

## Confidential

### Partner Family Application for Housing

(Please Print Clearly)

#### Family Information

Applicant's Name: \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Social Insurance Number: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's Social Insurance Number: \_\_\_\_\_

Applicant's Complete Street Address: \_\_\_\_\_

(Include apartment number if applicable) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

(If different from street address) \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

List below the names of all the people who live in your home, beginning with yourself:

Name	Birthdate	Sex (M/F)	Relationship	Place of Employment
1.			Self	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## Confidential

### Partner Family Application for Housing

(Please Print Clearly)

#### Current Housing Information

Is your current housing:      Owned      Rented      Other \_\_\_\_\_

If renting, what is your monthly rent? \$ \_\_\_\_\_

Does this include:      Heat      Electrical

Please fill in the rooms that are in your current home:

\_\_\_\_\_ Bedrooms (how many)      \_\_\_\_\_ Kitchen      \_\_\_\_\_ Living Room  
\_\_\_\_\_ Bathroom (how many)      \_\_\_\_\_ Dining Room      \_\_\_\_\_ Other (specify below)

Landlord (if applicable):      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you own land?      No      Yes      Where: \_\_\_\_\_

Describe the ways in which your current housing is inadequate (eg. Size, Plumbing, Insulation, Safety, Exterior, etc.)

## Confidential

### Partner Family Application for Housing

(Please Print Clearly)

#### Financial Information

##### Gross Employment Income (before deductions) for all working adults in the home:

- ◆ Include regular employment, self-employment, gratuities, and commissions.

Name	Employer Name & Phone Number	Type of Employment (P/T, F/T, Seasonal)	How long	Monthly Income	Gratuities & Commissions
1.					
2.					
3.					
4.					
5.					

##### Applicant & Co-Applicant Employment History:

Name	Employer	Contact Name & Number	How long?
1.			
2.			
3.			
4.			
5.			

##### Other Income:

- ◆ Include unemployment insurance, Canada pension, old age security, guaranteed income supplement, disability pension, worker's compensation (permanent), investment income, child tax benefit, child support, alimony, or other (please specify).

Name	Source	Expected Termination Date	Monthly Amount
1.			
2.			
3.			
4.			

## Confidential

### Partner Family Application for Housing

(Please Print Clearly)

#### Assets:

- ◆ List all assets including savings, investments, vehicles, property, recreational equipment, etc.

Asset	Current Value	Name of Creditor	Monthly Payment	Outstanding Balance
1.				
2.				
3.				
4.				
5.				
6.				

#### Debts:

- ◆ List all debts including credit cards, loans, overdrafts, etc. Do not include payments listed above.

Debt	Name of Creditor	Montly Payment	Outstanding Balance
1.			
2.			
3.			
4.			
5.			
6.			

#### References:

- ◆ Please list TWO people not related to you who know you very well, and ONE relative.

Name of Reference	Occupation	Address	Phone
1.			
2.			
3.			

## Confidential

### Partner Family Application for Housing

(Please Print Clearly)

#### Sweat Equity

"Sweat equity" is part of the requirements of owning a Habitat for Humanity home. If you are selected, what will you and your family do to help build your own and other Habitat homes?

---

---

---

---

---

---

---

#### Authorization & Release

The undersigned applicant(s) applies for a Habitat home and a no-interest loan to finance the purchase price of the home. Applicant(s) authorize Habitat for Humanity "On the Border" to evaluate applicant's actual need for a Habitat home, ability to repay the loan and other expenses of home ownership, and willingness to participate in the Habitat partnership. The evaluation will include personal visits, credit check, and contact of references and employers.

All information will remain confidential. The original or a copy of this application will be retained by Habitat for Humanity "On the Border" even if the application is not approved.

By signing below, the applicant(s) warrants the information on this application to be accurate and true, and authorizes the release of information. The applicant(s) also agrees to supply additional up-to-date information when requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_