



PO. Box 232 • 2187 Lynch Mill Road • Altavista VA 24517
 Phone: 434.309.2688 • Email: habitatdirector@gmail.com
www.AltavistaCampbellCountyHabitat.org

RE: Application for the Altavista Area/Campbell County Habitat for Humanity Inc.

Dear Applicant:

Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes for families and sell the houses at no profit and no interest to families who could not otherwise afford a home.

Please read the following items to see if you have an interest in our ministry and to see if you meet our general guidelines:

1. To qualify you must have a housing need. For example: no indoor plumbing, poor heating, leaks in the roof, overcrowding (three to a bedroom), unsafe or unsanitary conditions.
2. You need to have lived in our service area for a year.
3. You need to have a **minimum** steady income, roughly 30% of the median income for your community. See chart below:

1 Person Family	2 Person Family	3 Person Family	4 Person Family
\$12,650	\$14,450	\$16,250	\$18,050

4. Your total family income should not be more than roughly 50% of the median income for your community. See chart below:

1 Person Family	2 Person Family	3 Person Family	4 Person Family
\$21,050	\$24,050	\$27,050	\$30,050

5. With your permission, we will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and ask you for credit references.
6. If you are approved for a Habitat home, we ask that you be willing to join in programs to learn and practice budgeting, home repair and maintenance.

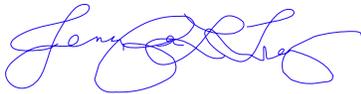
7. If approved for a Habitat home, we require that all adult (18 years and older) members in your household be willing to work 300 sweat equity hours; 25 of those hours must be worked before construction can begin on your home.
8. If approved for a Habitat home, approximately \$500 will be needed for a down payment and closing costs. You will have some time to save this money before closing if your family is selected.
9. If you are approved for a home and if you meet the sweat equity hours and down payment requirements, then we will sell you a home at cost. Habitat house payments include taxes and insurance and will cost approximately \$250 to \$270 dollars a month. The house payments will be used by Habitat to build more houses for other families. This requires that you make these payments on time.

If you are interested in Habitat and if you believe you would qualify for a home according to the above guidelines, we encourage you to fill out and return the enclosed application.

All information is considered confidential and is to be used only for family selection. The application process takes 4-6 months.

We are more than happy and willing to help you fill out the application. If you have any questions, please call the Habitat for Humanity office at (434)309-2688.

Sincerely,



Jenny Trevey
Executive Director
Altavista Area/Campbell County
Habitat for Humanity Inc.



PO. Box 232 • 2187 Lynch Mill Road • Altavista VA 24517
Phone: 434.309.2688 • Email: habitatdirector@gmail.com
www.AltavistaCampbellCountyHabitat.org

Our Vision

A world where everyone has a decent place to live.

Our Mission Statement

Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities and hope.

About Altavista Area / Campbell Co. Habitat

Altavista Area / Campbell County Habitat for Humanity was founded in 1997 as an affiliate of [Habitat for Humanity International](#). Over the past two decades, we have built homes in partnership with 23 local low-income families. More than anything, we are proud of the fact that we have directly helped 42 children by putting them in a safe home.

Altavista Area/Campbell County Habitat for Humanity, Inc. is part of a global, nonprofit housing organization operated on Christian principles that seeks to put God's love into action by building homes, communities and hope. Altavista Area/Campbell County Habitat for Humanity, Inc. is dedicated to eliminating substandard housing locally and worldwide through constructing, rehabilitating and preserving homes; by advocating for fair and just housing policies; and by providing training and access to resources to help families improve their shelter conditions. Habitat for Humanity was founded on the conviction that every man, woman and child should have a simple, durable place to live in dignity and safety, and that decent shelter in decent communities should be a matter of conscience and action for all.

All are welcome

Altavista Area/Campbell County Habitat for Humanity, Inc. has an open-door policy: All who believe that everyone needs a decent, affordable place to live are welcome to help with the work, regardless of race, religion, age, gender, political views or any of the other distinctions that too often divide people. In short,

Habitat welcomes volunteers and supporters from all backgrounds and also serves people in need of decent housing regardless of race or religion. As a matter of policy, Habitat for Humanity International and its affiliated organizations do not proselytize. This means that Habitat will not offer assistance on the expressed or implied condition that people must either adhere to or convert to a particular faith, or listen and respond to messaging designed to induce conversion to a particular faith.

About Habitat for Humanity International

Founded in Americus, Georgia, USA, in 1976, Habitat for Humanity today operates around the globe and has helped build, renovate and repair more than 600,000 decent, affordable houses sheltering more than 3 million people worldwide.

Information Needed To Complete the Habitat for Humanity Application

1. Social Security Number
2. Present and past addresses
3. Copy of current monthly rent receipt
4. Name and address of current landlord
5. Copy of last years W-2 tax form
6. Copy of your last check stub
7. Explanation of why you need a Habitat house
8. Copy of any Social Services benefits you are now receiving
9. Copy of all utility bills from the past month. This includes:
 - a. water
 - b. phone
 - c. electricity
 - d. oil, and/or gas.
10. Copy of your car payment (if applicable)
11. Copy of any insurance payments: life, health, car
12. Copy of any and ALL credit card bills
13. Copy of your most recent bank statement
14. Bring information or bills concerning payments toward any debt that you may have. This includes but is not limited to:
 - a. cars
 - b. furniture
 - c. credit cards
 - d. medical

The information listed above is not required to begin the application process. It will be needed for the completion of the application. The more information you can provide in the beginning, the more it will speed up the process!

The Altavista Area / Campbell County Habitat for Humanity, Inc. is will to help you fill out your application if needed. Please call the office at (434)309-2688 and set up an appointment with the Executive Director.



Altavista Area / Campbell County Habitat for Humanity
 P.O. Box 232, 2187 Lynch Mill Road Altavista, VA 24517
 (434) 309-2688

Application FOR HOUSING



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.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant				Co-applicant			
Name and Address of Current Employer		Years on This Job		Name and Address of Current Employer		Years on This Job	
		Monthly (Gross) Wages \$				Monthly (Gross) Wages \$	
Type of Business		Business Phone		Type of Business		Business Phone	
If Working at Current Job Less Than One Year, Complete the Following Information							
Name and Address of Last Employer		Years on This Job		Name and Address of Last Employer		Years on This Job	
		Monthly (Gross) Wages \$				Monthly (Gross) Wages \$	
Type of Business		Business Phone		Type of Business		Business Phone	

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	²Others in Household	³Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³Please attach copies of last month's bills.

²List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

List 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 \$
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 \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

COLUMN 1			COLUMN 2		
Car	Monthly Payment \$	Unpaid Balance \$	Cell Phone Contracts	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment \$	Unpaid Balance \$	Other Money You Owe		
	Mos. left to pay:		Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
Credit Card	Monthly Payment \$	Unpaid Balance \$		Mos. left to pay:	
	Mos. left to pay:		Alimony/Child Support	\$	/month
Medical	Monthly Payment \$	Unpaid Balance \$	Job-related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Column 1: Subtotal of Payments	\$	/month	Column 2: Subtotal of Payments	\$	/month
			Column 1: Subtotal of Payments	\$	/month
			Total Monthly Expenses	\$	/month

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant		Co-applicant	
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership 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 or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date
X _____		X _____	

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 or "C" for Co-applicant.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 or surname. If you do not wish to furnish the information below, please check the box below. (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	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p> <input type="checkbox"/> Separated</p> <p> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p> <input type="checkbox"/> Separated</p> <p> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type)</p>
	<p>Interviewer's Signature _____ Date _____</p>
	<p>Interviewer's Phone Number _____</p>



Altavista Area / Campbell County
Habitat for Humanity, Inc.

P.O. Box 232 • 2187 Lynch Mill Road • Altavista, VA 24517
Telephone: 434.309.2688 • Email: habitatdirector@gmail.com
www.altavista-habitat.org



Authorization and Release

With the signature below, I am authorizing the Altavista Area / Campbell County Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the 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, a background check and the following verifications:

- Request for landlord reference
- Request for former landlord reference
- Request for employment verification
- Request for past employment verification
- Verification of public assistance
- Request for verification of deposit

Applicant Signature:

_____ Date: _____

Social Security Number: _____ Birth Date: _____

Co-Applicant Signature:

_____ Date: _____

Social Security Number: _____ Birth Date: _____