



HOMEOWNER PRE-APPLICATION

Please print clearly in INK. Fill in ALL sections

Applicant Information

Name: _____
First Middle Last

_____-_____-_____
Social Security Number Date of Birth

Are you a Veteran? Yes No Branch of Service _____

Marital Status: Single (never married) Separated Divorced
 Married Widowed

Current Address: _____
Number Street

City State Zip

Home Phone: _____

Cell Phone: _____ Is this a smart phone? Y / N

Email Address: _____

Race: Non-Hispanic Black Hispanic/Latino
 Non-Hispanic White American Indian Other _____

Citizenship (mark one): United States Citizen
 Permanent/Legal Resident

Employment Information: (Applicant)

(If you have worked at your current job for less than one year or are employed by more than one company please complete information for your previous or additional employer)

Current Employer:

Phone: (____) _____

Address: _____
Number Street

City State Zip

Position: _____

How long have you worked here? _____
Years Months Days

of hours worked per week: _____

Hourly rate of pay: \$____.____ full-time part-time

Pay frequency: weekly twice a month bi-weekly monthly
If monthly, select one: 10 month employee
 12 month employee

Previous/Additional Employer:

Phone: (____) _____

Address: _____
Number Street

City State Zip

Position: _____

How long have you worked here? _____
Years Months Days

of hours worked per week: _____

Hourly rate of pay: \$____.____ full-time part-time

Pay frequency: weekly twice a month bi-weekly monthly
If monthly, select one: 10 month employee
 12 month employee

Additional Income:

Child Support: \$_____ Disability: \$_____ Retirement: \$_____
Other: \$_____

Co-Applicant Information (if applicable)

Name: _____
First Middle Last

_____-_____-_____
Social Security Number Date of Birth

Are you a Veteran? Yes No Branch of Service _____

Marital Status: Single (never married) Separated Divorced
 Married Widowed

Current Address: _____
Number Street

City State Zip

Home Phone: _____

Cell Phone: _____ Is this a smart phone? Y / N

Email Address: _____

Race: Non-Hispanic Black Hispanic/Latino
 Non-Hispanic White American Indian Other _____

Citizenship (mark one): United States Citizen
 Permanent/Legal Resident

Employment Information: (Co-Applicant)

(If you have worked at your current job for less than one year or are employed by more than one company please complete information for your previous or additional employer)

Current Employer:

Phone: (____) _____

Address: _____
Number Street

City State Zip

Position: _____

How long have you worked here? _____
Years Months Days

of hours worked per week: _____

Hourly rate of pay: \$____.____ full-time part-time

Pay frequency: weekly twice a month bi-weekly monthly
If monthly, select one: 10 month employee
 12 month employee

Previous/Additional Employer:

Phone: (____) _____

Address: _____
Number Street

City State Zip

Position: _____

How long have you worked here? _____
Years Months Days

of hours worked per week: _____

Hourly rate of pay: \$____.____ full-time part-time

Pay frequency: weekly twice a month bi-weekly monthly
If monthly, select one: 10 month employee
 12 month employee

Additional Income:

Child Support: \$_____ Disability: \$_____ Retirement: \$_____
Other: \$_____

Have you been convicted of a federal, state, or local violation or entered into any plea bargain for a violation, except for minor traffic violations? If yes, explain in detail on a separate sheet of paper. Answering yes does not mean that your application will be denied.

Applicant Yes No

Co-Applicant: Yes No

Housing Need

Who will be living in your home?		Female/Male	Relationship to Applicant
Name: _____	Age: ____ D.O.B. ___/___/___	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Name: _____	Age: ____ D.O.B. ___/___/___	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Name: _____	Age: ____ D.O.B. ___/___/___	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Name: _____	Age: ____ D.O.B. ___/___/___	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____

Have you rented at least 12 consecutive months? Yes ____ No ____ **Current amount of monthly rent:** _____
If yes, when? : Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____ **Do you receive any rental assistance:** _____

How did you hear about the Habitat for Humanity program? If so, how much _____

<input type="checkbox"/> Friend or Family Member	<input type="checkbox"/> TV, Newspaper, Magazine
<input type="checkbox"/> Internet	<input type="checkbox"/> Habitat Homeowner / Partner Family
<input type="checkbox"/> Another Agency	Who? _____
	<input type="checkbox"/> Habitat Forsyth Office

Interpreter Request / Intérprete Petición

Please indicate your preferred language. English/Inglés Spanish/Español Other/Otro _____
 (¿Lengua preferida?)

Please indicate if you are requesting an interpreter. Yes/si No/no
 (¿Está usted necesitando un intérprete?(¿sí o no?)

This is a free service provided by Habitat for Humanity of Forsyth County, therefore you acknowledge that by requesting accommodations you understand, and agree with the policy pertaining to interpreter services of Habitat for Humanity of Forsyth County. You agree to report immediately to Habitat any schedule changes, or problems that arise.

Accept/Acepte Decline/Declinación

Authorization and Release

I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a loan and other expenses of homeownership and my willingness to be a partner family.

I, Applicant/Homeowner, hereby authorize the release of the following information to any employer, bank, credit reporting agency, clerk of courts, real estate company, or any other financial institution authorized to disclose to Habitat for Humanity of Forsyth County any personal, financial, information or report regarding my past and present financial situation. This includes property ownership and rentals, personal and credit references, landlord references, criminal records, bank accounts, and all income. I further authorize a photographic copy of this release to be the equivalent of the original and to be accepted the same as an original.

I give permission to Habitat for Humanity of Forsyth County to collect and enter my personal and household information into the Outcome Tracker software system.

Outcome Tracker is a computer software system that is used locally as a means to share common data. All Outcome Tracker Licensed Users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

I understand that the Outcome Tracker system is shared with and used by authorized agencies in my community which are as follows:

- | | |
|--|--|
| Experiment in Self Reliance | Habitat for Humanity of Forsyth County |
| Financial Pathways of the Piedmont | Housing Authority of Winston-Salem |
| Forsyth County Department of Housing & Community Development | North Carolina Housing Foundation |

I understand that these authorized agencies are sharing client information in my community for the purpose of:

1. Assessing the needs of Participants in order to give better assistance and to improve current or future situations.
2. Improve the quality of care and services for Participants.
3. Tracking the effectiveness of community efforts to meet the needs of Participants.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my Outcome Tracker file with an authorized user.
- Signing this release does not guarantee that I will be approved for a specific program.
- I may revoke my authorization by completing a revocation form.
- All authorized agencies listed on this form will treat my information with respect and in a professional and confidential manor.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Applicant/Client Name (Printed)	Applicant/Client Signature	Date
Co-Applicant/Client Name (Printed)	Co-Applicant/Client Signature	Date
Habitat Representative Name (Printed)	Habitat Representative Signature	Date