



Application for Housing Checklist

Skagit Habitat for Humanity
1022 Riverside Drive
Mount Vernon, WA 98273
360.428.9402 www.skagithabitat.com

APPLICANTS: When you have checked off each item below, you will have a complete application package to turn in prior to the deadline.

- I/we filled out the entire application, along with the signed 'ORCA Residential Rental Application'.
- I/we attached copies of photo identification for all applicants, along with proof of citizenship (passport and/or birth certificate), or permanent residency card if applicable.
- I/we attached copies of the last two months of paystubs for all applicants.
- I/we attached official letters from each source of assistance income (SSD, SSI, TANF, child support, etc.), if applicable.
- I/we attached one copy of both Federal Income Tax returns & W2's for all adults living in the household for the two most recent tax years.
- I/we attached copies of my/our on-line current 'credit scores'.
A credit score can be obtained from: annualcreditreport.com or www.creditkarma.com
- I/we have attached a letter of explanation explaining why I/we would like my/our family to be chosen to become a Skagit Habitat Homeowner.
- I/we attached additional page(s) of documentation and explanation, if required.
- I/we registered on-line to volunteer at Skagit Habitat to start the 8 hours of volunteer service. Volunteer application found at: www.skagithabitat.com/volunteer
- I/we completed the 8 hours of volunteer service at the Sedro Woolley construction site, or Store on (date) _____ and (date) _____
- I/we have scheduled a time to turn in the application packet to the Skagit Habitat office at 1022 Riverside Dr, Mount Vernon, WA.

For questions, phone 360.428.9402 and select option 3.
Deadline is no later than 5:00 pm on Friday, April 18th, 2020.

***All information provided will be held CONFIDENTIAL.**

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____ Complete? Yes No If incomplete, action required:



NOTICE: Skagit Habitat for Humanity is pledged to the letter and spirit of the US Policy for the achievement of equal housing opportunity. The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, familial status, age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income deriving from any public assistance program. We encourage and support this affirmative advertising and marketing program in which there are no barriers to obtaining housing. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.





Skagit
Habitat
for Humanity®

Application for Housing Program



EQUAL HOUSING
OPPORTUNITY

Dear Applicant: You must complete this application to determine if you qualify to be a Skagit Habitat for Humanity Homeowner. Please fill out the application as completely as possible. All information you include will be kept confidential.

Skagit Habitat for Humanity is pledged to the letter and spirit of the US 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.

Date: _____

Applicant One

First name: _____ Last name: _____ Date of birth: _____
Month/day/year

Address: _____ City: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email: _____

How long have you lived at your current address: _____
Years/Months

If less than two years: Previous address: _____ City: _____ State: _____ Zip code: _____

How long did you live at this address: _____ Driver's License # or State ID #: _____
Years/months

How long have you lived in Skagit County? _____
Years/months

Have you ever had credit under another name? If so, what name? First name: _____ Last name: _____

Military Service: Are you a veteran of military service? Yes No If 'Yes,' which branch? _____

Total years served in: Active Duty: _____ Reserves: _____ Guard: _____ Discharged: Date: _____ Type: _____

Applicant Two

First name: _____ Last name: _____ Date of birth: _____
Month/day/year

Address: _____ City: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email: _____

How long have you lived at your current address: _____
Years/Months

If less than two years: Previous address: _____ City: _____ State: _____ Zip code: _____

How long did you live at this address: _____ Driver's License # or State ID #: _____
Years/months

How long have you lived in Skagit County? _____
Years/months

Have you ever had credit under another name? If so, what name? First name: _____ Last name: _____

Military Service: Are you a veteran of military service? Yes No If 'Yes,' which branch? _____

Total years served in: Active Duty: _____ Reserves: _____ Guard: _____ Discharged: Date: _____ Type: _____

Dependents (children and/or other dependents living in the home)

First Name	Last Name	Female	Male	Relationship	Date of Birth Month/day/year
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Employment and Income Information

Applicant One

Current Employer: _____

Address: _____

Phone: _____

Position: _____ Start Date: _____
Month/year

Supervisor's Name: _____

Supervisor's Phone: _____

List monthly income:

Gross Income*: \$ _____
(Before deductions)

Overtime: \$ _____

Bonus: \$ _____

Child Support (received): \$ _____

Retirement, VA \$ _____

SSI and/or SSD: \$ _____

Food Stamps: \$ _____

Other Income: \$ _____

Applicant Two

Current Employer: _____

Address: _____

Phone: _____

Position: _____ Start Date: _____
Month/year

Supervisor's Name: _____

Supervisor's Phone: _____

List monthly income:

Gross Income*: \$ _____
(Before deductions)

Overtime: \$ _____

Bonus: \$ _____

Child Support (received): \$ _____

Retirement, VA \$ _____

SSI and/or SSD: \$ _____

Food Stamps: \$ _____

Other Income: \$ _____

* Self-employed applicant(s) may be required to provide additional documentation.

Previous Employers (If employed less than one year with current employer)

<p><u>Applicant One</u></p> <p>Employer: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Position: _____</p> <p>Start Date: _____ End Date: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Phone: _____</p> <p>Gross Income: _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>_____</p>	<p><u>Applicant Two</u></p> <p>Employer: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Position: _____</p> <p>Start Date: _____ End Date: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Phone: _____</p> <p>Gross Income: _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>_____</p>
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List additional household family members who receive income:

	First Name	Last Name	Date of Birth	Monthly Income	Social Security #
1.	_____	_____	_____	\$ _____	_____
	First	Last	month/day/year		
2.	_____	_____	_____	\$ _____	_____
	First	Last	month/day/year		

* We require you to attach a copy of the two most recent years US Federal Income Tax Return forms and two previous months of paystubs for each additional income.

Assets: Bank Accounts

<p><u>Applicant One</u></p> <p>Financial Institution: _____</p> <p>Address: _____</p> <p>Type of Account: <input type="checkbox"/> Checking Balance: \$ _____</p> <p>Type of Account: <input type="checkbox"/> Savings Balance: \$ _____</p>	<p><u>Applicant Two</u></p> <p>Financial Institution: _____</p> <p>Address: _____</p> <p>Type of Account: <input type="checkbox"/> Checking Balance: \$ _____</p> <p>Type of Account: <input type="checkbox"/> Savings Balance: \$ _____</p>
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Other Assets

Land (estimated value): \$ _____ Legal Description: _____

Vehicle 1 Value: \$ _____ Vehicle 2 Value: \$ _____ Vehicle 3 Value: \$ _____

Motor home value: \$ _____ Trailer value: \$ _____

Retirement Account, Applicant one: Type _____ Amount: \$ _____

Retirement Account, Applicant two: Type _____ Amount: \$ _____

Debt: Please list all current debt for all applicants. Include credit cards, car payments, medical bills, child support, cell phone contracts, student loans, judgments, collections, etc.

Company Name/ Person's Name	Monthly Payment	Balance Owed	Months Left to Pay
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Monthly Expenses

Rent (amount you pay): \$ _____ May we contact your landlord for verification? Yes No
 (Please supply a copy of your lease, a copy of a money order receipt, a cancelled rent check, or a bank statement copy as proof)

Landlord's Name: _____ Landlord's Phone: _____

Utilities: \$ _____ Car Insurance: \$ _____

Childcare Expense: \$ _____ Monthly Medical Expenses: \$ _____

Child Support Paid: \$ _____ (Expenses not part of debt. Example: medications, therapy, recurring doctor visits)

Present Housing Situation

Do you: Own Rent Other (Please describe): _____

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

Other rooms in housing: Kitchen Bathroom Living Room Dining Room Other: _____

Does someone or some agency outside your family pay any portion of your rent? Yes No

If 'Yes,' who and how much? _____

May we contact your previous landlord? Yes No

Landlord's Name: _____ Landlord's Phone: _____

If you OWN your residence, what is your monthly mortgage payment?

\$ _____ /month Unpaid Balance: \$ _____

This letter MUST be submitted with your application.

Write a letter describing the physical condition of the housing in which you currently live. Be specific and truthful. Is it temporary housing? Do you need, but not have, disabled access? Do you share this housing with another family? Is your housing too small for the number in your family? Give us a clear picture of your current housing and why you need assistance through Skagit Habitat for Humanity. Provide any other information about your family; your history and your situation that would inform the Homeowner Selection Committee. Explain why you feel your family should be chosen to become a Future Homeowner. What would owning a home mean to your family?

Declarations: Please check the box that best answers the following questions:

	Applicant One	Applicant Two
1. 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
2. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had property foreclosed on in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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
6. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you currently have any debt in the collections process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you currently have any felony warrant(s) outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been convicted or plead down to a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the past 7 years have you been convicted or plead guilty to a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you a co-signor for someone else's loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you presently delinquent or in default on any federal debt or other loan mortgage or financial obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to any questions, please explain.

Willingness to Partner

If selected to participate in the Habitat program, you will become a Homeowner by completing 500 hours of volunteer work with Skagit Habitat for Humanity. This is called "sweat equity" and will include classes, construction on your home and the homes of other families, and other approved activities. "Sweat equity" is a vital component of your partnership with Skagit Habitat.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

	Yes	No
Applicant One	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Two	<input type="checkbox"/>	<input type="checkbox"/>

Where will you get the money for the closing fees (e.g. parents, savings, etc)? If you borrow money, who will you borrow it from and how will you pay it back?

References:

List the name, address and phone number of three people who you know – only one can be a relative.

First Name	Last Name	Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

VERIFICATION CODE FROM ORIENTATION: _____

AUTHORIZATION AND RELEASE:

I understand that by filing this application, I am authorizing Skagit Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the loan and the other expenses of homeownership and my willingness to be a Skagit Habitat Homeowner. I understand and give my permission for Skagit Habitat for Humanity to perform a credit check, background check and to verify all employment and personal references, as well as financial information. I understand that the evaluation may include personal visits, credit checks, income, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, this application may be denied, and that even if I have already been selected as a Skagit Habitat Future homeowner, I may be disqualified from the program.

I also understand that Skagit Habitat for Humanity screens all 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.

X _____
Applicant One Signature Date

X _____
Applicant Two Signature Date

Social Security #: _____

Social Security #: _____

<p>How did you find out about this housing program? _____</p> <p>_____</p> <p>_____</p>

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 Habitat Program 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 not assume 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 below material to assure the disclosure satisfy all the requirements to which the lender is subject under applicable state law for the loan applied for.*

Applicant One	Applicant Two
<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/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American <input type="checkbox"/> American Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial: _____	Race/National Origin/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native AND Black/African American <input type="checkbox"/> American Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial: _____
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Conforming	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Conforming
Marital Status– Check all that apply: <input type="checkbox"/> I am single <input type="checkbox"/> I am married to Applicant Two <input type="checkbox"/> I am married, but not to Applicant Two <input type="checkbox"/> I am divorced <input type="checkbox"/> I am widowed Spouse's Name _____	Marital Status– Check all that apply: <input type="checkbox"/> I am single <input type="checkbox"/> I am married to Applicant Two <input type="checkbox"/> I am married, but not to Applicant Two <input type="checkbox"/> I am divorced <input type="checkbox"/> I am widowed Spouse's Name _____

*Please note: if more space is needed to complete any part of this application please use the back of this page and/or a separate sheet of paper and attach it to this application. Please mark your additional comments as Applicant One and or Applicant Two.

For Office Use Only

Monthly Income \$ _____

Monthly Expenses \$ _____

Rent \$ _____

AMI%: _____

Debt to Income Ratio: _____

Monthly Debt \$ _____

Date Received: _____ Complete? Yes No

If incomplete, missing: _____

Accepted Denied Date Notified: _____

Rent to Income Ratio: _____

Comments: