



Dear Applicant:

Thank you for your interest in Habitat for Humanity. Gibson County Habitat for Humanity (GCHFH) is a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit to families who could not otherwise afford a home.

Attached to this letter is a preliminary application for housing which you may use to apply for a Habitat home. If the information you give us meets our general qualifications, we will contact you and set up an appointment with you to obtain more detailed information.

PLEASE READ THE FOLLOWING TO SEE IF YOU MEET OUR GENERAL QUALIFICATIONS
****YOU MUST MEET THE FOLLOWING GUIDELINES TO QUALIFY****

1. Need for adequate shelter:

- * Current shelter has problems with the heating system, water supply, electricity, bathroom(s), kitchen, structure, etc.
- * Current shelter has an inadequate number of bedrooms as determined by number, ages, and sex of household.
- * The current neighborhood is unsuitable (unsafe or unsanitary).
- * The family is unable to obtain a conventional or government-assisted mortgage loan to purchase a home. Applicant has proof of inability to receive other loans.
- * You are rent burdened.

2. Ability to pay for a Habitat home:

- * The family selected for a Habitat home must pay a cash down payment of \$1,000. \$500 is required during construction and the remaining \$500 is due before closing on the home.
- * The family must have the ability to make monthly house payments in addition to their current debt. The total mortgage payment, taxes, insurance, and all other debt should not be greater than 38% of the total gross income.
- * Credit history will be checked.
- * Home ownership must not threaten household income, ie., household income must not stop or substantially decrease if the applicant owns a home.

3. Willingness to Partner with Habitat:

- * If you are approved you are required to work 250 sweat equity hours per family.
- * Maintaining the home upon occupancy.
- * Join programs to learn budgeting, home repair, maintenance, etc.

4. Applicant must live in Gibson County and plan on establishing permanent occupancy.

- * Your total annual family income should be within the following range for a family of your size:

1 person = \$15,400 - \$25,650	2 persons = \$17,600 - \$29,300	3 persons = \$19,800 - \$33,000
4 persons = \$22,000 - \$36,650	5 persons = \$23,700 - \$39,600	6 persons = \$25,500 - \$42,500

All information is considered confidential and will be used only for family selection purposes. Falsifying or misrepresenting any information on your application or failing to disclose all relevant information could result in denial or removal from the program. You will be notified within 30 days of your provisional acceptance or non-acceptance as a candidate for housing.



Gibson County Habitat for Humanity

1121 S. Stout St., Princeton, IN 47670

812-385-2434

Email: gchh@insightbb.com

PRELIMINARY APPLICATION FOR HABITAT HOUSING

The information contained in this application will remain strictly confidential. It will be available to members of the staff and the Board of Directors. If you are approved to purchase a home, this information could also be used in obtaining grant money to build your house. Please complete this application and return to Gibson County Habitat for Humanity, 1121 S. Stout Street, Princeton, IN 47670.

APPLICANT INFORMATION

Applicant Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married _____ Separated _____ Unmarried (single, divorced, widowed) _____

Address: (Street/ P.O. Box) _____

City: _____ State: _____ Zip: _____ Phone: _____

Are you a U.S citizen or permanent resident? _____ Yes _____ No

Co-Applicant Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Married _____ Separated _____ Unmarried (single, divorced, widowed) _____

Address: (Street/ P.O. Box) _____

City: _____ State: _____ Zip: _____ Phone: _____

Are you a U.S citizen or permanent resident? _____ Yes _____ No

EMPLOYMENT INFORMATION

APPLICANT

Present Employer: _____

CO-APPLICANT

Present Employer: _____

Occupation: _____	Occupation: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: (_____) _____	Telephone: (_____) _____
Dates Employed: From: _____ To: _____	Dates Employed: From: _____ To: _____
Supervisor: _____	Supervisor: _____

INCOME INFORMATION

Your Pay Each Payday \$ _____ How often are you paid (weekly, every 2-weeks): _____

Other income \$ _____ Food stamps, or other aid programs

If Working at Current Job Less Than One Year, Complete the Following Information

APPLICANT

Last Employer: _____
 Occupation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (_____) _____
 Dates Employed: From: _____ To: _____
 Supervisor: _____
 Reason for leaving: _____

CO-APPLICANT

Last Employer: _____
 Occupation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (_____) _____
 Dates Employed: From: _____ To: _____
 Supervisor: _____
 Reason for leaving: _____

MONTHLY EXPENSES: How much do you spend on the following?:

Monthly Rent or Mortgage payment: _____
 Groceries(include food stamp \$): _____ Dining Out: _____ Phone _____ Cell Phone: _____
 Child Care _____ School Lunch _____ Cable/Satellite TV _____ Internet: _____
 Personal Items _____ Life Insurance _____ Medical insurance _____ Prescription Medicine _____
 Car Payment _____ Car Insurance _____ Gasoline _____ Car Maintenance _____ Bus fare _____

AUTHORIZATION AND RELEASE FORM

I understand that by filing this application, I am authorizing GCHFH to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of home ownership. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity for 25 months even if the application is not approved. I understand that the completion of this application in no way guarantees me that I will receive housing through GCHFH. I will comply with all the terms and conditions of GCHFH.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____