applicants we need information regarding their length of residence and contributions to the income of the household. Please use the bottom space or another sheet of paper and explain.*

1. Name of Household Member	2. Name of Household Member
Length of residence with applicant(s)	Length of residence with applicant(s)
Name & mailing address of employer or source of income (pension, retirement etc.)	Name & mailing address of employer or source of income (pension, retirement etc.)
Work Telephone Number	Work Telephone Number
Start Date	Start Date

NOTE: All blanks on this page must be completed. If the blank does not apply, please print N/A (not applicable)

4B MONTHLY INCOME BEFORE TAX (for all household members)

Please provide current proof of income for Applicant, Co-applicant and Others providing regular income to the household. Refer to item 4 on page 2.

Monthly Income Before Tax	Applicant	Co-Applicant	Other 1	Other 2	Total
Monthly Income Before Tax - Current 1st Job	\$	\$	\$	\$	\$
Monthly Income Before Tax - Current 2nd Job	\$	\$	\$	\$	\$
Monthly Child Support	\$	\$	\$	\$	\$
Provincial Childcare Supplements	\$	\$	\$	\$	\$
Monthly Disability	\$	\$	\$	\$	\$
Monthly Employment Insurance Benefits	\$	\$	\$	\$	\$
Monthly Pension Income	\$	\$	\$	\$	\$
Monthly Spousal Support	\$	\$	\$	\$	\$
Monthly Social Assistance	\$	\$	\$	\$	\$
Other Income - Please explain	\$	\$	\$	\$	\$
Total Monthly Income Before Tax	\$	\$	\$	\$	\$

4C MONTHLY HOUSEHOLD EXPENSES

Monthly Accommodation Expenses

Monthly Rent	\$
Monthly Utilities	\$
	\$
Total Accommodation Expenses	(1) \$

Household Expenses		\$
Monthly Clothing		\$
Monthly Food		\$
Monthly Public Transit		\$
Cable TV/Internet /Telephone		\$
Monthly Vehicle Expenses	Gas	\$
	Repairs	\$
Monthly Insurance	Medical	\$
	House/Apartment	\$
	Vehicle	\$
Other (please specify)		\$
Other (please specify)		\$
Total Household Expenses	(2)	\$
Monthly Debt Obligations		
Monthly Vehicle Payments		\$
Monthly Credit Card Payments		\$
Monthly Student Loans Payments		\$
Monthly Spousal/Child Support Payment		\$
Monthly Child Care		\$
Other (please specify)		\$
Other (please specify)		\$
Total Monthly Debt Obligations	(3)	\$
Total Monthly Household Expenses	(1+2+3)	\$

4D LONG TERM DEBTS YOU OWE (for all household members)

	Applicant	Co-Applicant	Other 1	Other 2	Total
Total Balance on MasterCard/American Express	\$	\$	\$	\$	\$
Total Balance on Visa	\$	\$	\$	\$	\$
Other Credit Card (please specify)	\$	\$	\$	\$	\$
Other Credit Card (please specify)	\$	\$	\$	\$	\$
Other Credit Card (please specify)	\$	\$	\$	\$	\$
Other Credit Card (please specify)	\$	\$	\$	\$	\$
Total Balance on Car Loan	\$	\$	\$	\$	\$
Total Balance on Student Loan(s)	\$	\$	\$	\$	\$
Total Balance on Line of Credit	\$	\$	\$	\$	\$
Total Balance on Personal Loans	\$	\$	\$	\$	\$
Total Balance on Other Debts - Please Explain	\$	\$	\$	\$	\$
Total Long Term Debts	\$	\$	\$	\$	\$

4E ASSETS

List All Financial Accounts such as Chequing, Savings, RRSP's and others, use reverse side if necessary

Applicant	Co-Applicant
Name and mailing address of Bank	Name and mailing address of Bank
Bank Manager/Bank Contact Person (who knows your financial status)	Bank Manager/Bank Contact Person (who knows your financial status)
Account Type(Chequing,Saving,RRSP etc.) Balance	Account Type(Chequing,Saving,RRSP etc.) Balance
Account Type(Chequing,Saving,RRSP etc.) Balance	Account Type(Chequing,Saving,RRSP etc.) Balance
Account Type(Chequing,Saving,RRSP etc.) Balance	Account Type(Chequing,Saving,RRSP etc.) Balance
Total of above accounts \$	Total of above accounts \$

Do you own any real estate? _____ If yes, please provide location and market value.	Do you own any real estate? _____ If yes, please provide location and market value.
Do you own an automobile? YES ____ NO _____	Do you own an automobile? YES ____ NO _____
Year Make	Year Make
Model	Model

Have you ever declared personal bankruptcy? YES _____ NO _____
If yes, what was the discharge date?
Proof of discharge attached? YES _____ NO _____

5. PERSONAL REFERENCES

Please list at least 3 personal references from people who know you and your family situation and are not related to you.

Name & Mailing Address of 1st Reference	Name & Mailing Address of 2nd Reference
Is association to Applicant or Co-applicant? (Circle one)	Is association to Applicant or Co-applicant? (Circle one)
State Association	State Association
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Name & Mailing Address of 3rd Reference	Name & Mailing Address of 4th Reference
Is association to Applicant or Co-applicant? (Circle one)	Is association to Applicant or Co-applicant? (Circle one)
State Association	State Association
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number

APPLICANT AGREEMENT

We understand that the completion of this application is in no way a guarantee of receiving a Habitat house. We understand that this application will be reviewed with all others that are filed and final approval is the sole right of Habitat for Humanity Huron County.

We understand that false or misleading information may be grounds for rejection of our application.

Habitat for Humanity Huron County and the Family Selection Committee on its part will adhere to all legislation related to the collection and handling of personal information provided by applicant(s) during the application and selection process. If your family is selected to buy a Habitat home, a contract will be drawn up between you and Habitat for Humanity Huron County, stating all conditions of the purchase agreement.

AUTHORIZATION AND RELEASE

I/we the undersigned declare(s) that the statements made in this application are true and correct. I/we, the applicant(s), consent to any inquiries by Habitat for Humanity Huron County deemed necessary to reach a decision on this application, including contacting references, and I/we consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom I/we have financial relations. I/we the applicant(s), further certify that I/we have answered all the questions truthfully and to the best of my/our knowledge.

Date Print Name	Date Print Name
Signature of Applicant	Signature of Applicant

NOTE

Please use the check list on Page 2 of the application to verify that you have included all the required documents with your application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Before mailing, make a copy of your completed application for your records.

Please send the application to:
Habitat for Humanity Huron County – Application
PO Box 453
Goderich, ON N7A 4C7