



SENECA HABITAT FOR HUMANITY

CAROL DELL, EXECUTIVE DIRECTOR
65 GRACE STREET, TIFFIN, OH 44883
419-447-4270
CDELL@SENECAHABITAT.ORG

PARTNER PROGRAM ELIGIBILITY REQUIREMENTS SECTION A

Habitat for Humanity of Seneca County is financed through both private and federal contributions and utilizes volunteers, along with family members, to build homes which are then sold to successful Family Partners **at cost** and with a **no-interest mortgage** that includes property taxes and insurance. The average monthly payment will be approximately \$400 to \$650. Costs are estimates only. Actual expenses may vary.

In order to become a Habitat homeowner, an applicant must:

- ✓ Meet all requirements and conditions listed in Section A
- ✓ Provide all the required supporting documents listed in Section B
- ✓ Complete an Application for Housing (Section C)
- ✓ Be selected as a Partner Family
- ✓ Meet the financial requirements
- ✓ Complete all Sweat Equity requirements
- ✓ Demonstrate a true Habitat Partner Attitude (By signing the application you are indicating your willingness to partner with Seneca Habitat for Humanity.)

If you are interested in owning a Habitat home and you believe that you meet the following guidelines, we encourage you to complete this application and return it to: **65 Grace Street, Tiffin, OH 44883**. If you need assistance when completing this application, please call 419-447-4270 (Office hours: Mon – Fri, 8am – 4pm). All information gathered by SHFH is considered confidential and will only be used for our Family Selection Process.

If you answer “**yes**” to the following statements, you are invited to complete this application for the Habitat Partner Program:

_____ I/We meet the **minimum** annual income requirement of 50% of the area median or the maximum of 80% of the county median. There are _____ adults (18 and over) and _____ children in our household and our combined annual income is \$_____.

_____ I/We have lived in Seneca County for at least one year prior to the date of application.

_____ I/We acknowledge that in order to qualify for a Habitat home, I/we must be a **U.S. Citizen** or have **Legal Permanent Resident** status.

_____ I/We understand the Sweat Equity requirements and am/are willing to partner with Seneca Habitat for Humanity.

_____ I/We understand that I/We must pay a down payment of \$500 towards our home.

_____ I/We are responsible about paying our bills and I/We have not filed for bankruptcy in the past two years.

_____ I/We understand that I/We am/are applying for a homeownership program offered by Seneca Habitat for Humanity. I/We am/are prepared to make monthly mortgage payments.



PARTNER APPLICATION CHECKLIST

SECTION B

Along with a completed and signed application, please include the following information and documentation for both the Applicant and Co-applicant:

_____ Copies of your last three months of pay stubs

_____ A letter from a mortgager indicating that you have either been denied or approved for a home loan

_____ Copies of last month's bills for the household

_____ Copies of your filed income tax returns for the past three (3) years

_____ A copy of your current rental agreement or lease; if you do not have either a rental or lease agreement, please provide a money order receipt or a cancelled rent check
You and your landlord must complete the Verification of Rental Payments form (page 9)

_____ Two character reference letters (preferably from an employer, landlord, neighbor, or church leader); these letters must be signed and dated and must contain the contact information including the telephone number for the person giving the referral

_____ A statement indicating what your housing needs or current housing situation is (page 3); for example: poor heating or plumbing, leaky roof, overcrowding (three or more to a bedroom), unsafe or unsanitary conditions or special family needs, rent to income ratio (the amount of rent you pay in comparison to your gross income)

_____ A signed Waiver and Authorization (page 7) giving Seneca Habitat for Humanity permission to obtain your credit report and perform a background check upon being selected as a Partner Family

_____ A letter explaining my interest in becoming a Habitat homeowner (see page 8 for details)

*** The above referenced documentation must be provided at the time of application or your application will be put on hold until such documentation is received by Seneca HFH. If you are having difficulties completing the application or gathering required documentation please contact Seneca HFH at 419-447-4270 and request assistance.***





APPLICATION FOR HOUSING

65 Grace Street, Tiffin, OH 44883, 419-447-4270, cdell@senecahabitat.org

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity home. Please complete this application as thoroughly and accurately as possible. All information you provide on this application will be kept confidential. Your application and all supporting documentation you provide will become the property of Seneca Habitat for Humanity, therefore, we ask that you please provide us copies and not original documents.

1. APPLICANT INFORMATION

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Home Phone:
Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>			Drivers License Number:	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Lawful Permanent Resident ID# _____	
Present Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at your present address? _____					
Previous Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at your previous address? _____ Please provide your housing information for the past five (5) years. If you require additional space, please record information on a separate piece of paper and attach to application.					

2. CO-APPLICANT INFORMATION

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Home Phone:
Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>			Drivers License Number:	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Lawful Permanent Resident ID# _____	
Present Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at your present address? _____					
Previous Address			City	State	Zip Code
Rent <input type="checkbox"/> Own <input type="checkbox"/> How long have you lived at your previous address? _____ Please provide your housing information for the past five (5) years. If you require additional space, please record information on a separate piece of paper and attach to application.					

3. DEPENDENTS OF APPLICANT/CO-APPLICANT WHO WILL RESIDE IN FAMILY HOME

Name of Dependents	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional dependants and you require addition space, please record information on a separate piece of paper.

4. APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage/Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage/Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

5. CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage/Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage/Hours per Week	Average Monthly Income	Type of Business

Job Title or Description:

6. HOMEBUYER INFORMATION

Have you ever owned a home before? Yes No If yes, why do you no longer own it?

Dates of Ownership: ____/____/____ to ____/____/____

Do you own land? Yes No If yes, please describe, include location:

Land monthly loan payment \$_____. Total unpaid balance on land: \$_____

Have you ever applied for a Habitat Home before? Yes No If yes, when? _____

How did you hear about Habitat for Humanity? _____

7. PRESENT HOUSING SITUATION

Number of Bedrooms:_____ Number of Bathrooms:_____ Describe Laundry Facilities: _____

Other rooms in the home in which you are currently living:

- Kitchen Bathroom Living Room Dining Room Family Room Finished Basement Finished Attic
 Other Rooms _____

If you rent your residence, what is your monthly rent payment? _____

Please provide the contact information for your current landlord in the space provided below:

Landlord Name	Address	Phone

If you have lived at your current address for less than one year, please provide the contact information for your previous landlord:

Landlord Name	Address	Phone

In the space below, please describe your current house situation and/or house condition. Why do you feel you need a Habitat Home?

8. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home, being a good homeowner and neighbor once you move in to your home, and continuing to support the Habitat for Humanity mission while your home is built.

During the partner phase of your relationship with Habitat, you and your family must complete a mandatory number of “sweat-equity” hours. “Sweat-equity” is earned by you when you help to build your home and the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required “sweat-equity” hours.)

Please sign below indicating that you and your family are willing to partner with Seneca Habitat for Humanity while your home is being built and after construction, for as long as you own your Habitat home. By signing below you are also indicating that you are willing to complete all “sweat-equity” requirements.

Applicant Signature	Date	Co-Applicant Signature	Date

9. COMBINED MONTHLY EXPENSES AND DEBT

Monthly Expenses	Name of Creditor	Monthly Payment	Current Balance	Past Due?
MISC. HOUSEHOLD EXPENSES				
House Rent				
Gas/Electric				
Trash/Water/Sewer				
Cable/Satellite TV/Internet				
Telephone (Cell Phone)				
Furniture				
Groceries				
LOANS				
Auto ____ months remaining				
Student ____ months remaining				
Personal ____ months remaining				
MEDICAL/DENTAL				
Doctor				
Dental				
Prescriptions				
INSURANCE				
Renter's				
Auto				
Medical/Health				
Dental				
Life				
MISC. PERSONAL CARE				
Hair Care/ Salon Services				
Clothing				
Entertainment				
EX-FAMILY EXPENSES				
Child Support				
Alimony				
OTHER EXPENSES				
Car Repair				
Car Gas				
Credit Card:				
Credit Card:				
Children's School Expenses				
Childcare				
Other				
TOTAL MONTHLY EXPENSES:	\$			

10. MONTHLY INCOME – APPLICANT/CO-APPLICANT

Monthly Income Source	Applicant Income	Co-Applicant Income	Others in Household Income
Base Employment Income			
Second Job Income			
AFDC/TANF			
Food Stamps			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			
		Combined Monthly Income	\$

Are either you the Applicant or the Co-applicant self-employed? Yes No If yes, please describe:

Are their addition members of the household over the age of 18 who are earning income? Yes No If yes, please list below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

11. ASSETS

Please list all Checking and Savings Accounts below:

Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____
Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____

Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Savings Bonds, etc.:

Source	Value	Source	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

If you are approved for a Habitat home, the down payment will be \$500. How will you get the money to pay for this cost? If you plan on borrowing the money to pay these costs, from who will you borrow this money? How and when do you plan to pay the money back?

13. DECLARATIONS

- | | | |
|--|--|--|
| | Applicant | Co-Applicant |
| a. Are you currently involved in a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Do you have debt because of a court decision against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are you presently delinquent or in default on any federal debt or any other loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you a co-signer on another note? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are there any outstanding judgments against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Have you declared bankruptcy in the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Have you had any property foreclosed upon in the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Have you had anything repossessed within the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Have any of your accounts been placed in collections in the past three years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Have you been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Are you paying alimony or child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered yes to any questions "a" through "k", please provide a detailed explanation below:

14. AFFIRMATION STATEMENT

I understand that by filing this application, I am authorizing Seneca Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a no-interest loan and other expenses of home ownership and my willingness to be a partner family. 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 that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original copy of this application will be retained by Seneca Habitat for Humanity even if the application is not approved along with all the supporting documentation I have submitted along with this application.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Application received by office staff:		Application reviewed by Family Selection:	
Family invited for initial interview:		Family invited for second interview:	
Home visit completed on:		Board of Directors: Date:	<input type="checkbox"/> Accepted or <input type="checkbox"/> Denied
Date applicant accepted into program:		Family Support Sponsor:	

15. DISCLOSURE AND RELEASE AUTHORIZATION

SENECA HABITAT FOR HUMANITY

65 Grace Street
Tiffin, OH 44883
Phone: 419-447-4270
Email: cdell@senecahabitat.org

Disclosure: under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Action (DPPA), notice is hereby given that Investigative Reports are being requested from local Law Enforcement Agencies and/or other third-party investigative sources. The report may include, but not limited to, the following types of information: employment history, driving record, worker's compensation claims, credit, criminal records, and civil records.

Release Authorization: I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY SENECA HABITAT FOR HUMANITY TO FURNISH THE ABOVE MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS HABITAT FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.

Applicant Name (print): _____ Date of Birth: _____
Social Security #: _____ DL#: _____ State: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

Co-Applicant Name (print): _____ Date of Birth: _____
Social Security #: _____ DL#: _____ State: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

16. ADDITIONAL INFORMATION AND REQUIRED DOCUMENTATION

Letter of Interest

Along with this application, please include a letter indicating your interest in becoming a Habitat Homeowner. In this letter, please tell us:

- Why you should be chosen to become a Habitat homeowner.
- What it would mean to you to take part in the Habitat Partner Program.
- What it means to be a good neighbor and homeowner.
- If you are selected to become a Habitat Partner Family, you will be required to volunteer 200 hours per applicant of your time doing service with Habitat for Humanity. Once your home is complete, you will be expected to maintain a relationship with Habitat for Humanity by continuing to give of your time and abilities. Therefore, please also tell us in your letter how you currently volunteer or give back to the community in which you live.

AFFILIATE PROCEDURES FOR APPLICANTS WITH DISABILITIES OR CHALLENGES



Seneca Habitat for Humanity accommodates all applicants on a case by case basis, for example: English as a second language, visually impaired, hearing impaired, etc.

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout Seneca County. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

17. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the information below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant Name: _____ **I do not wish to furnish this information**
Race/National Origin: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian and Caucasian
 American Indian or Alaskan Native AND Black/African American Other (specify): _____
Ethnicity: Hispanic Non-Hispanic
Sex: Female Male **Date of Birth:** _____
Marital Status: Married Separated Unmarried (Including Single, Divorced, Widowed)

Co-Applicant Name: _____ **I do not wish to furnish this information**
Race/National Origin: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian and Caucasian
 American Indian or Alaskan Native AND Black/African American Other (specify): _____
Ethnicity: Hispanic Non-Hispanic
Sex: Female Male **Date of Birth:** _____
Marital Status: Married Separated Unmarried (Including Single, Divorced, Widowed)

VERIFICATION OF RENTAL PAYMENTS

Applicant Name: _____

Address: _____

Landlord's Name: _____

Landlord Address: _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

The following section is to be completed by the applicants' landlord.

The applicants named above have applied to become a partner family with Seneca Habitat for Humanity and have named you as landlord of the property that they rent, and authorize you to release the information requested below.

Length of time renting at this address. _____

Amount charged for rent. _____

Is rent subsidized? Yes No If yes, applicant amount: _____ Subsidized amount: _____

Utilities paid by tenant: Gas Electric Water Sewer

Payment experience with applicants: Excellent Good Fair Poor

Please provide a detailed payment history for the past 12 months that the applicant has rented with you.

Remarks/Comments:

Signature of Authorized Landlord

Date

Please return to:

**Seneca Habitat for Humanity
65 Grace Street
Tiffin, OH 44883**