

Applicant Contact Information			
Name			
Address			
City, State Zip			
Phone Number Mobile		Phone Number Work	
Email Address			
Co-Applicant Contact Information (if applicable)			
Name			
Address			
City, State Zip			
Phone Number Mobile		Phone Number Work	
Email Address			

How many family members would live in the Habitat home (including you)?			
How long have you been employed at your current job?			
Have you been unemployed in the past 2 years?	YES	NO	If yes, for how long?
Have you ever filed bankruptcy?	YES	NO	If yes, when was it discharged?
Have you been through foreclosure?	YES	NO	If yes, when?

Monthly Financial Information

List **Monthly** Income and Expenses below. If you are applying by yourself, please list only your information. If there is a co- applicant, please combine income and expenses.

Monthly Income	
Applicant Gross Income	\$
Co-Applicant Gross Income	\$
Income of Household Members over 18 years old	\$
Social Security Income	\$
Disability Income	\$
TANF	\$
Child Support	\$
Food Stamps	\$
Retirement Income	\$
Supplemental Income	\$
Other (please explain)	\$
	\$
	\$
	\$
	\$

Monthly Expenses	
Rent (amount you pay)	\$
Electricity	\$
Gas (alagasco)	\$
Telephone	\$
Water/Sewer	\$
Child Care	\$
Car payment	\$
Car insurance	\$
Furniture/TV (rent to own)	\$
Loans	\$
Credit Card payments	\$
Court Ordered payments	\$
Health Insurance (amount deducted from pay)	\$
Life Insurance (amount deducted from pay)	\$
Retirement (amount deducted from pay)	\$
Other (please explain)	\$

SUBMITTING THIS INFORMATION

Truthfulness is one of the basic requirements throughout the application process. Make sure the information provided is complete and accurate.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the 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. If you do not wish to furnish the information, please check the appropriate box below.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin:	Race/National Origin:
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian	<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/> Black/African American AND Caucasian	<input type="checkbox"/> Black/African American AND Caucasian
<input type="checkbox"/> American Indian or Alaskan Native AND Black/African American	<input type="checkbox"/> American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Male
Birthdate: ____/____/____	Birthdate: ____/____/____
Marital Status:	Marital Status:
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced

Greater Birmingham Habitat for Humanity has entered into a partnership with the United Way of Central Alabama to provide additional resources to those who do not qualify based on the information provided. United Way has Case Managers on staff to assist with credit counseling, free tax preparation, and financial guidance.

If you do not qualify based on the information provided, and you would like to have a United Way Case Manager contact you, please sign and return this form to the GBHFH office and a Case Manager will contact you. Working with a United Way case manager does not guarantee acceptance in the Habitat Homeownership Program.

I, _____ and _____ the undersigned, hereby authorize Greater Birmingham Habitat for Humanity to release my contact information and/or applicable application information to the United Way of Central Alabama.

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. 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.

