



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. This is a rather detailed application process and I urge you to submit a complete application to us as soon as possible. Submission of an incomplete application may disqualify you from the process.

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.
- Verification of Bank Accounts.** We will need you to sign a form allowing us to verify the amount of funds in any banking/savings/checking accounts you have.
- Copies of 2019 Federal and State income Tax forms.** Should you be selected, we additionally will need copies of your 2020 returns.

Please mail all forms by May 31, 2022 to:
Habitat for Humanity
Ashley Netzer
1200 Wildwood Dr, Stop B, Stevens Point, WI 54482

By returning all forms you give Habitat for Humanity permission to request a credit check by an appropriate agency. The next home should be available for occupancy during 2023.

That construction is contingent upon any COVID-19 mandates and Habitat hiring a Construction Supervisor. The Family Selection Committee will be contacting you to inform you as of your status in our selection process.

We look forward to working with you!
Sincerely,
Ashley Netzer
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.



Portage County Income Guidelines

The following table shows the income limits the CWHfH uses in our application process.

Your total family income for your family size must fall within the 30% to 60% range. This table is based on the 2020 Department of Housing and Urban Development Portage County WI income guidelines.

	1	2	3	4	5	6	7	8
30%	\$16,500	\$18,850	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
60%	\$33,000	\$37,680	\$42,420	\$47,100	\$50,880	\$54,660	\$58,440	\$62,220



Application for Partnership with CWHfH

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

Your Phone Number:	
Current Address:	
How long have you lived at this address?	
Are you currently in, or have you ever been in the TransAct Hope program?	

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



Describe the condition of the home you are currently living in:

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

Living Expenses

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

Natural Gas		Electric		Heating Oil		Water/Sewer		Phone	
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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?						

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

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?	
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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.

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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

Applicant Signature

Date



Co-Applicant Signature

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