



Cayuga County Habitat for Humanity
 PO Box 1903
 Auburn, NY 13021
 315-255-1427
 CayugaHabitat@CayugaHabitat.org



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

Applicant Name:	Co-Applicant Name:
Phone Number:	Phone Number:
Email:	Email:
Age:	Age:
<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (Single, Div, Wid)	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (Single, Div, Wid)
Address: (street, city, state, zip) <input type="radio"/> Own <input type="radio"/> Rent	Address: (street, city, state, zip) <input type="radio"/> Own <input type="radio"/> Rent
Number of years at current address _____	Number of years at current address _____
Last address if living at current address for under 2 yrs Address: (street, city, state, zip) <input type="radio"/> Own <input type="radio"/> Rent	Last address if living at current address for under 2 yrs Address: (street, city, state, zip) <input type="radio"/> Own <input type="radio"/> Rent
Number of years _____	Number of years _____

<u>Dependents and others who will live with you</u>							
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>

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 on various Habitat projects or fundraisers, attending homeownership classes and other approved activities.

		YES	NO
Applicant		<input type="radio"/>	<input type="radio"/>
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Co-Applicant	<input type="radio"/>	<input type="radio"/>



Cayuga County Habitat for Humanity
 PO Box 1903
 Auburn, NY 13021
 315-255-1427
 CayugaHabitat@CayugaHabitat.org



Present Housing Conditions

of Bedrooms _____ # of Bathrooms _____ Current Rent/Mortgage Per Month \$ _____

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

MONTHLY INCOME

Applicant Employer _____ Years on This Job ____ Monthly (Gross) Wages _____	Co-Applicant Employer _____ Years on This Job ____ Monthly (Gross) Wages _____
Employer _____ Years on This Job ____ Monthly (Gross) Wages _____	Employer _____ Years on This Job ____ Monthly (Gross) Wages _____
Food Stamps _____ SSI _____ Disability _____ Alimony _____ Child Support _____ Other _____	Food Stamps _____ SSI _____ Disability _____ Alimony _____ Child Support _____ Other _____

Authorization & Release

I understand that by filing this application, I am authorizing Cayuga County Habitat for Humanity to evaluate my actual need for a Habitat home, my initial ability to repay a mortgage loan and other homeowner expenses, and my willingness to be a partner family. I understand that the evaluation may include personal visits, employment verification, home inspection and future credit checks. 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. The original or a copy of this application will be retained by Cayuga County Habitat for Humanity even if the application is not approved. I understand that this application is the initial step in becoming a partner family, and that further information and documentation will be required if I move along through the process.

I also understand that Cayuga County Habitat for Humanity screens all potential staff, 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 this application to a criminal background check.

Applicant Signature _____ **Date** _____ **Co- Applicant Signature** _____ **Date** _____