



Thank you for your interest in becoming a Habitat for Humanity partner/homeowner. I have enclosed some forms you need to complete and return to me.

Included are the following forms:

- Application for Partnership with CWHfH.**
- Verification of Employment.** This form must be filled out by your employer and should be returned with your application. *You will need to make multiple copies of this form if you have more than one employer.*
- Rental Credit Reference.** This form must be filled out by your landlord and can be returned by you with your application or mailed separately.
- Verification of Loans.** Copies of this form must be completed by all persons and agencies with which you have loans. *You will need to make multiple copies of this form if you have more than one outstanding loan.*
- Verification of Public Assistance.** This includes, but is not limited to SSI, VA, Food Stamp, Child Support, and any other payments you receive that are administered by a State or Federal Agency.
- Copies of 2017 Federal and State income Tax forms. Should you be selected, we will also need copies of your 2018 returns.**

Please mail all forms by Jan 15, 2019 to:

Justin Rueb

Attn: Habitat for Humanity

**2001 4<sup>th</sup> Ave, D240 SCI**

**Stevens Point, WI, 54481.**

**Phone: 715-214-7488**

By returning all forms you give Habitat for Humanity permission to request a credit check by an appropriate agency.

The next home is expected to be available for occupancy during late 2019.

The Family Selection Committee will be contacting you either by phone or by mail when we are ready to begin the selection process.

We look forward to working with you!

Sincerely,

Justin Rueb

Chair, Family Selection Committee, CWHfH



## **Fair Housing and Equal Credit Opportunity**

Central Wisconsin Habitat for Humanity will not discriminate against any person in the sale, rental, advertising or financing of housing, on the basis of race, color, religion, sex, handicap, familial status or national origin; nor will Central Wisconsin Habitat for Humanity discriminate against any applicant, with respect to any aspect of a credit transaction, on the basis of race, color, religion, national origin, sex or marital status, age (provided the applicant is old enough to enter into a contract), source of income (such as public assistance) or because the applicant has in good faith exercised any right under the federal consumer credit laws.

## 2018 HUD - PORTAGE County Annual Median Income Guidelines

The following table shows the income limits that CWHfH uses in the application process. Your total family income for your family size must fall within the yellow area

Family Size	1	2	3	4	5	6	7	8
30% CMI	\$16100	\$18,400	\$20700	\$23000	\$24850	\$26700	\$28550	\$30400
50% CMI	\$26850	\$30650	\$34500	\$38300	\$41400	\$44450	\$47500	\$50600

30% CMI Additional member = 1850

50% CMI Additional member = 3100



**Application for Partnership with CWHfH**

<b>Today's Date</b>	
<b>Your Name:</b>	
<b>Your Date of Birth:</b>	
<b>Your Social Security Number:</b>	
<b>Your Driver's License Number:</b>	
<b>Spouse/Partner's Name:</b>	
<b>Spouse/Partner's Date of Birth:</b>	
<b>Spouse/Partner's Social Security Number:</b>	
<b>Spouse/Partner's Driver's License Number:</b>	

<b>Your Phone Number:</b>	
<b>Current Address:</b>	
<b>How long have you lived at this address?</b>	

Are you a US citizen, or permanent documented resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse/partner a US Citizen or permanent documented resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who lives in your home? (Please include any non-family members as well)

Name	Age	Sex	Relationship to You
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

### Present Housing Situation

Do you rent or own your home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
How much do you pay per month in rent or mortgage?	
Number of bedrooms in your home:	
Total number of rooms in your home:	
Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the basement finished? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Describe the condition of the home you are currently living in:</p> <p>(Please use back of sheet or attach additional sheets if needed.)</p>	

## Living Expenses

How much do you pay each month for the following utilities?

Natural Gas		Electric		Heating Oil		Water/Sewer		Phone/Cable	
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Do you own a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Payment		Amount Left to Pay	
Second vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Payment		Amount Left to Pay	
How much do you pay for car insurance?			Monthly		

Who Does Your Family Owe Money To?

Company/Person	Monthly Payment	Amount Left to Pay	What is the loan for?

What other expenses do you have?

Expense	Monthly Payment
Grocery	
Medical	

# Financial Situation

For each *working* member of your household (including children), list the following information:

Name	Employer and Employer's Address	Length of Employment	Gross Monthly Income (before taxes)	Net Monthly Income (after taxes)

Is any of the above work seasonal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list annual net income:	
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Do you own any land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where is it located?		How big is it? Is it buildable?	
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Do you or your spouse/partner receive child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much are you supposed to receive each month?		How much do you actually receive each month?	
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**List All Other Income and Assets:** (include AFDC, Social Security, Food Stamps, Stocks, Rental Property, Savings Accounts, etc.)

Person receiving income or owning asset	Source of income	Amount of income per month or value of property

## Willingness to Become a Habitat Partner

Are you willing to meet the 250-hour commitment for sweat equity on your future home?

Yes     No

What will you and your family members do to help build your home? (Please list specific skills such as carpentry, masonry, general labor, preparing food for the workers, sorting supplies, etc.). Please use back of sheet or attach additional sheets if needed.

Please list at least 2 people, unrelated to you, who know you and your situation:

Name	Address	Phone

Please explain why you should be chosen to partner with CWHfH:

Please use back of sheet or attach additional sheets if needed.



**AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Central Wisconsin 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, a criminal background 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

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Applicant Signature

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Date

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Co-Applicant Signature

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Date



## Verification of Employment

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

### **Please verify employment for the following person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Start date of employment: \_\_\_\_\_

Present Position: \_\_\_\_\_

Current **gross** pay: \_\_\_\_\_  Hourly  Weekly  Monthly

Average hours per week: \_\_\_\_\_

Remarks, if any, especially regarding prospect of continuing employment:

\_\_\_\_\_  
Signature and title of employer/representative

\_\_\_\_\_  
Date



## Rental Credit Reference

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ have/has supplied your name as a credit reference. Please take a moment to answer the questions below and return the form within 24 hours. Your cooperation is appreciated.

Are the parties (party) named above currently renting or have they rented property that you own or manage?    Yes    No

1. Property address:

\_\_\_\_\_

2. Amount of rent: \_\_\_\_\_

3. Date lease began, or if no lease, date tenant began renting: \_\_\_\_\_

4. Date lease ends or ended: \_\_\_\_\_

5. Was/is rent paid on time?    Yes    No

6. Additional comments:

\_\_\_\_\_  
Signature of authorizing tenant

\_\_\_\_\_  
Landlord's signature/Date



## Verification of Loan Payments

To: \_\_\_\_\_  
\_\_\_\_\_

**Please verify loan payments made by the following person/s:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of loan: \_\_\_\_\_

Original Amount: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Payment Amount: \_\_\_\_\_  Monthly  Quarterly  Annually

Secured by: \_\_\_\_\_

Number of late payments: \_\_\_\_\_

Remarks, if any:

\_\_\_\_\_  
Signature and title of lender

\_\_\_\_\_  
Date



## NO Loan Statement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I/We currently have no outstanding loans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Verification of Public Assistance and/or Child Support

(make copies of this form as needed)

Name of person receiving the Assistance/Support \_\_\_\_\_

Please have the agency responsible for any public assistance or child support you receive provide us with the following information:

Which services does this family receive?

\_\_\_\_\_ Food stamps \_\_\_\_\_ SSI \_\_\_\_\_ Child support (if court ordered)

When did the family start receiving these benefits? \_\_\_\_\_

How much per month does this family receive?

Food Stamps \_\_\_\_\_

SSI \_\_\_\_\_

Child Support \_\_\_\_\_

When are these benefits up for review? \_\_\_\_\_

If this person buys a house from Habitat for Humanity's program, will this asset affect these benefits?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how?

Has the family faithfully represented their income to you since they have been receiving these benefits?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**Verification of Public Assistance and/or Child Support**  
(make a copy of this form as needed)

I/We are not receiving any form of public assistance/child support.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date