



Confidential

APPLICATION FOR HOUSING

RETURN TO:

Habitat for Humanity Wellington County
300 –104 Dawson Rd
Guelph, ON N1H 1A7

If you need any help in completing this form, call 519-767-9752 in Guelph and leave a message for the Family Selection Committee or email hfhfamilyapp@yahoo.ca

FAMILY INFORMATION

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

Applicant's Complete Street Address:

Applicant's Mailing Address:
(If different from Street Address)

When did you move to the above address? _____

Applicant's Phone # (Home) _____
(Work) _____

Applicant's Social Insurance
No. _____

Applicant's Email Address: _____ - if you would like email contact

Co-Applicant's Name: _____
(if applicable) (First) (Middle) (Last)

Co-Applicant's Phone # (Work) _____

Co-Applicant's Social Insurance
No. _____

Co-Applicant's Email Address: _____

Previous address:

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

revised Feb. 2010

Date received _____

File No. _____

If you are chosen as a Habitat Partner Family, what family members would be living in your home?
(Attach a separate sheet of paper if more space is needed.)

Name (first and last) <i>Start with yourself</i>	Date of Birth (month/day/year)	Sex M/F	Relationship to Applicant	Current Place of Employment and Position Held
1.			Self	
2.				
3.				
4.				
5.				
6.				
7.				

EMPLOYMENT HISTORY

List Applicant's employers for the last five years. Start with current employer.

Employer Name & City	Contact Name & Phone #	Date Hired

List Co-Applicant's employers for the last five years. Start with current employer.

Employer Name & City	Contact Name & Phone #	Date Hired

FINANCIAL INFORMATION

Applicant's Current Employment Income Before Deductions:

(Include Regular Employment, Self-Employment, Gratuities and Commissions.)

Company Name	Average Number of Hours Worked Each Week*	Hourly Rate	Average Weekly Gratuities/ Commissions

** If Seasonal: Specify number of weeks worked.*

Have you ever filed for bankruptcy? Yes _____ No _____ If yes, what is the date of discharge? _____

Are you a Canadian citizen? Yes _____ No _____ Are you a Permanent Resident? Yes _____ No _____

Co-Applicant's Current Employment Income Before Deductions:
(Include Regular Employment, Self-Employment, Gratuities and Commissions.)

Company Name	Average Number of Hours Worked Each Week*	Hourly Rate	Average Weekly Gratuities/ Commissions

** If Seasonal: Specify number of weeks worked.*

OTHER INCOME

Include Employment Insurance, Canada Pension, Old Age Security, Guaranteed Income Supplement, Disability Pension, Workers' Compensation (permanent), Investment Income, Child Tax Benefit, Child Support/Alimony or other (please specify).

Name of Applicant or Co-Applicant	Source of Income	Monthly Amount

ASSETS

List all assets including savings, investments, RSPs, vehicles, property, house, recreational equipment, etc.

Asset	Current Value of Asset

DEBTS

List all Applicant's debts. (Specify: credit cards, loans, overdrafts, overdue bills, etc.)

Debt	Name of Creditor	Monthly Payment	Outstanding Balance

List all Co-Applicant's debts. (Specify: credit cards, loans, overdrafts, overdue bills, etc.)

Debt	Name of Creditor	Monthly Payment	Outstanding Balance

CURRENT HOUSING INFORMATION

Is your current housing: Owned? _____ Rented? _____

Other? (Please describe) _____

If renting, what is your monthly rent? _____

Circle all the utilities included in your rent: ELECTRICITY WATER GAS/OIL/WOOD/PROPANE

If not included, what is the average monthly cost of utilities: _____

Landlord (if applicable): Name: _____

Address: _____

Phone: _____

Do you own land? _____ No _____ Yes — if so, where? _____

Please check which rooms are in your current home:

_____ Bedrooms (how many) _____ Kitchen _____ Living Room

_____ Bathrooms (how many) _____ Dining Room _____ Other (please specify)

Describe the ways in which your current housing is inadequate (e.g. size, plumbing, insulation, safety, exterior, etc.). Include a separate sheet if necessary.

[illegible]

REFERENCES

Please list at least THREE people *not related to you*, who know you very well and who would be prepared to give us a reference.

Name of Person	Occupation	Address	Phone #

WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must complete 500 hours of “sweat equity”. Your help in building your home and the homes of others is called “sweat equity” and may include clearing the lot, helping with construction, painting, working in the Habitat office, attending fundraising activities and other approved activities.

After reading the Sweat Equity Policy included with this application, how can you contribute to the Habitat project?

AUTHORIZATION AND RELEASE

The undersigned applicant(s) applies for a Habitat Home and a no-interest loan to finance the purchase price of the home. The applicant(s) authorizes Habitat for Humanity to evaluate the 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, a credit check and contact of references (landlords, employer and personal) and a police check. All information will remain confidential. The original copy of this application will be retained by Habitat for Humanity even if the application is not approved.

By signing below, the applicant(s) warrants the information on this application to be complete, 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: _____

Please note: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with “A” for Applicant and “C” for Co-Applicant.

SUPPORTING DOCUMENTS YOU NEED TO INCLUDE FOR BOTH THE APPLICANT AND CO-APPLICANT

Have you included everything with your application?

Copies only of:

Applicant

Co-Applicant

2010 Notice of Assessment from Canada Revenue Agency

☐☐

If Self-Employed, include a copy of 2010 taxes

☐☐

Disability Income Cheque Receipt

☐☐

Social Assistance Receipts

☐☐

Proof of rent (bank statement, cancelled cheque or receipt)

☐☐

Credit Card Statements showing balances

☐☐